Technical Release Notes: 2019 Reporting/Performance Period Electronic Clinical Quality Measure (eCQM) Value Set Addendum for Eligible Hospitals, Critical Access Hospitals, Eligible Professionals, and Eligible Clinicians This page has been left blank for double-sided copying.

CMS9v7 - Exclusive Breast Milk Feeding

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Updated Version Number.	Header	eMeasure Version number	Measure Lead
Added statement to header description that explains measure rate to better align with the clinical intent and	Header	Description	Measure Lead
the chart-abstracted version of the measure.			
Updated Copyright.	Header	Copyright	Annual Update
Corrected website link for Ip, et al reference.	Header	Reference	Measure Lead
Corrected website link for the California Department of Public Health reference.	Header	Reference	Measure Lead
Removed the 'Single Live Birth' value set from the logic because it was revised and was added to the 'Single	Logic	Initial Population	Measure Lead
Live Born Newborn Born in Hospital' grouping value set.			
Added 'code' attribute to all datatypes to conform with QDM 5.3 changes.	Logic	Denominator Exclusions	Standards Update
Modeled the Location attribute for Encounter, Performed to allow for describing the patient's presence in	Logic	Denominator Exclusions	Standards Update
more than one location during an individual Encounter to conform with QDM 5.3 changes.			
Replaced 'Discharge status' attribute with 'Discharge Disposition' attribute for 'Encounter, Performed' and	Logic	Denominator Exclusions	Standards Update
'Encounter, Active' datatypes to align with QDM 5.3 changes.			
Added supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time	Logic	Multiple Sections	Standards Update
related information within CQL logic. Timing attributes now include a time interval, such as prevalence period			
or relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general			
method to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more			
accurately define onset and abatement times.			
Assigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM	Logic	Multiple Sections	Standards Update
data elements. Cardinality refers to the number of instances of the attribute that can be included in the			
measure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
nave a cardinality of 0 * (i.e., can occur multiple times).			
CQL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or	Logic	Multiple Sections	Standards Update
population, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions			
will be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
population of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
expression with reference to a single patient. Context statements are not required, but one or more context			
tatements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
context is the default if none is specified.			
Replaced measure-defined definitions with similar definitions and functions from CQL shared libraries for	Logic	Multiple Sections	Standards Update
consistency across measures.			
Jpdated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based	Logic	Multiple Sections	Standards Update
ogic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql).			
nformation about specific versions of the new standards in use for CMS reporting periods can be found at the			
CQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL			
rings with it many changes, as well as enhanced expression capability, but only those changes with significant	:		
mpact will be outlined in technical release notes. For example, in the case of timing operators, changes may			
only be summarized if those changes impact the measure calculation.			
/alue set Single Live Born Newborn Born in Hospital (2.16.840.1.113883.3.117.1.7.1.26): Added SNOMEDCT	Value Set	QDM Data Elements	Annual Update
extensional value set (2.16.840.1.113883.3.117.1.7.1.25) including 3 codes.			
Value set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614,	Value Set	QDM Data Elements	Annual Update
521, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).			

CMS9v7 - Exclusive Breast Milk Feeding

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum

CMS26v6 - Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Updated Version Number.	Header	eMeasure Version number	Measure Lead
Updated Copyright.	Header	Copyright	Annual Update
Removed outdated reference (American College of Chest Physicians , 2015) because linked document is no	Header	Reference	Measure Lead
longer available.			
Updated Reference to include Asthma facts and figures.	Header	Reference	Measure Lead
Revised the Numerator header statement to better align with measure logic.	Header	Numerator	Measure Lead
Replaced 'Discharge status' attribute with 'Discharge Disposition' attribute for 'Encounter, Performed'	Logic	Denominator	Standards Update
latatype to align with QDM 5.3 changes.			
Added 'AuthorDateTime' attribute to QDM datatypes that include negation rationale: 'Communication: From	Logic	Numerator	Standards Update
Provider to Patient, Not Done' to conform with QDM 5.3 changes.			
ssigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM	Logic	Multiple Sections	Standards Update
lata elements. Cardinality refers to the number of instances of the attribute that can be included in the			
neasure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
ave a cardinality of 0 * (i.e., can occur multiple times).			
CQL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or	Logic	Multiple Sections	Standards Update
opulation, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions			
ill be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
opulation of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
xpression with reference to a single patient. Context statements are not required, but one or more context			
tatements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
ontext is the default if none is specified.			
Replaced measure-defined definitions with similar definitions and functions from CQL shared libraries for	Logic	Multiple Sections	Standards Update
onsistency across measures.			
Ipdated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based	Logic	Multiple Sections	Standards Update
pgic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql).			
nformation about specific versions of the new standards in use for CMS reporting periods can be found at the			
CQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL			
rings with it many changes, as well as enhanced expression capability, but only those changes with significant			
npact will be outlined in technical release notes. For example, in the case of timing operators, changes may			
nly be summarized if those changes impact the measure calculation.			
alue set Patient Refusal (2.16.840.1.113883.3.117.1.7.1.93): Deleted 2 SNOMEDCT codes (183956002,	Value Set	QDM Data Elements	Annual Update
385648002).			
/alue set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614,	Value Set	QDM Data Elements	Annual Update
21, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).			-
alue set Asthma (2.16.840.1.113883.3.117.1.7.1.271): Added 26 SNOMEDCT codes and deleted 1	Value Set	QDM Data Elements	Annual Update
NOMEDCT code (641000119106).			-
Replaced LOINC single code value sets with direct referenced codes. A direct referenced code is a single	Value Set	QDM Data Elements	Standards Update
oncept code that is used to describe a clinical element directly within the logic. The use of direct referenced			•
odes replaces the need for single code value sets. Measures using other code systems in single value sets			
nay optionally transition to direct referenced codes.			
/alue set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum
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CMS31v7 - Hearing Screening Prior To Hospital Discharge

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Updated Version Number.	Header	eMeasure Version number	Measure Lead
Replaced the word 'None' with the standard copyright information.	Header	Copyright	Annual Update
Removed the measurement period/reporting period text because it is not needed.	Header	Guidance	Measure Lead
Revised guidance to define and clarify what constitutes a Complete Hearing Screening: Complete hearing	Header	Guidance	Measure Lead
screening is defined as having both ears screened during the inpatient encounter.			
Revised denominator exclusion statement by replacing text 'hearing screening for the left or right ear' with	Header	Denominator Exclusions	Measure Lead
'a complete hearing screening' to better align with logic and the measure intent.			
Revised numerator by replacing text 'Live birth encounters during the measurement period where a patient	Header	Numerator	Measure Lead
born at the facility is screened for hearing loss prior to discharge or' with 'A live birth encounter where a			
complete newborn hearing screening is performed prior to discharge or the newborn is' to better align with			
the measure intent.			
Added Author Datetime attribute to 'Diagnosis' datatype to align with QDM 5.3 changes.	Logic	Denominator Exclusions	Standards Update
Replaced 'Discharge status' attribute with 'Discharge Disposition' attribute for 'Encounter, Performed' and	Logic	Denominator Exclusions	Standards Update
'Encounter, Active' datatypes to align with QDM 5.3 changes.			
Replaced the Newborn Hearing Screen Right and Newborn Hearing Screen Left with Complete Hearing	Logic	Denominator Exclusions	Measure Lead
Screening in logic to better align with intent of the measure.			
Added 'code' attribute to all datatypes to conform with QDM 5.3 changes.	Logic	Denominator Exclusions	Standards Update
Added Author Datetime attribute to 'Diagnosis' datatype to align with QDM 5.3 changes.	Logic	Numerator	Standards Update
Added 'Component' attribute to 'Assessment, Performed', 'Diagnostic, Performed' and 'Laboratory Test,	Logic	Numerator	Standards Update
Performed' datatypes to conform with QDM 5.3 changes.			
Replaced the Newborn Hearing Screen Right and Newborn Hearing Screen Left with Complete Hearing	Logic	Numerator	Measure Lead
Screening in logic to better align with intent of the measure.			
Added 'code' attribute to all datatypes to conform with QDM 5.3 changes.	Logic	Numerator	Standards Update
Added supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time	Logic	Multiple Sections	Standards Update
related information within CQL logic. Timing attributes now include a time interval, such as prevalence period			
or relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general			
method to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more			
accurately define onset and abatement times.			
Assigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM	Logic	Multiple Sections	Standards Update
data elements. Cardinality refers to the number of instances of the attribute that can be included in the			
measure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
have a cardinality of 0 * (i.e., can occur multiple times).			
CQL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or	Logic	Multiple Sections	Standards Update
population, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions			
will be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
population of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
expression with reference to a single patient. Context statements are not required, but one or more context			
statements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
context is the default if none is specified.			
Replaced measure-defined definitions with similar definitions and functions from CQL shared libraries for	Logic	Multiple Sections	Standards Update
consistency across measures.			

CMS31v7 - Hearing Screening Prior To Hospital Discharge

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Updated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based	Logic	Multiple Sections	Standards Update
logic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql).			
Information about specific versions of the new standards in use for CMS reporting periods can be found at the	2		
eCQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL			
brings with it many changes, as well as enhanced expression capability, but only those changes with significant	t		
impact will be outlined in technical release notes. For example, in the case of timing operators, changes may			
only be summarized if those changes impact the measure calculation.			
Value set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614,	Value Set	QDM Data Elements	Annual Update
621, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).			
Value set Live Birth Newborn Born in Hospital (2.16.840.1.113762.1.4.1046.6): Added 2 SNOMEDCT codes	Value Set	QDM Data Elements	Annual Update
(17561000119102, 717803002).			
Replaced the Patient Expired value set with a direct reference code. The value set is no longer used by the	Value Set	QDM Data Elements	Measure Lead
measure because the CQL expression uses the direct-referenced code rather than this single code value set. A			
direct referenced code is a single concept code that is used to describe a clinical element directly within the			
logic. The use of direct referenced codes replaces the need for single code value sets.			
Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum

CMS32v8 - Median Time from ED Arrival to ED Departure for Discharged ED Patients

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Updated Version Number.	Header	eMeasure Version number	Measure Lead
Updated Description.	Header	Description	Measure Lead
Updated Copyright.	Header	Copyright	Annual Update
Replaced the word Stratum with Stratification to align with CQL MAT export.	Header	Stratification	Measure Lead
Updated Measure Observations for ED patients placed in observation services, to use the time of the	Header	Measure Observations	Measure Lead
observation order for ED Departure time to better align with the chart-abstraction version of the measure.			
Replaced 'Discharge status' attribute with 'Discharge Disposition' attribute for 'Encounter, Performed' and	Logic	Denominator Exclusions	Standards Update
'Transfer From' with 'Admission Source' for 'Encounter, Performed' datatypes to align with QDM 5.3 changes.			
Updated Measure Population for emergency department encounters.	Header	Measure Population	Measure Lead
Added 'code' attribute to all datatypes to conform with QDM 5.3 changes.	Logic	Measure Population Exclusions	Standards Update
Modeled the Location attribute for Encounter, Performed to allow for describing the patient's presence in a	Logic	Measure Observations	Standards Update
single location during an individual Encounter to conform with QDM 5.3 changes.			
Added logic to the Measure Observation for ED patients placed in observation services, to use the time of the	Logic	Measure Observations	Measure Lead
observation order for ED Departure time to determine the Median elapsed time (in minutes) from emergency			
department arrival to ED departure. This logic change better aligns with the chart-abstraction version of the			
measure.			
Replaced the word Stratum with Stratification to align with CQL MAT export.	Logic	Stratification	Measure Lead
Assigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM	Logic	Multiple Sections	Standards Update
data elements. Cardinality refers to the number of instances of the attribute that can be included in the			
measure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
have a cardinality of 0 * (i.e., can occur multiple times).			
CQL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or	Logic	Multiple Sections	Standards Update
population, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions			
will be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
population of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
expression with reference to a single patient. Context statements are not required, but one or more context			
statements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
context is the default if none is specified.			
Updated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based	Logic	Multiple Sections	Standards Update
logic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql).	_	-	
Information about specific versions of the new standards in use for CMS reporting periods can be found at the			
eCQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL			
brings with it many changes, as well as enhanced expression capability, but only those changes with significant			
impact will be outlined in technical release notes. For example, in the case of timing operators, changes may			
only be summarized if those changes impact the measure calculation.			
Value set (2.16.840.1.113883.3.117.1.7.1.299): Renamed to Psychiatric/Mental Health Diagnosis.	Value Set	QDM Data Elements	Annual Update
Value set Psychiatric/Mental Health Diagnosis (2.16.840.1.113883.3.117.1.7.1.299): Deleted 5 SNOMEDCT	Value Set	QDM Data Elements	Annual Update
codes (191536002, 191537006, 191540006, 1938002, 230290000).			·
Value set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614,	Value Set	QDM Data Elements	Annual Update
621, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).			
Value set Observation Services (2.16.840.1.113762.1.4.1111.143): Added Observation Services that contains	Value Set	QDM Data Elements	Chart Abstracted Measures
revised ED departure time for ED patients placed in observation services.			

CMS32v8 - Median Time from ED Arrival to ED Departure for Discharged ED Patients

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Replaced SNOMEDCT single code value sets with direct referenced codes. A direct referenced code is a single	Value Set	QDM Data Elements	Standards Update
concept code that is used to describe a clinical element directly within the logic. The use of direct referenced			
codes replaces the need for single code value sets. Measures using other code systems in single value sets			
may optionally transition to direct referenced codes.			
/alue set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum
Value set Psychiatric/Mental Health Diagnosis (2.16.840.1.113883.3.117.1.7.1.299): Added 6 ICD10CM codes	Value Set	QDM Data Elements	2019 Addendum
(F12.23, F12.93, F53.0, F68.A, Z62.813, Z91.42) and deleted 1 ICD10CM code (F53). Deleted 5 SNOMEDCT			
codes (191601008, 191602001, 191606003, 268620009, 79578000).			

CMS53v7 - Primary PCI Received Within 90 Minutes of Hospital Arrival

echnical Release Notes	Type of TRN	Measure Section	Source of Change
Jpdated Version Number.	Header	eMeasure Version number	Measure Lead
Jpdated the measure description to make the language clear and concise. This is a language update only.	Header	Description	Measure Lead
Jpdated Copyright.	Header	Copyright	Annual Update
emoved guidance statement related to the inability to explicitly express the primary percutaneous coronary	Header	Guidance	Measure Lead
ntervention (PCI) with QDM-based logic because the measure is now expressed using CQL and this is no			
onger an issue.			
Jpdated the numerator statement to better align with the CQL-based logic and for consistency with the	Header	Numerator	Measure Lead
enominator statement.			
Removed the QDM subset operator 'Most Recent' since timing in CQL only requires 'First' to capture the	Logic	Denominator	Measure Lead
ntent.			
emoved 'Transfer from' datatype to conform with QDM 5.3 changes.	Logic	Denominator Exclusions	Standards Update
eplaced 'Discharge status' attribute with 'Admission Source' and attribute for 'Encounter, Performed' and	Logic	Denominator Exclusions	Standards Update
Encounter, Active' datatypes to align with QDM 5.3 changes.			
Nodeled the Location attribute for Encounter, Performed to allow for describing the patient's presence in	Logic	Numerator	Standards Update
nore than one location during an individual Encounter to conform with QDM 5.3 changes.			
dded supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time	Logic	Multiple Sections	Standards Update
elated information within CQL logic. Timing attributes now include a time interval, such as prevalence period			
relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general			
ethod to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more			
ccurately define onset and abatement times.			
ssigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM	Logic	Multiple Sections	Standards Update
ata elements. Cardinality refers to the number of instances of the attribute that can be included in the			
neasure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
ave a cardinality of 0 * (i.e., can occur multiple times).			
QL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or	Logic	Multiple Sections	Standards Update
opulation, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions	-		-
ill be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
opulation of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
pression with reference to a single patient. Context statements are not required, but one or more context			
atements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
ontext is the default if none is specified.			
eplaced measure-defined definitions with similar definitions and functions from CQL shared libraries for	Logic	Multiple Sections	Standards Update
onsistency across measures.	0		·
· · · · · · · · · · · · · · · · · · ·	Logic	Multiple Sections	Standards Update
gic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql).			
formation about specific versions of the new standards in use for CMS reporting periods can be found at the			
CQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL			
rings with it many changes, as well as enhanced expression capability, but only those changes with significant			
npact will be outlined in technical release notes. For example, in the case of timing operators, changes may			
nly be summarized if those changes impact the measure calculation.			
alue set Endotracheal Intubation (2.16.840.1.113762.1.4.1045.69): Added 3 ICD10PCS codes (0B110F4,	Value Set	QDM Data Elements	Annual Update
B113F4, OB114F4).			

CMS53v7 - Primary PCI Received Within 90 Minutes of Hospital Arrival

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Value set Acute or Evolving MI (2.16.840.1.113883.3.666.5.3022): Added 1 SNOMEDCT code	Value Set	QDM Data Elements	Annual Update
(15962541000119106).			
Value set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614,	Value Set	QDM Data Elements	Annual Update
621, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).			
Value set Acute or Evolving MI (2.16.840.1.113883.3.666.5.3022): Added 1 SNOMEDCT code	Value Set	QDM Data Elements	2019 Addendum
(15963181000119104).			
Value set PCI (2.16.840.1.113762.1.4.1045.67): Added 1 SNOMEDCT code (737085003).	Value Set	QDM Data Elements	2019 Addendum
Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum

CMS55v7 - Median Time from ED Arrival to ED Departure for Admitted ED Patients

Fechnical Release Notes	Type of TRN	Measure Section	Source of Change
Jpdated Version Number.	Header	eMeasure Version number	Measure Lead
Jpdated Copyright.	Header	Copyright	Annual Update
Replaced the word Stratum with Stratification to align with CQL MAT export.	Header	Stratification	Measure Lead
Added 'resulting in an inpatient stay' to the Measure Population Exclusion to clarify intent of the measure and	Header	Measure Population Exclusions	Measure Lead
petter align with the logic.			
Removed 'Transfer from' datatype to conform with QDM 5.3 changes.	Logic	Measure Population Exclusions	Standards Update
Replaced 'Discharge status' attribute with 'Discharge Disposition' attribute for 'Encounter, Performed' and	Logic	Measure Population Exclusions	Standards Update
Transfer From' with 'Admission Source' for 'Encounter, Performed' datatypes to align with QDM 5.3 changes.			
Replaced <= 6 hours timing constraint with logic that ties the 'admissionSource' ('transfer from') to the	Logic	Measure Population Exclusions	Measure Lead
npatient Encounter and the ED Encounter visit because the timing constraint is not required with CQL.			
Added 'code' attribute to all datatypes to conform with QDM 5.3 changes.	Logic	Measure Observations	Standards Update
Modeled the Location attribute for Encounter, Performed to allow for describing the patient's presence in a	Logic	Measure Observations	Standards Update
ingle location during an individual Encounter to conform with QDM 5.3 changes.	-		-
Replaced the word Stratum with Stratification to align with CQL MAT export.	Logic	Stratification	Measure Lead
Added supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time	Logic	Multiple Sections	Standards Update
elated information within CQL logic. Timing attributes now include a time interval, such as prevalence period	C		
or relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general			
nethod to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more			
ccurately define onset and abatement times.			
Assigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM	Logic	Multiple Sections	Standards Update
data elements. Cardinality refers to the number of instances of the attribute that can be included in the			
neasure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
nave a cardinality of 0 * (i.e., can occur multiple times).			
CQL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or	Logic	Multiple Sections	Standards Update
population, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions	20810		otandardo opdate
vill be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
opulation of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
expression with reference to a single patient. Context statements are not required, but one or more context			
tatements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
ontext is the default if none is specified.			
Replaced measure-defined definitions with similar definitions and functions from CQL shared libraries for	Logic	Multiple Sections	Standards Update
consistency across measures.	LOBIC	Maniple Sections	Standards Opdate
Jpdated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based	Logic	Multiple Sections	Standards Update
ogic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql).	Logic	Waltiple Sections	Standards Opdate
formation about specific versions of the new standards in use for CMS reporting periods can be found at the			
CQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL			
brings with it many changes, as well as enhanced expression capability, but only those changes with significant			
mages with thank changes, as well as enhanced expression capability, but only those changes with significant mpact will be outlined in technical release notes. For example, in the case of timing operators, changes may			
inly be summarized if those changes impact the measure calculation.			
	Value Set	QDM Data Elements	Appual Lindata
			Annual Update
/alue set (2.16.840.1.113883.3.117.1.7.1.299): Renamed to Psychiatric/Mental Health Diagnosis. /alue set Psychiatric/Mental Health Diagnosis (2.16.840.1.113883.3.117.1.7.1.299): Deleted 5 SNOMEDCT	Value Set	QDM Data Elements	Annual Update

CMS55v7 - Median Time from ED Arrival to ED Departure for Admitted ED Patients

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Value set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614,	Value Set	QDM Data Elements	Annual Update
621, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).			
Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum
Value set Psychiatric/Mental Health Diagnosis (2.16.840.1.113883.3.117.1.7.1.299): Added 6 ICD10CM codes	Value Set	QDM Data Elements	2019 Addendum
(F12.23, F12.93, F53.0, F68.A, Z62.813, Z91.42) and deleted 1 ICD10CM code (F53). Deleted 5 SNOMEDCT			
codes (191601008, 191602001, 191606003, 268620009, 79578000).			

CMS71v8 - Anticoagulation Therapy for Atrial Fibrillation/Flutter

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Updated Version Number.	Header	eMeasure Version number	Measure Lead
Updated Copyright.	Header	Copyright	Annual Update
Added 'AuthorDateTime' attribute to QDM datatypes that include negation rationale: 'Medication, Not	Logic	Denominator Exclusions	Standards Update
Discharged' to conform with QDM 5.3 changes.			
Replaced 'Discharge status' attribute with 'Discharge Disposition' attribute for 'Encounter, Performed' and	Logic	Denominator Exclusions	Standards Update
'Encounter, Active' datatypes to align with QDM 5.3 changes.			
Added supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time	Logic	Multiple Sections	Standards Update
related information within CQL logic. Timing attributes now include a time interval, such as prevalence period			
or relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general			
method to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more			
accurately define onset and abatement times.			
Assigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM	Logic	Multiple Sections	Standards Update
data elements. Cardinality refers to the number of instances of the attribute that can be included in the			
measure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
have a cardinality of 0 * (i.e., can occur multiple times).			
CQL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or	Logic	Multiple Sections	Standards Update
population, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions			
will be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
population of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
expression with reference to a single patient. Context statements are not required, but one or more context			
statements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
context is the default if none is specified.			
Replaced measure-defined definitions with similar definitions and functions from CQL shared libraries for	Logic	Multiple Sections	Standards Update
consistency across measures.			
Updated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based	Logic	Multiple Sections	Standards Update
logic. Information on CQL can be found at the eCQI Resource center (<u>https://ecqi.healthit.gov/cql</u>).			
Information about specific versions of the new standards in use for CMS reporting periods can be found at the			
eCQI Resource Center (<u>https://ecqi.healthit.gov/ecqm-tools-key-resources</u>). Switching from QDM to CQL			
brings with it many changes, as well as enhanced expression capability, but only those changes with significant			
impact will be outlined in technical release notes. For example, in the case of timing operators, changes may			
only be summarized if those changes impact the measure calculation.			
Value set Patient Refusal (2.16.840.1.113883.3.117.1.7.1.93): Deleted 2 SNOMEDCT codes (183956002,	Value Set	QDM Data Elements	Annual Update
385648002).			
Value set Hemorrhagic Stroke (2.16.840.1.113883.3.117.1.7.1.212): Deleted 1 SNOMEDCT code (28837001).	Value Set	QDM Data Elements	Annual Update
Value set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614,	Value Set	QDM Data Elements	Annual Update
621, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).			
Value set Anticoagulant Therapy (2.16.840.1.113883.3.117.1.7.1.200): Added 1 RXNORM code (1549682).	Value Set	QDM Data Elements	2019 Addendum
Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum
	Value Set	QDM Data Elements	2019 Addendum
Value set Ischemic Stroke (2.16.840.1.113883.3.117.1.7.1.247): Added 2 ICD10CM codes (I63.81, I63.89) and	value Set		2013 Audendum

CMS72v7 - Antithrombotic Therapy By End of Hospital Day 2

echnical Release Notes	Type of TRN	Measure Section	Source of Change
Jpdated Version Number.	Header	eMeasure Version number	Measure Lead
Jpdated Copyright.	Header	Copyright	Annual Update
Jpdated Reference.	Header	Reference	Measure Lead
Jpdated Guidance.	Header	Guidance	Measure Lead
dded 'AuthorDateTime' attribute to QDM datatypes that include negation rationale: 'Medication, Not	Logic	Denominator Exclusions	Standards Update
Discharged' to conform with QDM 5.3 changes.			
dded supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time	Logic	Multiple Sections	Standards Update
elated information within CQL logic. Timing attributes now include a time interval, such as prevalence period			
r relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general			
nethod to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more			
ccurately define onset and abatement times.			
ssigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM	Logic	Multiple Sections	Standards Update
ata elements. Cardinality refers to the number of instances of the attribute that can be included in the			
neasure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
ave a cardinality of 0 * (i.e., can occur multiple times).			
QL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or	Logic	Multiple Sections	Standards Update
opulation, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions			
ill be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
opulation of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
pression with reference to a single patient. Context statements are not required, but one or more context			
atements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
ontext is the default if none is specified.			
eplaced measure-defined definitions with similar definitions and functions from CQL shared libraries for	Logic	Multiple Sections	Standards Update
onsistency across measures.			
pdated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based	Logic	Multiple Sections	Standards Update
gic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql).			
formation about specific versions of the new standards in use for CMS reporting periods can be found at the			
CQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL			
rings with it many changes, as well as enhanced expression capability, but only those changes with significant			
pact will be outlined in technical release notes. For example, in the case of timing operators, changes may			
nly be summarized if those changes impact the measure calculation.			
alue set Antithrombotic Therapy (2.16.840.1.113883.3.117.1.7.1.201): Added 1 RXNORM code (1536467)	Value Set	QDM Data Elements	Annual Update
nd deleted 5 RXNORM codes (1536871, 198463, 205281, 308370, 545871).			
alue set Patient Refusal (2.16.840.1.113883.3.117.1.7.1.93): Deleted 2 SNOMEDCT codes (183956002,	Value Set	QDM Data Elements	Annual Update
35648002).			
alue set Hemorrhagic Stroke (2.16.840.1.113883.3.117.1.7.1.212): Deleted 1 SNOMEDCT code (28837001).	Value Set	QDM Data Elements	Annual Update
alue set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614,	Value Set	QDM Data Elements	Annual Update
21, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).			
alue set Antithrombotic Therapy (2.16.840.1.113883.3.117.1.7.1.201): Deleted 1 RXNORM code (647869).	Value Set	QDM Data Elements	2019 Addendum
alue set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum
alue set Ischemic Stroke (2.16.840.1.113883.3.117.1.7.1.247): Added 2 ICD10CM codes (I63.81, I63.89) and	Value Set	QDM Data Elements	2019 Addendum
eleted 1 ICD10CM code (I63.8).			

CMS102v7 - Assessed for Rehabilitation

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Updated Version Number.	Header	eMeasure Version number	Measure Lead
Replaced 'Discharge status' attribute with 'Discharge Disposition' attribute for 'Encounter, Performed' and	Logic	Denominator Exclusions	Standards Update
'Encounter, Active' datatypes to align with QDM 5.3 changes.			
Added 'AuthorDateTime' attribute to QDM datatypes that include negation rationale: 'Procedure, Not	Logic	Numerator	Standards Update
Performed' to conform with QDM 5.3 changes.			
Replaced 'Discharge status' attribute with 'Discharge Disposition' attribute for 'Encounter, Performed' and	Logic	Numerator	Standards Update
'Transfer From' with 'Admission Source for' 'Encounter, Performed' datatypes to align with QDM 5.3 changes.			
Added supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time	Logic	Multiple Sections	Standards Update
related information within CQL logic. Timing attributes now include a time interval, such as prevalence period			
or relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general			
method to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more			
accurately define onset and abatement times.			
Assigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM	Logic	Multiple Sections	Standards Update
data elements. Cardinality refers to the number of instances of the attribute that can be included in the			
measure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
have a cardinality of 0 * (i.e., can occur multiple times).			
CQL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or	Logic	Multiple Sections	Standards Update
population, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions			
will be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
population of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
expression with reference to a single patient. Context statements are not required, but one or more context			
statements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
context is the default if none is specified.			
Replaced measure-defined definitions with similar definitions and functions from CQL shared libraries for	Logic	Multiple Sections	Standards Update
consistency across measures.			
Updated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based	Logic	Multiple Sections	Standards Update
logic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql).			
Information about specific versions of the new standards in use for CMS reporting periods can be found at the			
eCQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL			
brings with it many changes, as well as enhanced expression capability, but only those changes with significant	t		
impact will be outlined in technical release notes. For example, in the case of timing operators, changes may			
only be summarized if those changes impact the measure calculation.			
Value set Patient Refusal (2.16.840.1.113883.3.117.1.7.1.93): Deleted 2 SNOMEDCT codes (183956002,	Value Set	QDM Data Elements	Annual Update
385648002).			
Value set Hemorrhagic Stroke (2.16.840.1.113883.3.117.1.7.1.212): Deleted 1 SNOMEDCT code (28837001).	Value Set	QDM Data Elements	Annual Update
Value set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614,	Value Set	QDM Data Elements	Annual Update
621, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).			
Value set Rehabilitation Therapy (2.16.840.1.113762.1.4.1045.19): Deleted 1 SNOMEDCT code (448275004).	Value Set	QDM Data Elements	2019 Addendum
Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum
Value set Ischemic Stroke (2.16.840.1.113883.3.117.1.7.1.247): Added 2 ICD10CM codes (I63.81, I63.89) and	Value Set	QDM Data Elements	2019 Addendum

CMS104v7 - Discharged on Antithrombotic Therapy

Updated (version Number. Header eMeasure Version number Measure Lead Added AuthorDateTime' attribute to QDM datatypes that Include negation rationale: 'Medication, Not Logic Denominator Exclusions Standard's Update Discharged Toconform with QDM so Stanges. Standard's Countor Standard's Update Standard's Update Tincounter, Attribute with Discharge Disposition' attribute for 'Encounter, Performed' and Logic Denominator Exclusions Standard's Update Added supplemental Iming attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time Logic Multiple Sections Standard's Update ereland information within QQL logic Carinality refers to more explicit in guiding specification and implementation of QDM Logic Multiple Sections Standard's Update Assigned carrinality of the rom explicit in guiding specification and implementation of QDM Logic Multiple Sections Standard's Update CQL Ubraries Contain sets of CQL definitions, or CQL expression with reference to the entite of population' contex with interpret the CQL expression with reference to the entite population in on now bus usain a CQL library to clearly establish how the subsaguent list of CQL expression with reference to a single patient. Context statements are not required; but on or more context Standard's Update CQL librares contain sets of CQL expression with reference to th	Technical Release Notes	Type of TRN	Measure Section	Source of Change
Added AuthorDateTime attribute to DDM datatypes that include negation rationale: Medication, Not Logic Denominator Exclusions Standards Update Dicknarged to conform with QDMS 3: A binages. Replaced 'Dicharge stratus' attribute with 'Dicharge Disposition' attribute for 'Encounter, Performed' and Logic Denominator Exclusions Standards Update Added supplemental liming attributes to most datatypes in QDM 5:3 to facilitate accurate retrieval of time Logic Multiple Sections Standards Update or relevant period, and/or accutual time of documentation with Author Deteime. Relevant period is the general Multiple Sections Standards Update Assigned cardinality to exact attributes to be more explicit in guiding specification and implementation of QDM Logic Multiple Sections Standards Update Assigned cardinality to exact attributes to be number of instances of the attribute to 16 in cludder in the measure description. Cardinality of constances of the attribute to 10 in the subsequent Its of CQL expressions statement, patient or upple Multiple Sections Standards Update CQL libraries contain sets of CQL definitions, or CQL expression statements, A context statement, patient or upple Multiple Sections Standards Update CQL libraries to calcularity to the bip darify how the CQL expression will be interpreted. Patient or onothers: the patient or topic Multiple Sections Standards Update Opplaition of the lime bi	Updated Version Number.	Header	eMeasure Version number	Measure Lead
Discharged to conform with QDM 5.3 changes. Standards Update Added supplemental liming attributes with Vickharge Disposition attribute for "Encounter, Performed" and "Encounter, Active" datatypes to align with QDM 5.3 changes. Standards Update Added supplemental liming attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time retrieval information within QLI logic. Multiple Sections Standards Update Added supplemental liming attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time retrieval define onset and abatement times. Added supplemental liming attributes to be more adatatypes to more accurately define onset and abatement times. Standards Update Assigned carringtion. Carrinality from most attributes to 0.1 (Le, c. an occur up to 1 time), but some attributes have a carrinality of 0.4 (Le, can occur multiple times). Logic Multiple Sections Standards Update CQL libraries contain esto 6fC0 definitions, or CQL expression statements. A context statement, patient or statements may be used with an EQL library to clearly establish how the subsequent list of CQL expressions will be interpreted. A "Population" context will interpret the CQL expressions will be interpreted. A "Population" context will interpret the CQL expression will be interpreted. Patient context is the default if none is specified. Standards Update Copulation of the lem being councies. Patient context site interpreted. Patient context is the default if none is specified. Replaced measure. Multiple Sections Standards Update	Updated Copyright.	Header	Copyright	Annual Update
Replaced Discharge status' attribute with Discharge Disposition' attribute for 'Encounter, Aerive' datatypes to align with QUA 53 changes. Standards Update Added supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time Logic Multiple Sections Standards Update relaxed information within QL logic. Timing attributes now include a time interval, such as prevalence period Nultiple Sections Standards Update accurately define onset and abatement times. Cardinality to each attribute to be more explicit in guiding specification and implementation of QDM Logic Multiple Sections Standards Update Assigned cardinality to Cardinality to cardinality of cost attribute to a throat attribute to a throat attribute to a throat attribute to a throat be included in the emeasure description. Cardinality refression with reference to a single patient. Context will interpret the CL expression with reference to a single patient. Context statements are not required, but one or more context statements any be used within a library to belp clarify how the QU expressions will be interpreted. Patient context will reference to a single patient. Context statements are not required, but one or more context statements any be used within a library to belp clarify how the QL expressions will be interpreted. Patient context will reference to a single patient. Context statements are not required, patients of CMS reporting patients. Context statements are outputed, but one or more context statements are outputed, but one or more context statements are output on an any be used within a library to belp clarify how the QL expression will reference to a single patient. Context state	Added 'AuthorDateTime' attribute to QDM datatypes that include negation rationale: 'Medication, Not	Logic	Denominator Exclusions	Standards Update
Innounter, active' distatypes to align with ODM 5.3 changes. Multiple Sections Standards Update Added supplemental timing attributes to most datatypes in ODM 5.3 to facilitate accurate retrieval of time Logic Multiple Sections Standards Update related information within CQL logic. Timing attributes now include a time interval, such as prevalence period Logic Multiple Sections Standards Update Assigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM Logic Multiple Sections Standards Update Assigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM Logic Multiple Sections Standards Update COL libraries contain sets of COL depression actements. A context statement, patient or population (context will interpret the CQL expression with reference to a single patient. Context statements are not required, but one or more context. Standards Update Coll biardis context statements are not required, but one or more context. Standards Update Standards Update population of the library to help context, statements are not required, but one or more context. Standards Update Standards Update context is the default if none is specified. Replaced measure. Multiple Sections Standards Update context is the default in one is	Discharged' to conform with QDM 5.3 changes.			
Added supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time Logic Multiple Sections Standards Update relevant period, and/or actual time of documentation with Author Dateltime. Relevant period is the general method to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more accurately define onsist and abatement times. Assigned cardinality to explore the more explicit in guiding specification and implementation of QDM Logic Multiple Sections Standards Update Assigned cardinality to cardinality to cardinality to can occur multiple times). I.G., an occur multiple times). Standards Update wile a elements. cardinality of 0.1 (i.e., can occur multiple times). I.G., an occur multiple times). Multiple Sections Standards Update wile b interpreted. A Population context will interpret the CQL expression with define center expression with reference to a finge patient. Context statements are not required, but one or more context statements are be used into into sing greating. Multiple Sections Standards Update context site default if none is specified. Replaced measure-defined definitions with similar definitions and functions from CQL shared libraries for context site default if none is specified. Multiple Sections Standards Update consistency access measures. Updated measure-defined definitions with similar definitions and functions from CQL shared libraries for condat the eccl can be specified. <td< td=""><td>Replaced 'Discharge status' attribute with 'Discharge Disposition' attribute for 'Encounter, Performed' and</td><td>Logic</td><td>Denominator Exclusions</td><td>Standards Update</td></td<>	Replaced 'Discharge status' attribute with 'Discharge Disposition' attribute for 'Encounter, Performed' and	Logic	Denominator Exclusions	Standards Update
related information within CQL logic. Timing attributes now include a time interval, such as prevalence period or relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general method to describe start and stop times for diatatypes, Prevalence period is used for some diatatypes to more accurately define onset and abatement times. Assigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM data elements. Cardinality refors to the number of instances of the attribute that can be included in the measure description. Cardinality for most attributes is 0. 1 (i.e., can occur up to 1 time), but some attributes have a cardinality of 0.* (i.e., can occur multiple times). CQL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or population, can now be used in CQL library to clearly estabilish how the subsequent list of CQL expressions will be interpreted. A Population' context will interpret the CQL expression with reference to a single patient. Context statements are not required, but one or more context statements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient context is the default if none is specified. Replaced measure-defined definitions with similar definitions and functions from CQL shared libraries for context is the default if none is specified. Updated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based logic. Information on CQL can be durat the ecol Repression capability, but only the chaptisht; gor/CqL). Information about specific versions of the new standards in use for CMS reporting periods can be found at the eCQI Resource Center (https://cqc.lhaellith.gov/cqcm-tools-key-resources). Switching from QDM to CQL brings with it may change, as well as enhanced expression capability, but only theos changes with significant impact will be outlined in technical release notes. For	'Encounter, Active' datatypes to align with QDM 5.3 changes.			
or relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general actualety define onset and abatement times. Assigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM logic Multiple Sections Standards Update data elements. Cardinality refers to the number of instances of the attribute that can be included in the measure description. Cardinality for most attributes is 0. 1 (i.e., can occur up to 1 time), but some attributes that can be included in the measure description. Cardinality refers to the number of instances of the appression statement, patient or population, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions thereference to the entire expression with reference to a single patient. Context statements are not required, but one or more context statements may be used within a library to help darify how the CQL expressions with reference to a single patient. Context statements are not required, but one or more context statements may be used within a library to help darify how the CQL expressions with reference to a single patient. Context statements are not required, but one or more context statements may be used within a library to help darify how the CQL expressions with reference to a single patient. Context statements are not required, but one or more context statements may be used within a library to help darify how the CQL expressions with reference to a single patient. Context statements are not required, haung and the sections with a library to help darify how the CQL expressions with reference to a single patient. Context statements are not required, and the section of CQL and the sections with sections with sections and functions and functions and functions from CQL shared libraries for logic form Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based logic to Clinical Cuality Language (CQL)-based logic to Clinical Cuality Language (CQ	Added supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time	Logic	Multiple Sections	Standards Update
Inethol to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more accurately define onset and abatement times. Assigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM Logic Multiple Sections Standards Update Assigned cardinality to each attribute is 0.1 (i.e., can occur up to 1 time), but some attributes have a cardinality of, * (i.e., can occur multiple times). CQU libraries contain sets of CQU definitions, or CQL expression statements. A context statement, patient or Logic Multiple Sections Standards Update expression with reference to a single patient. Context statements are not required, but one or more context statements may be used with a library to help clarify how the CQL expressions will be interpreted. A Population context will interpret the CQL expression with reference to a single patient. Context statements are not required, but one or more context statements may be used with a library to help clarify how the CQL expressions will be interpreted. Patient context is the default if none is specified. Replaced measure degrifeed definitions with similar definitions and functions from CQL shared libraries for Logic Multiple Sections Standards Update Updated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based Logic Multiple Sections Standards Update eQQI Resource Cardinality, out of CQL expressions, Switching from QDM to CQL brings with t mary change, as well as enhanced expression capability, but only those changes with significant impact will be outlined in technical release notes. For example, in the case of timing operators, changes may only be summarized if those changes. Impact Hose, Josef 20, Josef 2	related information within CQL logic. Timing attributes now include a time interval, such as prevalence period			
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logic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql). Information about specific versions of the new standards in use for CMS reporting periods can be found at the eCQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL brings with it many changes, as well as enhanced expression capability, but only those changes with significant impact will be outlined in technical release notes. For example, in the case of timing operators, changes may only be summarized if those changes impact the measure calculation. Value set Antithrombotic Therapy (2.16.840.1.113883.3.117.1.7.1.201): Added 1 RXNORM code (1536467) Value set Patient Refusal (2.16.840.1.113883.3.117.1.7.1.203): Deleted 2 SNOMEDCT codes (183956002, Value set Patient Refusal (2.16.840.1.113883.3.117.1.7.1.203): Deleted 1 SNOMEDCT code (28837001). Value set Patient Refusal (2.16.840.1.113883.3.117.1.7.1.212): Deleted 1 SNOMEDCT code (28837001). Value set Patient Refusal (2.16.840.1.113883.3.117.1.7.1.212): Deleted 1 SNOMEDCT code (28837001). Value set Payer (2.16.840.1.113883.3.117.1.7.1.212): Deleted 1 SNOMEDCT code (28837001). Value set Payer (2.16.840.1.113883.3.117.1.7.1.212): Deleted 1 SNOMEDCT code (28837001). Value set Payer (2.16.840.1.113883.3.117.1.7.1.201): Deleted 1 SNOMEDCT code (28837001). Value set Payer (2.16.840.1.114222.4.1.13591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614, Value Set QDM Data Elements Annual Update 621, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69). Value set Antithrombotic Therapy (2.16.840.1.113883.3.117.1.7.1.201): Deleted 1 RXNORM code (647869). Value set Payer (2.16.840.1.113883.3.117.1.7.1.201): Deleted 1 RXNORM code (647869). Value set Payer (2.16.840.1.113883.3.117.1.7.1.247): Added 2 ICD10CM codes (I63.81, I63.89) and Value set Ischemic Stroke (2.16.840.1.113883.3.117.1.7.1.247): Added 2 ICD10CM codes (I63.81, I63.89) and Value set Ischemic Stroke (2.16.840.1.113883.3.117.1.7.1.247): A	consistency across measures.			
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	deleted 1 ICD10CM code (I63.8).			

CMS105v7 - Discharged on Statin Medication

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Updated Version Number.	Header	eMeasure Version number	Measure Lead
Updated Copyright.	Header	Copyright	Annual Update
Removed *Patients with an LDL-c of less than 70 mg/dL <30 days prior to arrival or any time during the	Header	Denominator Exclusions	JIRA (CQM-2799)
nospital stay from Denominator Exclusions narrative. Added *Patients with a maximum LDL-c result of less			
than 70 mg/dL <30 days prior to arrival or any time during the hospital stay to Denominator Exceptions.			
Added *Patients with a maximum LDL-c result of less than 70 mg/dL <30 days prior to arrival or any time	Header	Denominator Exceptions	Measure Lead
during the hospital stay to Denominator Exceptions to better align with the clinical intent and the chart-			
abstracted version of measure.			
Removed *Patients with an LDL-c of less than 70 mg/dL <30 days prior to arrival or any time during the	Header	Denominator Exceptions	<u>JIRA (CQM-2799)</u>
nospital stay from Denominator Exclusions narrative. Added *Patients with a maximum LDL-c result of less			
han 70 mg/dL <30 days prior to arrival or any time during the hospital stay to Denominator Exceptions.			
Revised denominator exception time frame for patients with a maximum LDL-c result of less than 70 mg/dL so	Header	Denominator Exceptions	Measure Lead
t is inclusive of 30 days to better align with measure logic and intent.			
Added AuthorDateTime Attribute to QDM datatypes that include negation rationale: 'Medication, Not	Logic	Denominator Exclusions	Standards Update
Discharged' to conform with QDM 5.3 changes.			
Removed LDL logic from Denominator Exclusions and added it to the Denominator Exceptions to align better	Logic	Denominator Exclusions	<u> JIRA (CQM-2799)</u>
with clinical intent of the measure.			
Replaced 'Discharge status' attribute with 'Discharge Disposition' attribute for 'Encounter, Performed' and	Logic	Denominator Exclusions	Standards Update
Encounter, Active' datatypes to align with QDM 5.3 changes.			
Removed LDL logic from Denominator Exclusions and added it to the Denominator Exceptions to align better	Logic	Denominator Exceptions	<u>JIRA (CQM-2799)</u>
vith clinical intent of the measure.			
Replaced 'Allergy, Intolerance' datatypes with 'Allergy/Intolerance' category to conform with QDM 5.3	Logic	Denominator Exceptions	Standards Update
changes.			
Revised LDL logic to be more precise with CQL. Logic now looks at the attribute of .resultDatetime during the	Logic	Denominator Exceptions	<u>JIRA (CQM-2710)</u>
specified time interval.			
Revised LDL logic to look for the Maximum LDL < 70 mg/dL in the specified time frame to better align with the	Logic	Denominator Exceptions	Measure Lead
linical intent and the chart-abstracted version of measure.			
Added supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time	Logic	Multiple Sections	Standards Update
elated information within CQL logic. Timing attributes now include a time interval, such as prevalence period			
or relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general			
nethod to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more			
ccurately define onset and abatement times.			
Assigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM	Logic	Multiple Sections	Standards Update
data elements. Cardinality refers to the number of instances of the attribute that can be included in the			
measure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
nave a cardinality of 0 * (i.e., can occur multiple times).			

CMS105v7 - Discharged on Statin Medication

Technical Release Notes	Type of TRN	Measure Section	Source of Change
CQL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or	Logic	Multiple Sections	Standards Update
population, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions			
will be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
population of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
expression with reference to a single patient. Context statements are not required, but one or more context			
statements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
context is the default if none is specified.			
Replaced measure-defined definitions with similar definitions and functions from CQL shared libraries for	Logic	Multiple Sections	Standards Update
consistency across measures.			
Updated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based	Logic	Multiple Sections	Standards Update
logic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql).			
Information about specific versions of the new standards in use for CMS reporting periods can be found at the	2		
eCQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL			
brings with it many changes, as well as enhanced expression capability, but only those changes with significan	t		
impact will be outlined in technical release notes. For example, in the case of timing operators, changes may			
only be summarized if those changes impact the measure calculation.			
Value set LDL-c (2.16.840.1.113883.3.117.1.7.1.215): Added 1 LOINC code (86911-5).	Value Set	QDM Data Elements	Annual Update
Value set Patient Refusal (2.16.840.1.113883.3.117.1.7.1.93): Deleted 2 SNOMEDCT codes (183956002,	Value Set	QDM Data Elements	Annual Update
385648002).			
Value set Hemorrhagic Stroke (2.16.840.1.113883.3.117.1.7.1.212): Deleted 1 SNOMEDCT code (28837001).	Value Set	QDM Data Elements	Annual Update
Value set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614,	Value Set	QDM Data Elements	Annual Update
621, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).			
Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum
Value set Ischemic Stroke (2.16.840.1.113883.3.117.1.7.1.247): Added 2 ICD10CM codes (I63.81, I63.89) and	Value Set	QDM Data Elements	2019 Addendum
deleted 1 ICD10CM code (I63.8).			
Value set Statin Grouper (2.16.840.1.113762.1.4.1110.19): Added 3 RXNORM codes (2001254, 2001262,	Value Set	QDM Data Elements	2019 Addendum
_2001266).			

CMS107v7 - Stroke Education

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Updated Version Number.	Header	eMeasure Version number	Measure Lead
Updated Copyright.	Header	Copyright	Annual Update
Replaced 'Discharge status' attribute with 'Discharge Disposition' attribute for 'Encounter, Performed' and	Logic	Denominator	Standards Update
'Transfer From' with 'Admission Source for' 'Encounter, Performed' datatypes to align with QDM 5.3 changes.			
Added 'AuthorDateTime' attribute to QDM datatypes that include negation rationale: 'Communication: From	Logic	Numerator	Standards Update
Provider to Patient, Not Done' to conform with QDM 5.3 changes.			
Added supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time	Logic	Multiple Sections	Standards Update
related information within CQL logic. Timing attributes now include a time interval, such as prevalence period			
or relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general			
method to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more			
accurately define onset and abatement times.			
Assigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM	Logic	Multiple Sections	Standards Update
data elements. Cardinality refers to the number of instances of the attribute that can be included in the			
measure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
have a cardinality of 0 * (i.e., can occur multiple times).			
CQL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or	Logic	Multiple Sections	Standards Update
population, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions			
will be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
population of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
expression with reference to a single patient. Context statements are not required, but one or more context			
statements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
context is the default if none is specified.			
Replaced measure-defined definitions with similar definitions and functions from CQL shared libraries for	Logic	Multiple Sections	Standards Update
consistency across measures.			
Updated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based	Logic	Multiple Sections	Standards Update
logic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql). Information			
about specific versions of the new standards in use for CMS reporting periods can be found at the eCQI			
Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL brings with			
it many changes, as well as enhanced expression capability, but only those changes with significant impact will			
be outlined in technical release notes. For example, in the case of timing operators, changes may only be			
summarized if those changes impact the measure calculation.			
Value set Patient Refusal (2.16.840.1.113883.3.117.1.7.1.93): Deleted 2 SNOMEDCT codes (183956002,	Value Set	QDM Data Elements	Annual Update
385648002).			
Value set Hemorrhagic Stroke (2.16.840.1.113883.3.117.1.7.1.212): Deleted 1 SNOMEDCT code (28837001).	Value Set	QDM Data Elements	Annual Update
Value set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614,	Value Set	QDM Data Elements	Annual Update
621, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).			
Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum
Value set Ischemic Stroke (2.16.840.1.113883.3.117.1.7.1.247): Added 2 ICD10CM codes (I63.81, I63.89) and	Value Set	QDM Data Elements	2019 Addendum

CMS108v7 - Venous Thromboembolism Prophylaxis

Updated Version Number. Heade Updated Copyright. Heade Added statement to header guidance regarding documentation requirements of reasons for no pharmacologic Heade and no mechanical VTE prophylaxis. Statement clarifies guidance to better meet measure intent. Heade Reworded the statement regarding administration of low dose unfractionated heparin to make it more clear. Heade Added 'code' attribute to all datatypes to conform with QDM 5.3 changes. Logic Modeled the Location attribute for Encounter, Performed to allow for describing the patient's presence in Logic more than one location during an individual Encounter to conform with QDM 5.3 changes. Logic Care Unit' to better align with the intent of the measure. Added 'AuthorDateTime' attribute to QDM datatypes that include negation rationale: 'Medication, Not Logic Added 'AuthorDateTime' attribute to QDM datatypes that include negation rationale: 'Medication, Not Logic Administered', 'Medication, Not Ordered', 'Device, Not Applied', and 'Device, Not Ordered' to conform with QDM 5.3 changes. Added curpelemental timing attributes to most datatypes in ODM 5.3 to facilitate accurate rational of time Logic	ider ider ic ic ic	eMeasure Version numberCopyrightGuidanceGuidanceDenominator ExclusionsDenominator ExclusionsDenominator ExclusionsNumerator	Measure Lead Annual Update JIRA (CQM-2870) Measure Lead Standards Update Standards Update JIRA (CQM-2172) Standards Update
Added statement to header guidance regarding documentation requirements of reasons for no pharmacologic and no mechanical VTE prophylaxis. Statement clarifies guidance to better meet measure intent.HeadeReworded the statement regarding administration of low dose unfractionated heparin to make it more clear.HeadeAdded 'code' attribute to all datatypes to conform with QDM 5.3 changes.LogicModeled the Location attribute for Encounter, Performed to allow for describing the patient's presence in more than one location during an individual Encounter to conform with QDM 5.3 changes.LogicReplaced 'Encounter, Performed: ICU Admission or Transfer' with an attribute of facility location in 'Intensive Care Unit' to better align with the intent of the measure.LogicAdded 'AuthorDateTime' attribute to QDM datatypes that include negation rationale: 'Medication, Not QDM 5.3 changes.LogicQDM 5.3 changes.Logic	ider ic ic ic	Guidance Guidance Denominator Exclusions Denominator Exclusions Denominator Exclusions	JIRA (CQM-2870) Measure Lead Standards Update Standards Update JIRA (CQM-2172)
and no mechanical VTE prophylaxis. Statement clarifies guidance to better meet measure intent. Reworded the statement regarding administration of low dose unfractionated heparin to make it more clear. Heade Added 'code' attribute to all datatypes to conform with QDM 5.3 changes. Logic Modeled the Location attribute for Encounter, Performed to allow for describing the patient's presence in Logic more than one location during an individual Encounter to conform with QDM 5.3 changes. Replaced 'Encounter, Performed: ICU Admission or Transfer' with an attribute of facility location in 'Intensive Care Unit' to better align with the intent of the measure. Added 'AuthorDateTime' attribute to QDM datatypes that include negation rationale: 'Medication, Not Administered', 'Medication, Not Ordered', 'Device, Not Applied', and 'Device, Not Ordered' to conform with QDM 5.3 changes.	ider ic ic ic	Guidance Denominator Exclusions Denominator Exclusions Denominator Exclusions	Measure Lead Standards Update Standards Update JIRA (CQM-2172)
Reworded the statement regarding administration of low dose unfractionated heparin to make it more clear.HeadeAdded 'code' attribute to all datatypes to conform with QDM 5.3 changes.LogicModeled the Location attribute for Encounter, Performed to allow for describing the patient's presence in more than one location during an individual Encounter to conform with QDM 5.3 changes.LogicReplaced 'Encounter, Performed: ICU Admission or Transfer' with an attribute of facility location in 'Intensive Care Unit' to better align with the intent of the measure.LogicAdded 'AuthorDateTime' attribute to QDM datatypes that include negation rationale: 'Medication, Not QDM 5.3 changes.LogicQDM 5.3 changes.Logic	ic ic ic	Denominator Exclusions Denominator Exclusions Denominator Exclusions	Standards Update Standards Update JIRA (CQM-2172)
Added 'code' attribute to all datatypes to conform with QDM 5.3 changes.LogicModeled the Location attribute for Encounter, Performed to allow for describing the patient's presence in more than one location during an individual Encounter to conform with QDM 5.3 changes.LogicReplaced 'Encounter, Performed: ICU Admission or Transfer' with an attribute of facility location in 'Intensive Care Unit' to better align with the intent of the measure.LogicAdded 'AuthorDateTime' attribute to QDM datatypes that include negation rationale: 'Medication, Not Administered', 'Medication, Not Ordered', 'Device, Not Applied', and 'Device, Not Ordered' to conform with QDM 5.3 changes.Logic	ic ic ic	Denominator Exclusions Denominator Exclusions Denominator Exclusions	Standards Update Standards Update JIRA (CQM-2172)
Modeled the Location attribute for Encounter, Performed to allow for describing the patient's presence in more than one location during an individual Encounter to conform with QDM 5.3 changes.LogicReplaced 'Encounter, Performed: ICU Admission or Transfer' with an attribute of facility location in 'Intensive Care Unit' to better align with the intent of the measure.LogicAdded 'AuthorDateTime' attribute to QDM datatypes that include negation rationale: 'Medication, Not QDM 5.3 changes.Logic	ic ic	Denominator Exclusions Denominator Exclusions	Standards Update
more than one location during an individual Encounter to conform with QDM 5.3 changes. Replaced 'Encounter, Performed: ICU Admission or Transfer' with an attribute of facility location in 'Intensive Logic Care Unit' to better align with the intent of the measure. Added 'AuthorDateTime' attribute to QDM datatypes that include negation rationale: 'Medication, Not Logic Administered', 'Medication, Not Ordered', 'Device, Not Applied', and 'Device, Not Ordered' to conform with QDM 5.3 changes.	ic	Denominator Exclusions	<u>JIRA (CQM-2172)</u>
Replaced 'Encounter, Performed: ICU Admission or Transfer' with an attribute of facility location in 'IntensiveLogicCare Unit' to better align with the intent of the measure.LogicAdded 'AuthorDateTime' attribute to QDM datatypes that include negation rationale: 'Medication, NotLogicAdministered', 'Medication, Not Ordered', 'Device, Not Applied', and 'Device, Not Ordered' to conform withQDM 5.3 changes.	ic		
Care Unit' to better align with the intent of the measure. Added 'AuthorDateTime' attribute to QDM datatypes that include negation rationale: 'Medication, Not Logic Administered', 'Medication, Not Ordered', 'Device, Not Applied', and 'Device, Not Ordered' to conform with QDM 5.3 changes.	ic		
Added 'AuthorDateTime' attribute to QDM datatypes that include negation rationale: 'Medication, NotLogicAdministered', 'Medication, Not Ordered', 'Device, Not Applied', and 'Device, Not Ordered' to conform withQDM 5.3 changes.		Numerator	Standards Update
Administered', 'Medication, Not Ordered', 'Device, Not Applied', and 'Device, Not Ordered' to conform with QDM 5.3 changes.		Numerator	Standards Update
QDM 5.3 changes.			
-			
Added supplemental timing attributes to most detatures in ODME2 to facilitate assurate retrieval of times			
Added supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time Logic	IC	Multiple Sections	Standards Update
related information within CQL logic. Timing attributes now include a time interval, such as prevalence period			
or relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general			
method to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more			
accurately define onset and abatement times.			
Assigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM Logic	ic	Multiple Sections	Standards Update
data elements. Cardinality refers to the number of instances of the attribute that can be included in the		·	
measure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
have a cardinality of 0 * (i.e., can occur multiple times).			
CQL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or Logic	ic	Multiple Sections	Standards Update
population, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions		·	
will be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
population of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
expression with reference to a single patient. Context statements are not required, but one or more context			
statements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
context is the default if none is specified.			
Replaced measure-defined definitions with similar definitions and functions from CQL shared libraries for Logic	ic	Multiple Sections	Standards Update
consistency across measures.			
Updated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based Logic	ic	Multiple Sections	Standards Update
logic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql). Information		·	
about specific versions of the new standards in use for CMS reporting periods can be found at the eCQI			
Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL brings with			
it many changes, as well as enhanced expression capability, but only those changes with significant impact will			
be outlined in technical release notes. For example, in the case of timing operators, changes may only be			
summarized if those changes impact the measure calculation.			
Value set Low Dose Unfractionated Heparin for VTE Prophylaxis (2.16.840.1.113762.1.4.1045.39): Added 4 Value	ue Set	QDM Data Elements	Annual Update
RXNORM codes (1361226, 1361568, 1658647, 1658659).			
Value set Direct Thrombin Inhibitor (2.16.840.1.113883.3.117.1.7.1.205): Added 1 RXNORM code (1723476). Value	ue Set	QDM Data Elements	Annual Update

CMS108v7 - Venous Thromboembolism Prophylaxis

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Value set ICU Admission or Transfer (2.16.840.1.113883.3.117.1.7.1.305): Removed ICU Admission or Transfer.	Value Set	QDM Data Elements	Annual Update
Value set General Surgery (2.16.840.1.113883.3.117.1.7.1.255): Deleted 6 SNOMEDCT codes (18319008,	Value Set	QDM Data Elements	Annual Update
235326000, 235331003, 275015005, 37572001, 83462004).			
Value set Obstetrics VTE (2.16.840.1.113883.3.117.1.7.1.264): Added 4 ICD10CM codes (003.85, 004.85,	Value Set	QDM Data Elements	Annual Update
O08.7, O87.8) and deleted 1 ICD10CM code (O87.0). Deleted 2 SNOMEDCT codes (72044001, 88980002).			
Value set Patient Refusal (2.16.840.1.113883.3.117.1.7.1.93): Deleted 2 SNOMEDCT codes (183956002,	Value Set	QDM Data Elements	Annual Update
_385648002).			
Value set Hemorrhagic Stroke (2.16.840.1.113883.3.117.1.7.1.212): Deleted 1 SNOMEDCT code (28837001).	Value Set	QDM Data Elements	Annual Update
Value set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614,	Value Set	QDM Data Elements	Annual Update
621, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).			
Value set Obstetrics (2.16.840.1.113883.3.117.1.7.1.263): Deleted 4 SNOMEDCT codes (13010001, 1938002,	Value Set	QDM Data Elements	Annual Update
200117009, 88980002). Added 185 ICD10CM codes.			
Value set Mental Health Diagnoses (2.16.840.1.113883.3.464.1003.105.12.1004): Deleted 59 SNOMEDCT	Value Set	QDM Data Elements	Annual Update
codes. Added 12 ICD10CM codes.			
Value set Intensive Care Unit (2.16.840.1.113762.1.4.1110.23): Added Intensive Care Unit.	Value Set	QDM Data Elements	Annual Update
Replaced LOINC single code value sets with direct referenced codes. A direct referenced code is a single	Value Set	QDM Data Elements	Standards Update
concept code that is used to describe a clinical element directly within the logic. The use of direct referenced			
codes replaces the need for single code value sets. Measures using other code systems in single value sets may			
optionally transition to direct referenced codes.			
Value set Low Dose Unfractionated Heparin for VTE Prophylaxis (2.16.840.1.113762.1.4.1045.39): Added 1	Value Set	QDM Data Elements	2019 Addendum
RXNORM code (1798389).			
Value set Oral Factor Xa Inhibitor for VTE Prophylaxis or VTE Treatment (2.16.840.1.113883.3.117.1.7.1.134):	Value Set	QDM Data Elements	2019 Addendum
Added 2 RXNORM codes (1927856, 1927864).			
Value set Direct Thrombin Inhibitor (2.16.840.1.113883.3.117.1.7.1.205): Added 3 RXNORM codes (1798389,	Value Set	QDM Data Elements	2019 Addendum
1997015, 1997017).			
Value set General Surgery (2.16.840.1.113883.3.117.1.7.1.255): Deleted 3 SNOMEDCT codes (287330000,	Value Set	QDM Data Elements	2019 Addendum
359604006, 359606008).			
Value set Gynecological Surgery (2.16.840.1.113883.3.117.1.7.1.257): Deleted 10 SNOMEDCT codes	Value Set	QDM Data Elements	2019 Addendum
(112917009, 14353000, 176909001, 27950001, 307263006, 307264000, 31545000, 4010009, 53139002,			
59750000).			
Value set Hip Replacement Surgery (2.16.840.1.113883.3.117.1.7.1.259): Deleted 1 SNOMEDCT code	Value Set	QDM Data Elements	2019 Addendum
(339905004).			
Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum
Value set Obstetrics (2.16.840.1.113883.3.117.1.7.1.263): Added 18 ICD10CM codes and deleted 1 ICD10CM	Value Set	QDM Data Elements	2019 Addendum
_code (O86.0). Deleted 21 SNOMEDCT codes.			
Value set Ischemic Stroke (2.16.840.1.113883.3.117.1.7.1.247): Added 2 ICD10CM codes (I63.81, I63.89) and	Value Set	QDM Data Elements	2019 Addendum
deleted 1 ICD10CM code (I63.8).			
Value set Mental Health Diagnoses (2.16.840.1.113883.3.464.1003.105.12.1004): Added 353 SNOMEDCT	Value Set	QDM Data Elements	2019 Addendum
codes and deleted 222 SNOMEDCT codes. Added 1 ICD10CM code (F32.8).			

CMS111v7 - Median Admit Decision Time to ED Departure Time for Admitted Patients

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Updated Version Number.	Header	eMeasure Version number	Measure Lead
Updated Copyright.	Header	Copyright	Annual Update
Replaced the word Stratum with Stratification to align with CQL MAT export.	Header	Stratification	Measure Lead
Added 'resulting in an inpatient stay' to the Measure Population Exclusion to clarify intent of the measure and	Header	Measure Population Exclusions	Measure Lead
better align with the logic.			
Removed 'Transfer from' datatype to conform with QDM 5.3 changes.	Logic	Denominator Exclusions	Standards Update
Replaced 'Discharge status' attribute with 'Discharge Disposition' attribute for 'Encounter, Performed' and	Logic	Denominator Exclusions	Standards Update
'Transfer From' with 'Admission Source' for 'Encounter, Performed' datatypes to align with QDM 5.3 changes.			
Replaced <= 6 hours timing constraint with logic that ties the 'admissionSource' (transfer from) to the	Logic	Measure Population Exclusions	Measure Lead
Inpatient Encounter and the ED Encounter visit because the timing constraint is not required with CQL.			
Modeled the Location attribute for Encounter, Performed to allow for describing the patient's presence in a	Logic	Measure Observations	Standards Update
single location during an individual Encounter to conform with QDM 5.3 changes.			
Replaced the word Stratum with Stratification to align with CQL MAT export.	Logic	Stratification	Measure Lead
Added supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time	Logic	Multiple Sections	Standards Update
related information within CQL logic. Timing attributes now include a time interval, such as prevalence period			
or relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general			
method to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more			
accurately define onset and abatement times.			
Assigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM	Logic	Multiple Sections	Standards Update
data elements. Cardinality refers to the number of instances of the attribute that can be included in the			
measure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
have a cardinality of 0 * (i.e., can occur multiple times).			
CQL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or	Logic	Multiple Sections	Standards Update
population, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions			
will be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
population of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
expression with reference to a single patient. Context statements are not required, but one or more context			
statements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
context is the default if none is specified.			
Replaced measure-defined definitions with similar definitions and functions from CQL shared libraries for	Logic	Multiple Sections	Standards Update
consistency across measures.	-	-	-
Updated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based	Logic	Multiple Sections	Standards Update
logic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql).	-		
Information about specific versions of the new standards in use for CMS reporting periods can be found at the			
eCQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL			
brings with it many changes, as well as enhanced expression capability, but only those changes with significant			
impact will be outlined in technical release notes. For example, in the case of timing operators, changes may			
only be summarized if those changes impact the measure calculation.			
Value set (2.16.840.1.113883.3.117.1.7.1.299): Renamed to Psychiatric/Mental Health Diagnosis.	Value Set	QDM Data Elements	Annual Update
Value set Psychiatric/Mental Health Diagnosis (2.16.840.1.113883.3.117.1.7.1.299): Deleted 5 SNOMEDCT	Value Set	QDM Data Elements	Annual Update
codes (191536002, 191537006, 191540006, 1938002, 230290000).			·

CMS111v7 - Median Admit Decision Time to ED Departure Time for Admitted Patients

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Value set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614,	Value Set	QDM Data Elements	Annual Update
621, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).			
Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum
Value set Psychiatric/Mental Health Diagnosis (2.16.840.1.113883.3.117.1.7.1.299): Added 6 ICD10CM codes	Value Set	QDM Data Elements	2019 Addendum
(F12.23, F12.93, F53.0, F68.A, Z62.813, Z91.42) and deleted 1 ICD10CM code (F53). Deleted 5 SNOMEDCT			
_codes (191601008, 191602001, 191606003, 268620009, 79578000).			

CMS113v7 - Elective Delivery

Header Copyright Annual Update dded two value sets for procedures, performed to the history of prior uterine surgery procedure to better Logic Numerator Measure Lead grawith the clinical intent and the chart-abstracted version of the measure. Logic Numerator Measure Lead dded supplemental timing attributes to most datatypes in QDM 5.3 to Tacilitzte accurate retrieval of time Logic Multiple Sections Standards Update tends to describe the start and stop times for datatypes. Prevalence period is used for some datatypes to more ccurately define onset and abatement times. Standards Update signed cardinality for cardinality for some attributes is 0.1 (i.e., can occur up to 1 time), but some attributes are a cardinality of 0. * (i.e., can occur multiple times). Logic Multiple Sections Standards Update Opulation, can now but sed in a CDL library to clary testabils how the subsequent its of COL expression Logic Multiple Sections Standards Update Opulation, can now but sed in a CDL library to clary testabils how the Subsequent its of COL expressions Logic Multiple Sections Standards Update Opulation of the tarbary to hybrid clarify how the CQL expression with reference to the entire opulation, can now anytop, inthere the CQL expression with reference to a single patient. Context statements are not required, but on or more context statements maybe us	Technical Release Notes	Type of TRN	Measure Section	Source of Change
died two value sets for procedures, performed to the history of prior uterine surgery procedure to better Logic Numerator Measure Lead ign with the clinical lintent and the chart-abstracted eveloan of the measure. Multiple Sections Standards Update biated information within (QL) logic. Timing attributes now include a time interval, such as prevalence period Multiple Sections Standards Update carcately define onest and abstement times. Standards Update Multiple Sections Standards Update segment at another times. Standards Update Multiple Sections Standards Update a elements. Cardinality refers to he number of instances of the attribute that can be included in the Numerator Multiple Sections Standards Update a elements. Cardinality refers to not attributes is 0 1 (Le., can occur up to 1 time), but some attributes Multiple Sections Standards Update Duilbranks contain sets of CQL definitions, or CQL expression statements. A context statements are not the or more context Multiple Sections Standards Update opulation, can now be used in a CQL library to clearly establish how the subsequent list of CQL expression. Multiple Sections Standards Update opulation of the tem being counted, patient. Context statements are not required, but no eor more context Expression with reference to a single patient. Context statements	Updated Version Number.	Header	eMeasure Version number	Measure Lead
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pdated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based Logic Multiple Sections Standards Update gic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql). formation about specific versions of the new standards in use for CMS reporting periods can be found at the CQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL rings with it many changes, as well as enhanced expression capability, but only those changes with significant mpact will be outlined in technical release notes. For example, in the case of timing operators, changes may nly be summarized if those changes impact the measure calculation. alue set Dinoprostone (2.16.840.1.113762.1.4.1045.56): Added 1 RXNORM code (197619). Value Set QDM Data Elements Annual Update 21, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69). alue set Conditions Possibly Justifying Elective Delivery Prior to 39 Weeks Gestation Value Set QDM Data Elements Annual Update 2.16.840.1.113762.1.4.110.24): Added Uterine Horn. Value Set QDM Data Elements Annual Update alue set Uterine Horn (2.16.840.1.113762.1.4.110.25): Added Uterine Horn. Value Set QDM Data Elements Annual Update alue set Outprise (2.16.840.1.113762.1.4.110.25): Added Uterine Horn. Value Set QDM Data Elements Annual Update 2.16.840.1.113762.1.4.1110.25): Added Uterine Horn. Value Set QDM Data Elements Annual Update alue set Uterine Horn (2.16.840.1.113762.1.4.110.25): Added Uterine Horn. Value Set QDM Data Elements Annual Update alue set Artificial Rupture of Membranes (2.16.840.1.113762.1.4.1045.57): Added 1 SNOMEDCT code Value Set QDM Data Elements Annual Update 2.019 Addendum 2.019 Add	Replaced measure-defined definitions with similar definitions and functions from CQL shared libraries for	Logic	Multiple Sections	Standards Update
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	(408817009).			
alue set Cesarean Birth (2.16.840.1.113883.3.117.1.7.1.282): Added 1 SNOMEDCT code (709004006). Value Set QDM Data Elements 2019 Addendum	Value set Delivery Procedures (2.16.840.1.113762.1.4.1045.59): Added 27 SNOMEDCT codes.	Value Set	QDM Data Elements	2019 Addendum
	Value set Cesarean Birth (2.16.840.1.113883.3.117.1.7.1.282): Added 1 SNOMEDCT code (709004006).	Value Set	QDM Data Elements	2019 Addendum

CMS113v7 - Elective Delivery

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Value set Medical Induction of Labor (2.16.840.1.113883.3.117.1.7.1.288): Added 3 ICD10PCS codes	Value Set	QDM Data Elements	2019 Addendum
(3E0DXGC, 3E0P3VZ, 3E0P7VZ). Added 4 SNOMEDCT codes (225245001, 236971007, 237001001, 288191002	8).		
Value set Perforation of Uterus (2.16.840.1.113762.1.4.1110.14): Added 1 SNOMEDCT code (236738001).	Value Set	QDM Data Elements	2019 Addendum
Value set Uterine Rupture (2.16.840.1.113762.1.4.1110.16): Added 2 SNOMEDCT codes (199958008,	Value Set	QDM Data Elements	2019 Addendum
23431000119106).			
Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum
Value set Conditions Possibly Justifying Elective Delivery Prior to 39 Weeks Gestation	Value Set	QDM Data Elements	2019 Addendum
(2.16.840.1.113883.3.117.1.7.1.286): Added 9 ICD10CM codes (O30.131, O30.132, O30.133, O30.231,			
O30.232, O30.233, O30.831, O30.832, O30.833) and deleted 6 ICD10CM codes (O16.9, O43.219, O44.20,			
O44.30, O44.40, O44.50). Deleted 5 SNOMEDCT codes (200473005, 200474004, 37382001, 57480000,			
80190007).			

CMS190v7 - Intensive Care Unit Venous Thromboembolism Prophylaxis

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Updated Version Number.	Header	eMeasure Version number	Measure Lead
Updated Copyright.	Header	Copyright	Annual Update
Added statement to header guidance regarding documentation requirements of reasons for no pharmacologic	Header	Guidance	<u>JIRA (CQM-2870)</u>
and no mechanical VTE prophylaxis. Statement clarifies guidance to better meet measure intent.			
Replaced 'Encounter, Performed: ICU Admission or Transfer' with an attribute of facility location in 'Intensive	Logic	Denominator	JIRA (CQM-2172)
Care Unit' to better align with the intent of the measure.			
Replaced 'Encounter, Performed: ICU Admission or Transfer' with an attribute of facility location in 'Intensive	Logic	Denominator Exclusions	JIRA (CQM-2172)
Care Unit' to better align with the intent of the measure.			
Added 'AuthorDateTime' attribute to QDM datatypes that include negation rationale: 'Medication, Not	Logic	Numerator	Standards Update
Administered', 'Medication, Not Ordered', 'Device, Not Applied', and 'Device, Not Ordered' to conform with			
QDM 5.3 changes.			
Replaced 'Encounter, Performed: ICU Admission or Transfer' with an attribute of facility location in 'Intensive	Logic	Numerator	JIRA (CQM-2172)
Care Unit' to better align with the intent of the measure.			
Added 'code' attribute to all datatypes to conform with QDM 5.3 changes.	Logic	Multiple Sections	Standards Update
Added supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time	Logic	Multiple Sections	Standards Update
related information within CQL logic. Timing attributes now include a time interval, such as prevalence period	-		
or relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general			
method to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more			
accurately define onset and abatement times.			
Assigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM	Logic	Multiple Sections	Standards Update
data elements. Cardinality refers to the number of instances of the attribute that can be included in the			
measure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
have a cardinality of 0 * (i.e., can occur multiple times).			
CQL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or	Logic	Multiple Sections	Standards Update
population, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions			
will be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
population of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
expression with reference to a single patient. Context statements are not required, but one or more context			
statements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
context is the default if none is specified.			
Modeled the Location attribute for Encounter, Performed to allow for describing the patient's presence in	Logic	Multiple Sections	Standards Update
more than one location during an individual Encounter to conform with QDM 5.3 changes.			
Replaced measure-defined definitions with similar definitions and functions from CQL shared libraries for	Logic	Multiple Sections	Standards Update
consistency across measures.			
Updated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based	Logic	Multiple Sections	Standards Update
logic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql). Information			
about specific versions of the new standards in use for CMS reporting periods can be found at the eCQI			
Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL brings with			
it many changes, as well as enhanced expression capability, but only those changes with significant impact will			
be outlined in technical release notes. For example, in the case of timing operators, changes may only be			
summarized if those changes impact the measure calculation.			

CMS190v7 - Intensive Care Unit Venous Thromboembolism Prophylaxis

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Value set Low Dose Unfractionated Heparin for VTE Prophylaxis (2.16.840.1.113762.1.4.1045.39): Added 4	Value Set	QDM Data Elements	Annual Update
RXNORM codes (1361226, 1361568, 1658647, 1658659).			
Value set General Surgery (2.16.840.1.113883.3.117.1.7.1.255): Deleted 6 SNOMEDCT codes (18319008,	Value Set	QDM Data Elements	Annual Update
235326000, 235331003, 275015005, 37572001, 83462004).			
Value set ICU Admission or Transfer (2.16.840.1.113883.3.117.1.7.1.305): Removed ICU Admission or Transfer.	Value Set	QDM Data Elements	Annual Update
Value set Obstetrics VTE (2.16.840.1.113883.3.117.1.7.1.264): Added 4 ICD10CM codes (O03.85, O04.85,	Value Set	QDM Data Elements	Annual Update
O08.7, O87.8) and deleted 1 ICD10CM code (O87.0). Deleted 2 SNOMEDCT codes (72044001, 88980002).			
Value set Patient Refusal (2.16.840.1.113883.3.117.1.7.1.93): Deleted 2 SNOMEDCT codes (183956002,	Value Set	QDM Data Elements	Annual Update
385648002).			
Value set Direct Thrombin Inhibitor (2.16.840.1.113883.3.117.1.7.1.205): Added 1 RXNORM code (1723476).	Value Set	QDM Data Elements	Annual Update
Value set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614,	Value Set	QDM Data Elements	Annual Update
621, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).			
Value set Obstetrics (2.16.840.1.113883.3.117.1.7.1.263): Deleted 4 SNOMEDCT codes (13010001, 1938002,	Value Set	QDM Data Elements	Annual Update
200117009, 88980002). Added 185 ICD10CM codes.			
Value set Intensive Care Unit (2.16.840.1.113762.1.4.1110.23): Added Intensive Care Unit.	Value Set	QDM Data Elements	Annual Update
Replaced LOINC single code value sets with direct referenced codes. A direct referenced code is a single	Value Set	QDM Data Elements	Standards Update
concept code that is used to describe a clinical element directly within the logic. The use of direct referenced			
codes replaces the need for single code value sets. Measures using other code systems in single value sets may			
optionally transition to direct referenced codes.			
Value set Low Dose Unfractionated Heparin for VTE Prophylaxis (2.16.840.1.113762.1.4.1045.39): Added 1	Value Set	QDM Data Elements	2019 Addendum
RXNORM code (1798389).			
Value set Oral Factor Xa Inhibitor for VTE Prophylaxis or VTE Treatment (2.16.840.1.113883.3.117.1.7.1.134):	Value Set	QDM Data Elements	2019 Addendum
Added 2 RXNORM codes (1927856, 1927864).			
Value set General Surgery (2.16.840.1.113883.3.117.1.7.1.255): Deleted 3 SNOMEDCT codes (287330000,	Value Set	QDM Data Elements	2019 Addendum
359604006, 359606008).			
Value set Gynecological Surgery (2.16.840.1.113883.3.117.1.7.1.257): Deleted 10 SNOMEDCT codes	Value Set	QDM Data Elements	2019 Addendum
(112917009, 14353000, 176909001, 27950001, 307263006, 307264000, 31545000, 4010009, 53139002,			
59750000).			
Value set Direct Thrombin Inhibitor (2.16.840.1.113883.3.117.1.7.1.205): Added 3 RXNORM codes (1798389,	Value Set	QDM Data Elements	2019 Addendum
1997015, 1997017).			
Value set Hip Replacement Surgery (2.16.840.1.113883.3.117.1.7.1.259): Deleted 1 SNOMEDCT code	Value Set	QDM Data Elements	2019 Addendum
<u>(</u> 339905004).			
Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum
Value set Obstetrics (2.16.840.1.113883.3.117.1.7.1.263): Added 18 ICD10CM codes and deleted 1 ICD10CM	Value Set	QDM Data Elements	2019 Addendum
code (O86.0). Deleted 21 SNOMEDCT codes.			

CMS2v8 - Preventive Care and Screening: Screening for Depression and Follow-Up Plan

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Updated Version Number.	Header	eMeasure Version number	Measure Lead
Updated Copyright.	Header	Copyright	Annual Update
Updated Disclaimer.	Header	Disclaimer	Measure Lead
Updated rationale to include information from more current source.	Header	Rationale	Expert Work Group
Updated reference updated to include information from more current source.	Header	Reference	Expert Work Group
Added 'or assessment' to the definition of Follow-Up Plan to allow for use of additional assessment tools.	Header	Definition	<u>JIRA (CQM-2194)</u>
Updated the definitions section to add two standardized and validated screening tools to the example	Header	Definition	Expert Work Group
screening tool list.	Usedan	Cuidanas	First ent M/ands Charles
Added the statement 'Depression screening is required once per measurement period, not all encounters; this	Header	Guidance	Expert Work Group
is patient based and not an encounter based measure' to clarify the assessment frequency.			
Updated guidance related to standardized depression screening tools.	Header	Guidance	Expert Work Group
Added examples of a follow-up plan to the guidance section based on expert recommendations.	Header	Guidance	Expert Work Group
Replaced 'before the beginning of' with 'at the beginning of' to better align with CQL logic.	Header	Initial Population	Measure Lead
Updated logic expressed using CQL to address an encounter issue resulting in an unexpected exclusion of cases.	Logic	Denominator Exclusions	<u>JIRA (CQM-2574)</u>
Changed 'Procedure performed' to 'Intervention performed' to harmonize the representation of the data	Logic	Numerator	JIRA (CQM-2752)
elements within other measures.	LOGIC	Numerator	
Revised logic for timing of follow-up interventions to better align with the measure intent.	Logic	Numerator	QDM Standards
Added supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time	Logic	Multiple Sections	Standards Update
related information within CQL logic. Timing attributes now include a time interval, such as prevalence period	LUGIC	Wultiple Sections	Standards Opdate
pr relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general			
method to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more			
accurately define onset and abatement times.			
	Logic	Multiple Costions	Standards Undata
Assigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM	LOBIC	Multiple Sections	Standards Update
lata elements. Cardinality refers to the number of instances of the attribute that can be included in the			
neasure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
nave a cardinality of 0 * (i.e., can occur multiple times).	1		Characterization of the state
CQL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or	Logic	Multiple Sections	Standards Update
population, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions			
vill be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
oopulation of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
expression with reference to a single patient. Context statements are not required, but one or more context			
statements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
context is the default if none is specified.			
Replaced measure-defined definitions with similar definitions and functions from CQL shared libraries for	Logic	Multiple Sections	Standards Update
consistency across measures.			

CMS2v8 - Preventive Care and Screening: Screening for Depression and Follow-Up Plan

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Updated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based	Logic	Multiple Sections	Standards Update
logic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql).			
Information about specific versions of the new standards in use for CMS reporting periods can be found at th	e		
eCQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL			
brings with it many changes, as well as enhanced expression capability, but only those changes with significar	nt		
impact will be outlined in technical release notes. For example, in the case of timing operators, changes may			
only be summarized if those changes impact the measure calculation.			
Value set Additional evaluation for depression - adolescent (2.16.840.1.113883.3.600.1542): Deleted 1	Value Set	QDM Data Elements	Annual Update
SNOMEDCT code (428161000124109).			
Value set Additional evaluation for depression - adult (2.16.840.1.113883.3.600.1545): Deleted 1 SNOMEDCT	Value Set	QDM Data Elements	Annual Update
_code (428151000124107).			
Value set Depression Screening Encounter Codes (2.16.840.1.113883.3.600.1916): Added 25 CPT codes and	Value Set	QDM Data Elements	Annual Update
deleted 5 HCPC codes (G0502, G0503, G0504, G0505, G0507).			
Value set Follow-up for depression - adolescent (2.16.840.1.113883.3.600.467): Added 11 SNOMEDCT codes	Value Set	QDM Data Elements	Annual Update
(108313002, 1555005, 15558000, 18512000, 229065009, 75516001, 76168009, 28868002, 304891004,			
405780009, 81294000).			
Value set Follow-up for depression - adult (2.16.840.1.113883.3.600.468): Added 11 SNOMEDCT codes	Value Set	QDM Data Elements	Annual Update
(108313002, 1555005, 15558000, 18512000, 229065009, 75516001, 76168009, 28868002, 304891004,			
405780009, 81294000).			
Value set Suicide Risk Assessment (2.16.840.1.113883.3.600.559): Added 1 SNOMEDCT code	Value Set	QDM Data Elements	Annual Update
(454331000124109).			
Value set Depression medications - adult (2.16.840.1.113883.3.600.470): Deleted 3 RXNORM codes (730440,	Value Set	QDM Data Elements	Annual Update
730441, 730442).			
Value set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614,	Value Set	QDM Data Elements	Annual Update
621, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).			
Replaced LOINC single code value sets with direct referenced codes. A direct referenced code is a single	Value Set	QDM Data Elements	Standards Update
concept code that is used to describe a clinical element directly within the logic. The use of direct referenced			
codes replaces the need for single code value sets. Measures using other code systems in single value sets			
may optionally transition to direct referenced codes.			
Value set Depression diagnosis (2.16.840.1.113883.3.600.145): Added 2 ICD10CM codes (F53.0, F53.1) and	Value Set	QDM Data Elements	2019 Addendum
deleted 1 ICD10CM code (F53).			
Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum
Value set Depression medications - adult (2.16.840.1.113883.3.600.470): Deleted 1 RXNORM code (245373).	Value Set	QDM Data Elements	2019 Addendum

CMS22v7 - Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Updated Version Number.	Header	eMeasure Version number	Measure Lead
Updated Copyright.	Header	Copyright	Annual Update
Updated Disclaimer.	Header	Disclaimer	Measure Lead
Replaced 'Before the beginning of' with 'at the beginning of' to align with CQL logic.	Header	Initial Population	Measure Lead
Additional timing attributes were added to most datatypes in QDM 5.3 to facilitate accurate retrieval of time	Logic	Multiple Sections	Standards Update
related information within CQL logic. Timing attributes now include a time interval, such as prevalence period			
or relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general			
method to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more			
accurately define onset and abatement times.			
Cardinality was assigned to each attribute to be more explicit in guiding specification and implementation of	Logic	Multiple Sections	Standards Update
QDM data elements. Cardinality refers to the number of instances of the attribute that can be included in the			
measure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
have a cardinality of 0 * (i.e., can occur multiple times).			
CQL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or	Logic	Multiple Sections	Standards Update
population, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions			
will be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
population of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
expression with reference to a single patient. Context statements are not required, but one or more context			
statements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
context is the default if none is specified.			
Replaced measure-defined definitions with similar definitions and functions from CQL shared libraries for	Logic	Multiple Sections	Standards Update
consistency across measures.			
Updated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based	Logic	Multiple Sections	Standards Update
logic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql).			
Information about specific versions of the new standards in use for CMS reporting periods can be found at the			
eCQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL			
brings with it many changes, as well as enhanced expression capability, but only those changes with significant			
impact will be outlined in technical release notes. For example, in the case of timing operators, changes may			
only be summarized if those changes impact the measure calculation.			
Value set BP Screening Encounter Codes (2.16.840.1.113883.3.600.1920): Added 5 CPT codes (99236, 99315,	Value Set	QDM Data Elements	Annual Update
99316, 99339, 99340).			
Value set Anti-Hypertensive Pharmacologic Therapy (2.16.840.1.113883.3.600.1476): Deleted 2 RXNORM	Value Set	QDM Data Elements	Annual Update
codes (247516, 901446).			
Finding of Hypertension (2.16.840.1.113883.3.600.2395): Removed Finding of Hypertension.	Value Set	QDM Data Elements	Annual Update
Value set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614,	Value Set	QDM Data Elements	Annual Update
621, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).			
Replaced LOINC single code value sets with direct referenced codes. A direct referenced code is a single	Value Set	QDM Data Elements	Standards Update
concept code that is used to describe a clinical element directly within the logic. The use of direct referenced			
codes replaces the need for single code value sets. Measures using other code systems in single value sets			
may optionally transition to direct referenced codes.			
Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum

CMS22v7 - Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Value set Anti-Hypertensive Pharmacologic Therapy (2.16.840.1.113883.3.600.1476): Deleted 6 RXNORM	Value Set	QDM Data Elements	2019 Addendum
codes (1009220, 1009247, 1009315, 1009320, 197497, 310139).			

CMS50v7 - Closing the Referral Loop: Receipt of Specialist Report

Ippated Copyright Header Copyright Annual Update Added supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time Logic Multiple Sections Standards Update Added supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of is the general Multiple Sections Standards Update Retro to description Standards Update Multiple Sections Standards Update Signed cardinality to each attribute to be more explicit in guiding specification and implementation of QDM Logic Multiple Sections Standards Update was a cardinality of 0.4 C.4 Coll library to clearly retrieves. Standards Update Call libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or update Logic Multiple Sections Standards Update Signed cardinality or ach attribute so the nore explicit in guiding specification and implementation of CQL Logic Multiple Sections Standards Update C2L libraries contain sets of CQL definitions, or CQL expression still be the subsequent list of CQL expressions Multiple Sections Standards Update Capulation, can not be update at the Mole Societific in the subsequent list of CQL expressions Multiple Sections Standards Update <th>Technical Release Notes</th> <th>Type of TRN</th> <th>Measure Section</th> <th>Source of Change</th>	Technical Release Notes	Type of TRN	Measure Section	Source of Change
Valded supplemental timing attributes no most datatypes in QDM 5.3 to facilitate accurate retrieval of time Logic Multiple Sections Standards Update relevant periods relevant periods the general Multiple Sections Standards Update relevant periods relevant periods the general Multiple Sections Standards Update activately define onset and abatement times. scandards update Multiple Sections Standards Update staged cardinality to each attribute to be more explicit in guiding specification and implementation of QDM Logic Multiple Sections Standards Update ada elements. Cardinality for most attributes is 0.1 (i.e., can occur up to 1 time), but some attributes Standards Update Standards Update ada elements. Cardinality for most attributes is 0.1 (i.e., can occur upto 1 time), but some attributes Standards Update Standards Update add ed supplication of the item being counted, patients or encounters. A "Pepulation" context statements are not required, but no er more context time default if none is specified. Multiple Sections Multiple Sections Standards Update Standards Update Standards Update Standards Update Standards Update Standards Update opplation of the item being counted, patients or enocounters. A "Pepulation" context statement times.	Updated Version Number.	Header	eMeasure Version number	Measure Lead
Pelated information within CQL logic. Timing attributes now include a time interval, such as prevalence period or relevant period, and/or actual time of documentation with Author Datettime. Relevant period is the general hethod to descripte start and stop times for datatypes. Prevalence period is used for some datatypes to more accurately define onset and abatement times. Standards Update basigned carinality refers to the number of instances of the attribute that can be included in the measure description. Cardinality for most attributes is 0. 1 (Le., can occur up to 1 time), but some attributes are a cardinality of 0.* (Le., can occur multiple times). CQL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or appulation, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions will be interpreted. A "opulation" context statements are not required, but oner ocntext tatements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient context is the default if none is specified. Removed the "Face-To-Face Interaction" data element and added relevant SNOMED codes to the Encounter arguing value sets to better align between the SNOMED and CPT encounter codes. Jpdated measure logic from Quality Data Model (QDM)-based logic to CMS can be found at the eCQL expressions will be interpreted. Patient corruging value sets to better align between the CQL expression can be period in use for CMS reporting periods can be found at the eCQL expression scale period. Report (1992), effective explores of the measure calculation. Annual Update may thill be outlined in technical release notes. For example, in the case of timing operators, changes with significant mapat will be cutilered in technical release notes. For example, in the case of timing operators, changes may high be summariae (12, 16, 8400, 11, 13883, 3, 464, 1003, 101, 12, 1001); Added 3 SNOMEDCT codes (103698003, Value set	Updated Copyright.	Header	Copyright	Annual Update
pr relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general method to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more datatypes to the number of instances of the attribute that can be included in the measure description. Cardinality refere on the tartibute that can be included in the measure datatypes to more datatypes to more datatypes to more datatypes to more datatypes to early definitions, or QL expressions statements. A context statement, patient or Logic Multiple Sections Standards Update appulsion, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions with reference to the entire expression with reference to a single patient. Context statements are not required, but one or more context statements may be used within a library to help carify how the CQL expressions will be interpreted. Patient context statements are not required, but one or more context statement the escontext is the default if none is specified. Multiple Sections Measure Logic Multiple Sections Standards Update early clearly establish bound the subsequent (Integrited, expression) with clearly clearly establish and ded relevant SNOMED codes to the Encounter Logic Multiple Sections Standards Update early clearly establish and ded relevant SNOMED codes to the Encounter Logic Multiple Sections Standards Update (Clearly establish expression establish, but only clearly establish and be entire establ	Added supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time	Logic	Multiple Sections	Standards Update
hethol to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more scaturately define onset and abatement times. Sugged cardinality to each attribute to be more explicit in guiding specification and implementation of QDM Logic Multiple Sections Standards Update description. Cardinality roles to the number of instances of the attribute that can be included in the measure description. Cardinality roles to a curre tribute that can be included in the measure description. Cardinality of most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes are a cardinal of 0* (i.e., can occur multiple times). Call ibraries contain sets of COL definitions, or COL expression statements. A context statement, patient or none bus define a COL library to clearly establish how the subsequent list of COL expressions will be interpreted. A 'Population' context will interpret the COL expression will be interpreted. A 'Population' context statements are not required, but one or more context statements may be used within a library to help clarify how the CQL expression swill be interpreted. Patient sontext is the default if none is specified. The frace-To-Face Interaction' data element and added relevant SNOMED codes to the Encounter Logic Multiple Sections Measure Lead or foroundity bate Model (DQM)-based Digic to Clinical Quality Language (CQL)-based ogic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/ecqi.healthit.gov/ecqi.healthit.gov/ecqi.healthit.gov/ecqi.healthit.gov/ecqi.healthit.gov/ecqi.healthit.gov/ecqi.healthit.gov/ecqi.healthit.gov/ecqi.healthit.gov/ecqi.healthit.gov/ecqi.healthit.gov/ecqi.healthit.gov/ecqi.healthit.gov/ecqi.healthit.gov/ecqi.healthit.gov/ecqi.healthit.gov/ecqi.healthit.gov/ecqi.healthit.gov/ecqi.healthit.gov/ecqi.healthit.gov/ecqi.healthit.gov/ecqi.healthit.gov/ecqi.healthit.gov/ecqi.healthit.gov/ecqi.healthit.gov/ecqi.healthit.gov/ecqi.healthit.gov/ecqi.healthit.gov/ecqi.healthit.gov/ecqi.healthit.gov/ecq	related information within CQL logic. Timing attributes now include a time interval, such as prevalence period			
Assigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM Logic Multiple Sections Standards Update data clements. Cardinality refers to the number of instances of the attribute that can be included in the measure description. Cardinality if or most attributes is 0.1 (i.e., can occur up to 1 time), but some attributes to cardinality of 0.* (i.e., can occur multiple times). Call libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or sopulation of the item being conted, patients or encounters. A 'Patient' context will interpret the CQL expressions will be interpreted. A 'Population' context will interpret the CQL expression will be interpreted. Patient context will interpret the CQL expressions will be interpreted. Patient context will interpret the CQL expressions will be interpreted. Patient context will interpret the SIOMED and CPT encounter codes. Using a patient. Context statement and added relevant SNOMED codes to the Encounter Logic Multiple Sections Measure Lead Grouping value sets to better anging between the SIOMED and CPT encounter codes. Using patient context will interpret the CQL expression as the for CMS reporting periods can be found at the eCQL expression as the for CMS reporting periods can be found at the eCQL expression as the for CMS reporting periods can be found at the eCQL expression as the formation and for CMS reporting periods can be found at the eCQL expression as the form one context, changes may analy be summarized if those changes impact the measure calculation. For example, in the case of thing operators, changes may analy be summarized if those changes impact the measure calculation. Afford the set of CMS reporting periods can be found at the eCQL expression capability, but only those changes with significant may changes, as well as enhanced expression capability, but only those changes may analy be summarized if those changes impact the measure calculation. Afford the set of the e	or relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general			
sissigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM Logic Multiple Sections Standards Update data elements. Cardinality refers to the number of itstances of the attribute that can be included in the measure description. Cardinality for most attributes is 0.1 (Le, can occur up to 1 time), but some attributes Standards Update SQL libraries contain sets of CQL definitions, or CQL expression statement, action to the time being counted, patients or encounters. A context statement, patient or Logic Multiple Sections Standards Update Synplation, Cardinality to counted, patients or encounters. A Patient' context will interpret the CQL expressions with reference to a single patient. Context statements are not required, but one or more context statements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient Logic Multiple Sections Measure Lead Strought be 'Eace-To-Face Interaction' data element and adder relevant SNOMED codes to the Encounter Logic Multiple Sections Measure Lead Grouping value sets to better align between the SNOMED and CPT encounter codes. Logic Multiple Sections Standards Update Opticated measure desig' from Quility Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based Logic Multiple Sections Standards Update Grouping value sets to better align between the SOMED and CPT encounter codes. Logic Multiple Sections St	method to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more			
Jata elements. Cardinality refers to the number of instances of the attribute that can be included in the Image: Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes Jata elements. Cardinality for* (i.e., can occur up to 1 time), but some attributes Image: Cardinality for* (i.e., can occur up to 1 time), but some attributes SQL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or population, can now but built linetpret the CQL expressions with reference to the entire Logic Multiple Sections Standards Update Sopulation of the item being counted, patients or encounters. A 'Patient' context statements are not required, but one or more context is the default if none is specified. Multiple Sections Measure Lead Stronging value sets to better align between the SNOMED and CPT encounter codes. Logic Multiple Sections Standards Update Jpdated measure logic from Quality Data Model (QDM)-based logit to Clinical Quality Language (CQL)-based Logic Multiple Sections Standards Update Storige with it many changes, as well as enhanced expression capability, but only those changes with a formation about specific versions of the new standards in use for CMS reporting periods can be found at the experision active significant mpact will be outlined in technical release notes. For example, in the case of timing operators, changes may nity be summarized if those changes impact the measure calculation. Value Set QDM Data Elements Annual Update	accurately define onset and abatement times.			
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statements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient context is the default if none is specified. Removed the 'Face-To-Face Interaction' data element and added relevant SNOMED codes to the Encounter Logic Multiple Sections Measure Lead Srouping value sets to better align between the SNOMED and CPT encounter codes. Jpdated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based Logic Multiple Sections Standards Update ogic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql). Information about specific versions of the new standards in use for CMS reporting periods can be found at the eCQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL orings with it many changes, as well as enhanced expression capability, but only those changes with significant mpact will be outlined in technical release notes. For example, in the case of timing operators, changes may only be summarized if those changes impact the measure calculation. Value set Referral (2.16.840.1.113883.3.464.1003.101.12.1046): Added 3 SNOMEDCT codes (103698003, Value Set 2.16.840.1.113883.3.464.1003.101.12.1001): Added SNOMEDCT extensional value set 2.16.840.1.113883.3.464.1003.101.12.1001): Added SNOMEDCT extensional value set 2.16.840.1.113883.3.464.1003.101.12.1004): Added SNOMEDCT extensional value set 2.16.840.1.113883.3.464.1003.101.12.1046): Added SNOMEDCT extensional value set 2.16.840.1.113883.3.464.1003.101.12.1004): Added SNOMEDCT extensional value set 2.16.840.1.113883.3.464.1003.101.12.1004): Added SNOMEDCT extensional value set 2.16.840.1.113883.3.464.1003.101.12.1004B; Removed Face-to-Face Value Set QDM Data Elements Annual Update 2.16.840.1.113883.3.464.1003.101.12.1048): Removed Face-to-Face Value Set QDM Data Elements Annual Update Annual Update Annual Update Annual Update Annual Update Annual Update Annual Update Annual Update Annua	population of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
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ogic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cqi). nformation about specific versions of the new standards in use for CMS reporting periods can be found at the eCQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL prings with it many changes, as well as enhanced expression capability, but only those changes with significant mpact will be outlined in technical release notes. For example, in the case of timing operators, changes may only be summarized if those changes impact the measure calculation. /alue set Referral (2.16.840.1.113883.3.464.1003.101.12.1004): Added 3 SNOMEDCT codes (103698003, Value Set /alue set Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001): Added SNOMEDCT extensional value set /alue set Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001): Added SNOMEDCT extensional value set /alue set Payer (2.16.840.1.113883.3.464.1003.101.12.1001): Added SNOMEDCT extensional value set /alue set Payer (2.16.840.1.113883.3.464.1003.101.12.1001): Added SNOMEDCT extensional value set /alue set Payer (2.16.840.1.113883.3.464.1003.101.12.1004): Removed Face-to-Face /alue set Face-to-Face Interaction (2.16.840.1.113883.3.464.1003.101.12.1048): Removed Face-to-Face /alue Set /alue set Face-to-Face Interaction (2.16.840.1.113883.3.464.1003.101.12.1048): Removed Face-to-Face /alue Set /alue Set /alue set Face-to-Face Interaction (2.16.840.1.113883.3.464.1003.101.12.1048): Removed Face-to-Face /alue Set /alue Set /al	Grouping value sets to better align between the SNOMED and CPT encounter codes.			
nformation about specific versions of the new standards in use for CMS reporting periods can be found at the ACQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL borings with it many changes, as well as enhanced expression capability, but only those changes with significant mpact will be outlined in technical release notes. For example, in the case of timing operators, changes may bonly be summarized if those changes impact the measure calculation. Value set Referral (2.16.840.1.113883.3.464.1003.101.12.1046): Added 3 SNOMEDCT codes (103698003, Value set Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001): Added SNOMEDCT extensional value set 2.16.840.1.113883.3.464.1003.101.11.1264) including 7 codes. Value set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614, Value set Face-to-Face Interaction (2.16.840.1.113883.3.464.1003.101.12.1048): Removed Face-to-Face Value Set Value Set Value Set QDM Data Elements Annual Update Annual Update Annual Update Annual Update Manual Up	Updated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based	Logic	Multiple Sections	Standards Update
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Value set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614, Value Set QDM Data Elements Annual Update 521, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69). Value set Face-to-Face Interaction (2.16.840.1.113883.3.464.1003.101.12.1048): Removed Face-to-Face Value Set QDM Data Elements Annual Update nteraction.	Value set Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001): Added SNOMEDCT extensional value set	Value Set	QDM Data Elements	Annual Update
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nteraction.	621, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).			
	Value set Face-to-Face Interaction (2.16.840.1.113883.3.464.1003.101.12.1048): Removed Face-to-Face	Value Set	QDM Data Elements	Annual Update
/alue set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24). Value Set QDM Data Elements 2019 Addendum	Interaction.			
	Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum

CMS52v7 - HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Updated Version Number.	Header	eMeasure Version number	Measure Lead
Updated Copyright.	Header	Copyright	Annual Update
Updated clinical recommendation statement to align with current recommendations.	Header	Clinical Recommendation Statement	Measure Lead
Updated header references to align with updated rationale and clinical recommendation statement.	Header	Reference	Measure Lead
Replaced 'Discharge status' attribute with 'Admission Source' and 'Discharge Disposition' attributes for	Logic	Denominator Exclusions	Standards Update
'Encounter, Performed' and 'Encounter, Active' datatypes to align with QDM 5.3 changes.			
Added supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time	Logic	Multiple Sections	Standards Update
related information within CQL logic. Timing attributes now include a time interval, such as prevalence period			
or relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general			
method to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more			
accurately define onset and abatement times.			
Assigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM	Logic	Multiple Sections	Standards Update
data elements. Cardinality refers to the number of instances of the attribute that can be included in the			
measure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
have a cardinality of 0 * (i.e., can occur multiple times).			
CQL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or	Logic	Multiple Sections	Standards Update
population, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions			
vill be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
oopulation of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
expression with reference to a single patient. Context statements are not required, but one or more context			
statements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
context is the default if none is specified.			
Removed the 'Face-To-Face Interaction' data element and added relevant SNOMED codes to the Encounter	Logic	Multiple Sections	Measure Lead
Grouping value sets to better align between the SNOMED and CPT encounter codes.			
Replaced measure-defined definitions with similar definitions and functions from CQL shared libraries for	Logic	Multiple Sections	Standards Update
consistency across measures.			
Jpdated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based	Logic	Multiple Sections	Standards Update
ogic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql).			
nformation about specific versions of the new standards in use for CMS reporting periods can be found at the			
CQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL			
prings with it many changes, as well as enhanced expression capability, but only those changes with significant			
mpact will be outlined in technical release notes. For example, in the case of timing operators, changes may			
only be summarized if those changes impact the measure calculation.			
/alue set Face-to-Face Interaction (2.16.840.1.113883.3.464.1003.101.12.1048): Removed Face-to-Face	Value Set	QDM Data Elements	Annual Update
nteraction.			
/alue set HIV 1 (2.16.840.1.113883.3.464.1003.120.12.1004): Added SNOMEDCT extensional value set	Value Set	QDM Data Elements	Annual Update
2.16.840.1.113883.3.464.1003.120.11.1005) including 2 codes.			
Value set Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001): Added SNOMEDCT extensional value set	Value Set	QDM Data Elements	Annual Update
2.16.840.1.113883.3.464.1003.101.11.1264) including 7 codes.			
Value set Outpatient Consultation (2.16.840.1.113883.3.464.1003.101.12.1008): Added SNOMEDCT	Value Set	QDM Data Elements	Annual Update
extensional value set (2.16.840.1.113883.3.464.1003.101.11.1266) including 3 codes.			

CMS52v7 - HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Value set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614,	Value Set	QDM Data Elements	Annual Update
621, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).			
Replaced SNOMEDCT single code value sets with direct referenced codes. A direct referenced code is a single	Value Set	QDM Data Elements	Standards Update
concept code that is used to describe a clinical element directly within the logic. The use of direct referenced			
codes replaces the need for single code value sets. Measures using other code systems in single value sets			
may optionally transition to direct referenced codes.			
Replaced RXNORM single code value sets with direct referenced codes. A direct referenced code is a single	Value Set	QDM Data Elements	Standards Update
concept code that is used to describe a clinical element directly within the logic. The use of direct referenced			
codes replaces the need for single code value sets. Measures using other code systems in single value sets			
may optionally transition to direct referenced codes.			
Value set Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis (2.16.840.1.113883.3.464.1003.196.12.1076):	Value Set	QDM Data Elements	2019 Addendum
Deleted 1 RXNORM code (198229).			
Value set Leucovorin (2.16.840.1.113883.3.464.1003.196.12.1205): Added 1 RXNORM code (2003753).	Value Set	QDM Data Elements	2019 Addendum
Value set HIV 1 (2.16.840.1.113883.3.464.1003.120.12.1004): Added 58 SNOMEDCT codes.	Value Set	QDM Data Elements	2019 Addendum
Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum

CMS56v7 - Functional Status Assessment for Total Hip Replacement

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Updated Version Number.	Header	eMeasure Version number	Measure Lead
Updated Copyright.	Header	Copyright	Annual Update
Updated measure header rationale to align with most recent literature.	Header	Rationale	Measure Lead
Added new reference to clinical recommendation statement to align with current recommendations.	Header	Clinical Recommendation	Measure Lead
		Statement	
Updated the Initial Population age to 19 to better align with measure intent.	Header	Initial Population	Measure Lead
Revised the denominator exclusions statement to better align with the logic.	Header	Denominator Exclusions	Measure Lead
Updated the Denominator Exclusion statement for patients in hospice care to better align with the logic.	Header	Denominator Exclusions	<u>JIRA (CQM-2815)</u>
Revised the numerator description to better align with the logic.	Header	Numerator	Measure Lead
Updated the Initial Population age to 19 to better align with measure intent.	Logic	Initial Population	Measure Lead
Replaced 'Discharge status' attribute with 'Admission Source' and 'Discharge Disposition' attributes for	Logic	Denominator Exclusions	Standards Update
'Encounter, Performed' and 'Encounter, Active' datatypes to align with QDM 5.3 changes.			
Revised the numerator logic to ensure the entire functional status assessment is completed to better align	Logic	Numerator	Measure Lead
with the measure intent.			
Added supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time	Logic	Multiple Sections	Standards Update
related information within CQL logic. Timing attributes now include a time interval, such as prevalence period			
or relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general			
method to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more			
accurately define onset and abatement times.			
Assigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM	Logic	Multiple Sections	Standards Update
data elements. Cardinality refers to the number of instances of the attribute that can be included in the			
measure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
have a cardinality of 0 * (i.e., can occur multiple times).			
CQL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or	Logic	Multiple Sections	Standards Update
population, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions			
will be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
population of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
expression with reference to a single patient. Context statements are not required, but one or more context			
statements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
context is the default if none is specified.			
Removed the 'Face-To-Face Interaction' data element and added relevant SNOMED codes to the Encounter	Logic	Multiple Sections	Measure Lead
Grouping value sets to better align between the SNOMED and CPT encounter codes.			
Replaced measure-defined definitions with similar definitions and functions from CQL shared libraries for	Logic	Multiple Sections	Standards Update
consistency across measures.			
Updated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based	Logic	Multiple Sections	Standards Update
logic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql).			
Information about specific versions of the new standards in use for CMS reporting periods can be found at the	1		
eCQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL			
brings with it many changes, as well as enhanced expression capability, but only those changes with significant	t		
impact will be outlined in technical release notes. For example, in the case of timing operators, changes may			
only be summarized if those changes impact the measure calculation.			

CMS56v7 - Functional Status Assessment for Total Hip Replacement

Value set Hip Dydruction and Osteaarthritis Outcome Score for Joint Replacement [HOOSIR] Value Set QDM Data Elements Annual Update 12:16.800.113883.346.1003.101.11.2264] Added HD Dydruction and Osteaarthritis Outcome Score for Annual Update Annual Update 12:16.800.113883.346.1003.101.11.2640] Added SNOMEDCT Value Set QDM Data Elements Annual Update 12:16.800.113883.3464.1003.101.11.2640] Added SNOMEDCT Value Set QDM Data Elements Annual Update 2:16.800.113883.3464.1003.101.11.2640 Value Set QDM Data Elements Annual Update 2:16.200.113883.3464.1003.101.11.2640 Value Set QDM Data Elements Annual Update 2:12.52, 25, 25, 25, 25, 201.91 Added 11.50re C.16.840.1.113883.3.464.1003.118.12.1139}; Added Value Set QDM Data Elements Annual Update 2:12.52, 25, 25, 25, 25, 291 Added 11.50re C.16.840.1.113883.3.464.1003.118.12.1139}; Added Value Set QDM Data Elements Annual Update Value set PROMIS-10 Global Mental Health Score C.16.840.1.113883.3.464.1003.118.12.1179; Added V-12 Value Set QDM Data Elements Annual Update Value set ROMIS-10 Global Physical Health Score C.16.840.1.113883.3.464.1003.118.12	Technical Release Notes	Type of TRN	Measure Section	Source of Change
Joint Replacement [H00250]. Value set Office Viiti (2 1.6 & 40.1.113883.3.464.1003.101.12.1001): Added SNOMEDCT extensional value set Value Set QDM Data Elements Annual Update (2.16.840.1.113883.3.464.1003.101.11.1264) including 2 codes. Value set Utpatient Consultation (2.16.840.1.113883.3.464.1003.101.12.1003): Added SNOMEDCT Value Set QDM Data Elements Annual Update extensional value set (2.16.840.1.113883.3.464.1003.101.12.1003): Added 41 (CD10CM codes and Value Set QDM Data Elements Annual Update detected 183: CD10CM codes. Value set Parer [2.16.840.1.113883.3.464.1003.113.12.1037]: Added 41 (CD10CM codes and Value Set QDM Data Elements Annual Update (2.16.22, 202.263.202.202) and deleted 35 COP codes (36. 64.69). Value set PROMIS-10 Global Mental Health Score (2.16.840.1.113883.3.464.1003.118.12.1138): Added Value Set QDM Data Elements Annual Update PROMIS-10 Global Mental Health Score (2.16.840.1.113883.3.464.1003.118.12.1139): Added Value Set QDM Data Elements Annual Update PROMIS-10 Global Physical Health Score (2.16.840.1.113883.3.464.1003.118.12.1139): Added Value Set QDM Data Elements Annual Update PROMIS-10 Global Physical Health Score (2.16.840.1.113883.3.464.1003.118.12.1139): Added Value Set QDM Data Elements Annual Update PROMIS-10 Global Physical Health Score (2.16.840.1.113883.3.464.1003.118.12.1179): Added VR-12 Value Set QDM Data Elements Annual Update PROMIS-10 Global Physical Health Score (2.16.840.1.113883.3.464.1003.118.12.1179): Added VR-12 Value Set QDM Data Elements Annual Update PROMIS-10 Global Physical Health Score (2.16.840.1.113883.3.464.1003.118.12.1176): Added VR-12 Value Set QDM Data Elements Annual Update Physical Component T-Score. Value set Face-to-Face Interaction (2.16.840.1.113883.3.464.1003.118.12.1179): Value Set QDM Data Elements Annual Update Physical Component T-Score. Value set Face-to-Face Value Sets, Measures using other code systems in single value sets may optionally transition to direct referenced codes. A direct referenced code is a single	Value set Hip Dysfunction and Osteoarthritis Outcome Score for Joint Replacement [HOOSJR]	Value Set	QDM Data Elements	Annual Update
Value set Office Visit [2:16:840.113883.3.464.1003.101.12.100]; Added SNOMEDCT extensional value set Value Set QDM Data Elements Annual Update [2:16:840.1.113883.3.464.1003.101.11.264.00] 1.13883.3.464.1003.101.11.206); Added SNOMEDCT Value Set QDM Data Elements Annual Update value set (2:16:840.1.113883.3.464.1003.101.11.206); Added SNOMEDCT Value Set QDM Data Elements Annual Update value set (2:16:840.1.113883.3.464.1003.101.2.1038); Added 41 ICD1CM codes and Value Set QDM Data Elements Annual Update Value set (2:16:840.1.113883.3.464.1003.118.12.1138); Added 41 ICD1CM codes and Value Set QDM Data Elements Annual Update Value set PROMIS-10 Global Mental Health Score. QDM Data Elements Annual Update PROMIS-10 Global Physical Health Score. QDM Data Elements Annual Update Value set VP.12 Mental Component T-Score (2:16:840.1.113883.3.464.1003.118.12.1179); Added VR-12 Value Set QDM Data Elements Annual Update Value set VP.12 Mental Component T-Score (2:16:840.1.113883.3.464.1003.118.12.1179); Added VR-12 Value Set QDM Data Elements Annual Update Value set VP.12 Mental Component T-Score (2:16:840.1.113883.3.464.1003.118.12.1176); Added VR-12 Value Set QDM Data Elements Annual Update	(2.16.840.1.113883.3.464.1003.118.12.1210): Added Hip Dysfunction and Osteoarthritis Outcome Score for			
(2.15.840.1.113833.3464.1003.101.11.1264) including 7 codes. Value set Outpatient Consultation (2.16.840.1.113883.3464.1003.101.11.1260) including 3 codes. QDM Data Elements Annual Update Value set Fracture - Lower Body (2.16.840.1.113883.3464.1003.101.11.1260) including 3 codes. QDM Data Elements Annual Update Value set Fracture - Lower Body (2.16.840.1.113883.3464.1003.113.12.1037): Added 41 ICDIOCM codes and Value Set QDM Data Elements Annual Update Value set Payer (2.16.840.1.113281): Added 11 SOP codes (29, 32127, 32128, 391, 517, 524, 614, Value Set QDM Data Elements Annual Update Value set PMONE: 10 Global Mental Health Score (2.16.840.1.113883.3.464.1003.118.12.1139): Added Value Set QDM Data Elements Annual Update PROMIS: 10 Global Physical Health Score (2.16.840.1.113883.3.464.1003.118.12.1139): Added Value Set QDM Data Elements Annual Update Value set VR-12 Physical Health Score (2.16.840.1.113883.3.464.1003.118.12.1177): Added VR-12 Value Set QDM Data Elements Annual Update Value set VR-12 Physical Component T-Score (2.16.840.1.113883.3.464.1003.118.12.1177): Added VR-12 Value Set QDM Data Elements Annual Update Value set Two-tonic T-Score (2.16.840.1.113883.3.464.1003.118.12.1177): Added VR-12 Value Set QDM Data Elements Annual Update Value set Tortonic T-Score (2.16.840.1.113883.3	Joint Replacement [HOOSJR].			
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extensional value set (216.340.1.113883.3.464.1003.110.1.11266) including 3 codes. Value set Fracture - Lower Body (2.16.840.1.113883.3.464.1003.113.12.1037): Added 41 ICD10CM codes and Value Set QDM Data Elements Annual Update Value set Payer (2.16.840.1.114222.4.113591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614, Value Set QDM Data Elements Annual Update Value set Payer (2.16.840.1.114222.4.113591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614, Value Set QDM Data Elements Annual Update Value set PROMIS-10 Global Mental Health Score (2.16.840.1.113883.3.464.1003.118.12.1139): Added Value Set QDM Data Elements Annual Update PROMIS-10 Global Physical Health Score. Value Set QDM Data Elements Annual Update Value set VR-12 Physical Component T-Score (2.16.840.1.113883.3.464.1003.118.12.1179): Added VR-12 Value Set QDM Data Elements Annual Update PROMIS-10 Global Physical Togone (2.16.840.1.113883.3.464.1003.118.12.1176): Added VR-12 Value Set QDM Data Elements Annual Update Physical Component T-Score (2.16.840.1.113883.3.464.1003.118.12.1176): Added VR-12 Value Set QDM Data Elements Annual Update Physical Component T-Score (2.16.840.1.113883.3.464.1003.118.12.1176): Added VR-12 Value Set QDM Data Elements Annual Update Value set Value Set Value Set Value Set	(2.16.840.1.113883.3.464.1003.101.11.1264) including 7 codes.			
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Interaction. Value set Functional Status Assessment for Hip Replacement (2.16.840.1.113883.3.464.1003.118.12.1029): Value Set QDM Data Elements Annual Update Removed Functional Status Assessment for Hip Replacement. Replaced LOINC single code value sets with direct referenced codes. A direct referenced code is a single value set is used to describe a clinical element directly within the logic. The use of direct referenced code is a single value set swith direct referenced codes. A direct referenced code is a single value set value set to describe a clinical element directly within the logic. The use of direct referenced code is a single value set swith direct referenced codes. A direct referenced code is a single value set value set to describe a clinical element directly within the logic. The use of direct referenced code is a single value set of describe a clinical element directly within the logic. The use of direct referenced code is a single value set of describe a clinical element directly within the logic. The use of direct referenced codes replaces the need for single code value sets. Measures using other code systems in single value sets with direct referenced codes. Replaced CPT single code value sets with direct referenced codes. A direct referenced code is a single concept value set. Replaced to describe a clinical element directly within the logic. The use of direct referenced codes replaces the need for single code value sets. Measures using other code systems in single value sets may optionally transition to direct referenced codes. Replaced CPT single code value sets. Measures using other code systems in single value sets may optionally transition to direct referenced codes. Value set the need for single code value sets. Measures using other code systems in single value sets may optionally transition to direct referenced codes. Value set referenced codes. Value Set referenced codes. Value Set reacture - Lower Body (2.16.840.1.113883.3.464.1003.113.12.1037): Added 1 SNOMEDCT code Value	Physical Component T-Score.			
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may optionally transition to direct referenced codes. Replaced CPT single code value sets with direct referenced codes. A direct referenced code is a single concept Value Set code that is used to describe a clinical element directly within the logic. The use of direct referenced codes replaces the need for single code value sets. Measures using other code systems in single value sets may optionally transition to direct referenced codes. Value set Fracture - Lower Body (2.16.840.1.113883.3.464.1003.113.12.1037): Added 1 SNOMEDCT code (735782008).	concept code that is used to describe a clinical element directly within the logic. The use of direct referenced			
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replaces the need for single code value sets. Measures using other code systems in single value sets may optionally transition to direct referenced codes. Value set Fracture - Lower Body (2.16.840.1.113883.3.464.1003.113.12.1037): Added 1 SNOMEDCT code Value Set QDM Data Elements 2019 Addendum (735782008).	Replaced CPT single code value sets with direct referenced codes. A direct referenced code is a single concept	Value Set	QDM Data Elements	Standards Update
optionally transition to direct referenced codes. Value set Fracture - Lower Body (2.16.840.1.113883.3.464.1003.113.12.1037): Added 1 SNOMEDCT code Value Set QDM Data Elements 2019 Addendum (735782008).	code that is used to describe a clinical element directly within the logic. The use of direct referenced codes			
Value set Fracture - Lower Body (2.16.840.1.113883.3.464.1003.113.12.1037): Added 1 SNOMEDCT code Value Set QDM Data Elements 2019 Addendum (735782008). (735782008). Value Set Value Set QDM Data Elements 2019 Addendum	replaces the need for single code value sets. Measures using other code systems in single value sets may			
(735782008).	optionally transition to direct referenced codes.			
	Value set Fracture - Lower Body (2.16.840.1.113883.3.464.1003.113.12.1037): Added 1 SNOMEDCT code	Value Set	QDM Data Elements	2019 Addendum
Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).Value SetQDM Data Elements2019 Addendum	(735782008).			
	Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum

CMS66v7 - Functional Status Assessment for Total Knee Replacement

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CMS66v7 - Functional Status Assessment for Total Knee Replacement

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Value set Knee Dysfunction and Osteoarthritis Outcome Score [KOOS] Activities of Daily Living Score	Value Set	QDM Data Elements	Annual Update
(2.16.840.1.113883.3.464.1003.118.12.1153): Added Knee Dysfunction and Osteoarthritis Outcome Score			
[KOOS] Activities of Daily Living Score.			
Value set Knee Dysfunction and Osteoarthritis Outcome Score [KOOS] Pain Score	Value Set	QDM Data Elements	Annual Update
(2.16.840.1.113883.3.464.1003.118.12.1180): Added Knee Dysfunction and Osteoarthritis Outcome Score			
[KOOS] Pain Score.			
Value set Knee Dysfunction and Osteoarthritis Outcome Score [KOOS] Sport Recreation Score	Value Set	QDM Data Elements	Annual Update
(2.16.840.1.113883.3.464.1003.118.12.1152): Added Knee Dysfunction and Osteoarthritis Outcome Score			
[KOOS] Sport Recreation Score.			
Value set Knee Dysfunction and Osteoarthritis Outcome Score [KOOS] Symptoms Score	Value Set	QDM Data Elements	Annual Update
(2.16.840.1.113883.3.464.1003.118.12.1182): Added Knee Dysfunction and Osteoarthritis Outcome Score			
[KOOS] Symptoms Score.			
Value set Knee Injury and Osteoarthritis Outcome Score for Joint Replacement [KOOSJR]	Value Set	QDM Data Elements	Annual Update
(2.16.840.1.113883.3.464.1003.118.12.1218): Added Knee Injury and Osteoarthritis Outcome Score for Joint			·
Replacement [KOOSJR].			
Value set Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001): Added SNOMEDCT extensional value set	Value Set	QDM Data Elements	Annual Update
(2.16.840.1.113883.3.464.1003.101.11.1264) including 7 codes.			
Value set Outpatient Consultation (2.16.840.1.113883.3.464.1003.101.12.1008): Added SNOMEDCT	Value Set	QDM Data Elements	Annual Update
extensional value set (2.16.840.1.113883.3.464.1003.101.11.1266) including 3 codes.			
Value set Fracture - Lower Body (2.16.840.1.113883.3.464.1003.113.12.1037): Added 41 ICD10CM codes and	Value Set	QDM Data Elements	Annual Update
deleted 1835 ICD10CM codes.			
Value set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614,	Value Set	QDM Data Elements	Annual Update
621, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).			
Value set PROMIS-10 Global Mental Health Score (2.16.840.1.113883.3.464.1003.118.12.1138): Added	Value Set	QDM Data Elements	Annual Update
PROMIS-10 Global Mental Health Score.			
Value set PROMIS-10 Global Physical Health Score (2.16.840.1.113883.3.464.1003.118.12.1139): Added	Value Set	QDM Data Elements	Annual Update
PROMIS-10 Global Physical Health Score.			
Value set VR-12 Mental Component T-Score (2.16.840.1.113883.3.464.1003.118.12.1177): Added VR-12	Value Set	QDM Data Elements	Annual Update
Mental Component T-Score.			
Value set VR-12 Physical Component T-Score (2.16.840.1.113883.3.464.1003.118.12.1176): Added VR-12	Value Set	QDM Data Elements	Annual Update
Physical Component T-Score.	value set		Allindar opdate
Value set Face-to-Face Interaction (2.16.840.1.113883.3.464.1003.101.12.1048): Removed Face-to-Face	Value Set	QDM Data Elements	Annual Update
Interaction.	value set		Annual opuace
Value set Functional Status Assessment for Knee Replacement (2.16.840.1.113883.3.464.1003.118.12.1030):	Value Set	QDM Data Elements	Annual Update
Removed Functional Status Assessment for Knee Replacement.			
Replaced LOINC single code value sets with direct referenced codes. A direct referenced code is a single	Value Set	QDM Data Elements	Standards Update
concept code that is used to describe a clinical element directly within the logic. The use of direct referenced	Value Jet		Standards Opdate
codes replaces the need for single code value sets. Measures using other code systems in single value sets may			
optionally transition to direct referenced codes.			

CMS66v7 - Functional Status Assessment for Total Knee Replacement

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Replaced SNOMEDCT single code value sets with direct referenced codes. A direct referenced code is a single	Value Set	QDM Data Elements	Standards Update
concept code that is used to describe a clinical element directly within the logic. The use of direct referenced			
codes replaces the need for single code value sets. Measures using other code systems in single value sets may			
optionally transition to direct referenced codes.			
Replaced CPT single code value sets with direct referenced codes. A direct referenced code is a single concept	Value Set	QDM Data Elements	Standards Update
code that is used to describe a clinical element directly within the logic. The use of direct referenced codes			
replaces the need for single code value sets. Measures using other code systems in single value sets may			
optionally transition to direct referenced codes.			
Value set Fracture - Lower Body (2.16.840.1.113883.3.464.1003.113.12.1037): Added 1 SNOMEDCT code	Value Set	QDM Data Elements	2019 Addendum
(735782008).			
Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum

CMS68v8 - Documentation of Current Medications in the Medical Record

echnical Release Notes	Type of TRN	Measure Section	Source of Change
pdated Version Number.	Header	eMeasure Version number	Measure Lead
pdated Copyright.	Header	Copyright	Annual Update
pdated Disclaimer.	Header	Disclaimer	Measure Lead
dded information to rationale section based upon a reference that was added by recommendation of the	Header	Rationale	Expert Work Group Review
neasure expert work group.			
emoved citation of reference because it is not included in the reference section.	Header	Rationale	Expert Work Group Review
dded information to rationale section based upon a reference that was added by recommendation of the	Header	Reference	Expert Work Group Review
neasure expert work group.			
dded supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time	Logic	Multiple Sections	Standards Update
elated information within CQL logic. Timing attributes now include a time interval, such as prevalence period			
r relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general			
nethod to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more			
ccurately define onset and abatement times.			
ssigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM	Logic	Multiple Sections	Standards Update
ata elements. Cardinality refers to the number of instances of the attribute that can be included in the			
neasure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
ave a cardinality of 0 * (i.e., can occur multiple times).			
QL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or	Logic	Multiple Sections	Standards Update
opulation, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions			
ill be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
opulation of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
xpression with reference to a single patient. Context statements are not required, but one or more context			
tatements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
ontext is the default if none is specified.			
eplaced measure-defined definitions with similar definitions and functions from CQL shared libraries for	Logic	Multiple Sections	Standards Update
onsistency across measures.			
pdated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based	Logic	Multiple Sections	Standards Update
pgic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql).			
formation about specific versions of the new standards in use for CMS reporting periods can be found at the	1		
CQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL			
rings with it many changes, as well as enhanced expression capability, but only those changes with significant	t		
npact will be outlined in technical release notes. For example, in the case of timing operators, changes may			
nly be summarized if those changes impact the measure calculation.			
alue set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614,	Value Set	QDM Data Elements	Annual Update
21, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).			
alue set Medications Encounter Code Set (2.16.840.1.113883.3.600.1.1834): Added 14 CPT codes and	Value Set	QDM Data Elements	Annual Update
eleted 1 CPT code (97532).			·
eplaced SNOMEDCT single code value sets with direct referenced codes. A direct referenced code is a single	Value Set	QDM Data Elements	Standards Update
oncept code that is used to describe a clinical element directly within the logic. The use of direct referenced			
odes replaces the need for single code value sets. Measures using other code systems in single value sets			
nay optionally transition to direct referenced codes.			

CMS68v8 - Documentation of Current Medications in the Medical Record

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Value set Medications Encounter Code Set (2.16.840.1.113883.3.600.1.1834): Deleted 1 CPT code (99024).	Value Set	QDM Data Elements	2019 Addendum
Added 1 HCPCS code (G0515).			

CMS69v7 - Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Updated Version Number.	Header	eMeasure Version number	Measure Lead
Updated Copyright.	Header	Copyright	Annual Update
Updated Disclaimer.	Header	Disclaimer	Measure Lead
Updated Rationale and References based on review of more recent literature.	Header	Rationale	Measure Lead
Updated Clinical Recommendation Statement based on most recent guidelines added to references.	Header	Clinical Recommendation	Measure Lead
		Statement	
Updated Rationale and References based on review of more recent literature.	Header	Reference	Measure Lead
Revised RDN title based on expert workgroup recommendation and added language to align with revisions	Header	Definition	Expert Work Group Review
made to clinical recommendation statement.			
Updated to reflect addition of logic that allows for the use of medical reason exception for not obtaining a	Header	Guidance	<u>JIRA (CQM-2640)</u>
BMI result.			
Updated to reflect addition of logic that allows for the use of medical reason exception for not obtaining a	Header	Denominator Exceptions	<u>JIRA (CQM-2640)</u>
BMI result.			
Added medical reason exception for not obtaining a BMI result.	Logic	Denominator Exceptions	JIRA (CQM-2640)
Added supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time	Logic	Multiple Sections	Standards Update
related information within CQL logic. Timing attributes now include a time interval, such as prevalence period			
or relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general			
method to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more			
accurately define onset and abatement times.			
Assigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM	Logic	Multiple Sections	Standards Update
data elements. Cardinality refers to the number of instances of the attribute that can be included in the	C		·
measure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
have a cardinality of 0 * (i.e., can occur multiple times).			
CQL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or	Logic	Multiple Sections	Standards Update
population, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions	C		
will be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
population of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
expression with reference to a single patient. Context statements are not required, but one or more context			
statements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
context is the default if none is specified.			
Replaced measure-defined definitions with similar definitions and functions from CQL shared libraries for	Logic	Multiple Sections	Standards Update
consistency across measures.	C		·
Updated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based	Logic	Multiple Sections	Standards Update
ogic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql).	-		
nformation about specific versions of the new standards in use for CMS reporting periods can be found at the			
eCQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL			
prings with it many changes, as well as enhanced expression capability, but only those changes with significant			
mpact will be outlined in technical release notes. For example, in the case of timing operators, changes may			
only be summarized if those changes impact the measure calculation.			
Value set BMI Encounter Code Set (2.16.840.1.113883.3.600.1.1751): Added 24 CPT codes. Added 1 HCPCS	Value Set	QDM Data Elements	Annual Update
code (G0473).			·

CMS69v7 - Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Value set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614,	Value Set	QDM Data Elements	Annual Update
621, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).			
Replaced 'Overweight' (2.16.840.1.113883.3.600.2387) value set with new 'Overweight or Obese' grouping	Value Set	QDM Data Elements	<u>JIRA (CQM-2793)</u>
value set (2.16.840.1.113762.1.4.1047.502) that incorporates the 'Overweight' value set and includes seven			
additional ICD10CM codes. Change better aligns with measure intent.			
Replaced LOINC single code value sets with direct referenced codes. A direct referenced code is a single	Value Set	QDM Data Elements	Standards Update
concept code that is used to describe a clinical element directly within the logic. The use of direct referenced			
codes replaces the need for single code value sets. Measures using other code systems in single value sets			
may optionally transition to direct referenced codes.			
Value set Pregnancy Dx (2.16.840.1.113883.3.600.1.1623): Added 6 ICD10CM codes (086.00, 086.01, 086.02,	Value Set	QDM Data Elements	2019 Addendum
O86.03, O86.04, O86.09) and deleted 1 ICD10CM code (O86.0).			
Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum

CMS74v8 - Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists

echnical Release Notes	Type of TRN	Measure Section	Source of Change
pdated Version Number.	Header	eMeasure Version number	Measure Lead
pdated Copyright.	Header	Copyright	Annual Update
pdated the Denominator Exclusion statement for patients in hospice care to better align with the logic.	Header	Denominator Exclusions	<u>JIRA (CQM-2815)</u>
eplaced 'Discharge status' attribute with 'Admission Source' and 'Discharge Disposition' attributes for	Logic	Denominator Exclusions	Standards Update
ncounter, Performed' and 'Encounter, Active' datatypes to align with QDM 5.3 changes.			
dded supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time	Logic	Multiple Sections	Standards Update
elated information within CQL logic. Timing attributes now include a time interval, such as prevalence period			
r relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general			
nethod to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more			
ccurately define onset and abatement times.			
ssigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM	Logic	Multiple Sections	Standards Update
ata elements. Cardinality refers to the number of instances of the attribute that can be included in the			
neasure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
ave a cardinality of 0 * (i.e., can occur multiple times).			
QL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or	Logic	Multiple Sections	Standards Update
opulation, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions	C		·
ill be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
opulation of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
pression with reference to a single patient. Context statements are not required, but one or more context			
atements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
ontext is the default if none is specified.			
emoved the 'Face-To-Face Interaction' data element and added relevant SNOMED codes to the Encounter	Logic	Multiple Sections	Measure Lead
rouping value sets to better align between the SNOMED and CPT encounter codes.	0	·	
eplaced measure-defined definitions with similar definitions and functions from CQL shared libraries for	Logic	Multiple Sections	Standards Update
onsistency across measures.			
pdated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based	Logic	Multiple Sections	Standards Update
pgic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql).			
formation about specific versions of the new standards in use for CMS reporting periods can be found at the			
CQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL			
rings with it many changes, as well as enhanced expression capability, but only those changes with significant	-		
npact will be outlined in technical release notes. For example, in the case of timing operators, changes may			
nly be summarized if those changes impact the measure calculation.			
alue set Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001): Added SNOMEDCT extensional value set	Value Set	QDM Data Elements	Annual Update
2.16.840.1.113883.3.464.1003.101.11.1264) including 7 codes.	value set		Annual opuace
alue set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614,	Value Set	QDM Data Elements	Annual Update
21, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).	value Set		Amaal opuace
alue set Face-to-Face Interaction (2.16.840.1.113883.3.464.1003.101.12.1048): Removed Face-to-Face	Value Set	QDM Data Elements	Annual Update
Iteraction.			
eplaced SNOMEDCT single code value sets with direct referenced codes. A direct referenced code is a single	Value Set	QDM Data Elements	Standards Update
oncept code that is used to describe a clinical element directly within the logic. The use of direct referenced	value Jet		Stanuarus Opuale
sheept code that is used to describe a chilical element directly within the logic. The use of direct relefenced			
odes replaces the need for single code value sets. Measures using other code systems in single value sets			

CMS74v8 - Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum

CMS75v7 - Children Who Have Dental Decay or Cavities

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Updated Version Number.	Header	eMeasure Version number	Measure Lead
Updated Copyright.	Header	Copyright	Annual Update
Updated measure header rationale to align with most recent literature.	Header	Rationale	Measure Lead
Updated header references to align with updated rationale and clinical recommendation statement.	Header	Reference	Measure Lead
Updated the Denominator Exclusion statement for patients in hospice care to better align with the logic.	Header	Denominator Exclusions	<u>JIRA (CQM-2815)</u>
Replaced 'Discharge status' attribute with 'Admission Source' and 'Discharge Disposition' attributes for	Logic	Denominator Exclusions	Standards Update
'Encounter, Performed' and 'Encounter, Active' datatypes to align with QDM 5.3 changes.			
Added supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time	Logic	Multiple Sections	Standards Update
related information within CQL logic. Timing attributes now include a time interval, such as prevalence period			
or relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general			
method to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more			
accurately define onset and abatement times.			
Assigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM	Logic	Multiple Sections	Standards Update
data elements. Cardinality refers to the number of instances of the attribute that can be included in the			
measure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
have a cardinality of 0 * (i.e., can occur multiple times).			
CQL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or	Logic	Multiple Sections	Standards Update
population, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions	-		
will be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
population of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
expression with reference to a single patient. Context statements are not required, but one or more context			
statements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
context is the default if none is specified.			
Removed the 'Face-To-Face Interaction' data element and added relevant SNOMED codes to the Encounter	Logic	Multiple Sections	Measure Lead
Grouping value sets to better align between the SNOMED and CPT encounter codes.	-		
Replaced measure-defined definitions with similar definitions and functions from CQL shared libraries for	Logic	Multiple Sections	Standards Update
consistency across measures.	-		
Updated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based	Logic	Multiple Sections	Standards Update
logic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql).	-		
Information about specific versions of the new standards in use for CMS reporting periods can be found at the			
eCQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL			
brings with it many changes, as well as enhanced expression capability, but only those changes with significant			
impact will be outlined in technical release notes. For example, in the case of timing operators, changes may			
only be summarized if those changes impact the measure calculation.			
Value set Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001): Added SNOMEDCT extensional value set	Value Set	QDM Data Elements	Annual Update
(2.16.840.1.113883.3.464.1003.101.11.1264) including 7 codes.			·
Value set Dental Caries (2.16.840.1.113883.3.464.1003.125.12.1004): Added 16 SNOMEDCT codes and	Value Set	QDM Data Elements	Annual Update
deleted 1 SNOMEDCT code (80753001).			·
Value set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614,	Value Set	QDM Data Elements	Annual Update
621, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).			·
Value set Face-to-Face Interaction (2.16.840.1.113883.3.464.1003.101.12.1048): Removed Face-to-Face	Value Set	QDM Data Elements	Annual Update
Interaction.			·

CMS75v7 - Children Who Have Dental Decay or Cavities

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Replaced LOINC single code value sets with direct referenced codes. A direct referenced code is a single	Value Set	QDM Data Elements	Standards Update
concept code that is used to describe a clinical element directly within the logic. The use of direct referenced			
codes replaces the need for single code value sets. Measures using other code systems in single value sets			
may optionally transition to direct referenced codes.			
Replaced SNOMEDCT single code value sets with direct referenced codes. A direct referenced code is a single	Value Set	QDM Data Elements	Standards Update
concept code that is used to describe a clinical element directly within the logic. The use of direct referenced			
codes replaces the need for single code value sets. Measures using other code systems in single value sets			
may optionally transition to direct referenced codes.			
Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum

CMS82v6 - Maternal Depression Screening

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Updated Version Number.	Header	eMeasure Version number	Measure Lead
Updated Copyright.	Header	Copyright	Annual Update
Updated measure header rationale to align with most recent literature.	Header	Rationale	Measure Lead
Updated clinical recommendation statement to align with current recommendations.	Header	Clinical Recommendation	Measure Lead
		Statement	
Updated header references to align with updated rationale and clinical recommendation statement.	Header	Reference	Measure Lead
Updated the measure guidance to remove irrelevant language and clarify where to locate information for the	Header	Guidance	Measure Lead
measure.			
Replaced behavioral health visits with 0 to 17 month well child visits to more accurately capture the Initial	Logic	Initial Population	QDM Standards
Population based on the measure intent.	-		
Added supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time	Logic	Multiple Sections	Standards Update
related information within CQL logic. Timing attributes now include a time interval, such as prevalence period	-		-
or relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general			
method to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more			
accurately define onset and abatement times.			
Assigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM	Logic	Multiple Sections	Standards Update
data elements. Cardinality refers to the number of instances of the attribute that can be included in the	-		
measure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
have a cardinality of 0 * (i.e., can occur multiple times).			
CQL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or	Logic	Multiple Sections	Standards Update
population, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions	5		·
will be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
population of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
expression with reference to a single patient. Context statements are not required, but one or more context			
statements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
context is the default if none is specified.			
Removed the 'Face-To-Face Interaction' data element and added relevant SNOMED codes to the Encounter	Logic	Multiple Sections	Measure Lead
Grouping value sets to better align between the SNOMED and CPT encounter codes.	0		
Replaced measure-defined definitions with similar definitions and functions from CQL shared libraries for	Logic	Multiple Sections	Standards Update
consistency across measures.	C		•
Updated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based	Logic	Multiple Sections	Standards Update
logic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql).	C		·
Information about specific versions of the new standards in use for CMS reporting periods can be found at the			
eCQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL			
brings with it many changes, as well as enhanced expression capability, but only those changes with significant	t		
impact will be outlined in technical release notes. For example, in the case of timing operators, changes may			
only be summarized if those changes impact the measure calculation.			
Replaced SNOMEDCT single code value sets with direct referenced codes. A direct referenced code is a single	Value Set	QDM Data Elements	Standards Update
concept code that is used to describe a clinical element directly within the logic. The use of direct referenced			
codes replaces the need for single code value sets. Measures using other code systems in single value sets			
may optionally transition to direct referenced codes.			

CMS82v6 - Maternal Depression Screening

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Value set Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001): Added SNOMEDCT extensional value set	Value Set	QDM Data Elements	Annual Update
(2.16.840.1.113883.3.464.1003.101.11.1264) including 7 codes.			
Value set Preventive Care Services, Initial Office Visit, 0 to 17 (2.16.840.1.113883.3.464.1003.101.12.1022):	Value Set	QDM Data Elements	Annual Update
Added Preventive Care Services, Initial Office Visit, 0 to 17.			
Value set Preventive Care, Established Office Visit, 0 to 17 (2.16.840.1.113883.3.464.1003.101.12.1024):	Value Set	QDM Data Elements	Annual Update
Added Preventive Care, Established Office Visit, 0 to 17.			
Value set BH Medical or psychiatric consultation (2.16.840.1.113883.3.1257.1.1652): Removed BH Medical or	Value Set	QDM Data Elements	Annual Update
psychiatric consultation.			
Value set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614,	Value Set	QDM Data Elements	Annual Update
621, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).			
Value set Face-to-Face Interaction (2.16.840.1.113883.3.464.1003.101.12.1048): Removed Face-to-Face	Value Set	QDM Data Elements	Annual Update
Interaction.			
Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum

CMS90v8 - Functional Status Assessments for Congestive Heart Failure

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Updated Version Number.	Header	eMeasure Version number	Measure Lead
Updated Copyright.	Header	Copyright	Annual Update
Updated measure header rationale to align with most recent literature.	Header	Rationale	Measure Lead
Updated clinical recommendation statement to align with current recommendations.	Header	Clinical Recommendation	Measure Lead
		Statement	
Removed cancer diagnosis denominator exclusion to align with an eCQM under development.	Header	Denominator Exclusions	Measure Lead
Revised the Denominator Exclusions statement for severe cognitive impairment timing to better align with	Header	Denominator Exclusions	Measure Lead
measure logic and intent.			
Updated the Denominator Exclusion statement for patients in hospice care to better align with the logic.	Header	Denominator Exclusions	<u>JIRA (CQM-2815)</u>
Replaced 'eg' with 'ie' in the numerator statement to indicate that the list is complete.	Header	Numerator	Measure Lead
Removed cancer diagnosis denominator exclusion to align with an eCQM under development.	Logic	Denominator Exclusions	Measure Lead
Replaced 'Discharge status' attribute with 'Admission Source' and 'Discharge Disposition' attributes for	Logic	Denominator Exclusions	Standards Update
'Encounter, Performed' and 'Encounter, Active' datatypes to align with QDM 5.3 changes.			
Revised the numerator logic to ensure the entire functional status assessment is completed to better align	Logic	Numerator	Measure Lead
with the measure intent.			
Added supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time	Logic	Multiple Sections	Standards Update
related information within CQL logic. Timing attributes now include a time interval, such as prevalence period			
or relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general			
method to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more			
accurately define onset and abatement times.			
Assigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM	Logic	Multiple Sections	Standards Update
data elements. Cardinality refers to the number of instances of the attribute that can be included in the			
measure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
have a cardinality of 0 * (i.e., can occur multiple times).			
CQL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or	Logic	Multiple Sections	Standards Update
population, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions			
will be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
population of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
expression with reference to a single patient. Context statements are not required, but one or more context			
statements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
context is the default if none is specified.			
Removed the 'Face-To-Face Interaction' data element and added relevant SNOMED codes to the Encounter	Logic	Multiple Sections	Measure Lead
Grouping value sets to better align between the SNOMED and CPT encounter codes.			
Replaced measure-defined definitions with similar definitions and functions from CQL shared libraries for	Logic	Multiple Sections	Standards Update
consistency across measures.			
Updated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based	Logic	Multiple Sections	Standards Update
logic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql).			
Information about specific versions of the new standards in use for CMS reporting periods can be found at the			
eCQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL			
brings with it many changes, as well as enhanced expression capability, but only those changes with significant			
impact will be outlined in technical release notes. For example, in the case of timing operators, changes may			
only be summarized if those changes impact the measure calculation.			

CMS90v8 - Functional Status Assessments for Congestive Heart Failure

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Value set KCCQ Physical Limitation Score (2.16.840.1.113883.3.464.1003.118.12.1220): Added KCCQ Physical	Value Set	QDM Data Elements	Annual Update
Limitation Score.			
Value set KCCQ Self Efficacy Score (2.16.840.1.113883.3.464.1003.118.12.1221): Added KCCQ Self Efficacy	Value Set	QDM Data Elements	Annual Update
Score.			
Value set KCCQ Social Limitation Score (2.16.840.1.113883.3.464.1003.118.12.1222): Added KCCQ Social	Value Set	QDM Data Elements	Annual Update
Limitation Score.			
Value set KCCQ Total Symptom Score (2.16.840.1.113883.3.464.1003.118.12.1223): Added KCCQ Total	Value Set	QDM Data Elements	Annual Update
Symptom Score.			
Value set Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001): Added SNOMEDCT extensional value set	Value Set	QDM Data Elements	Annual Update
(2.16.840.1.113883.3.464.1003.101.11.1264) including 7 codes.			
Value set Heart Failure (2.16.840.1.113883.3.526.3.376): Deleted 2 SNOMEDCT codes (359620001,	Value Set	QDM Data Elements	Annual Update
77737007).			
Value set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614,	Value Set	QDM Data Elements	Annual Update
621, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).			
Value set PROMIS-10 Global Mental Health Score (2.16.840.1.113883.3.464.1003.118.12.1138): Added	Value Set	QDM Data Elements	Annual Update
PROMIS-10 Global Mental Health Score.			
Value set PROMIS-10 Global Physical Health Score (2.16.840.1.113883.3.464.1003.118.12.1139): Added	Value Set	QDM Data Elements	Annual Update
PROMIS-10 Global Physical Health Score.			
Value set VR-12 Mental Component T-Score (2.16.840.1.113883.3.464.1003.118.12.1177): Added VR-12	Value Set	QDM Data Elements	Annual Update
Mental Component T-Score.			
Value set VR-12 Physical Component T-Score (2.16.840.1.113883.3.464.1003.118.12.1176): Added VR-12	Value Set	QDM Data Elements	Annual Update
Physical Component T-Score.			
Value set PROMIS 29 Anxiety Score (2.16.840.1.113883.3.464.1003.118.12.1216): Added PROMIS 29 Anxiety	Value Set	QDM Data Elements	Annual Update
Score.			
Value set PROMIS 29 Depression Score (2.16.840.1.113883.3.464.1003.118.12.1215): Added PROMIS 29	Value Set	QDM Data Elements	Annual Update
Depression Score.			
Value set PROMIS 29 Fatigue Score (2.16.840.1.113883.3.464.1003.118.12.1214): Added PROMIS 29 Fatigue	Value Set	QDM Data Elements	Annual Update
Score.			
Value set PROMIS 29 Pain Interference Score (2.16.840.1.113883.3.464.1003.118.12.1213): Added PROMIS	Value Set	QDM Data Elements	Annual Update
29 Pain Interference Score.			
Value set PROMIS 29 Physical Function Score (2.16.840.1.113883.3.464.1003.118.12.1212): Added PROMIS 29	9 Value Set	QDM Data Elements	Annual Update
Physical Function Score.			
Value set PROMIS 29 Sleep Disturbance Score (2.16.840.1.113883.3.464.1003.118.12.1211): Added PROMIS	Value Set	QDM Data Elements	Annual Update
29 Sleep Disturbance Score.			
Value set PROMIS 29 Social Roles Score (2.16.840.1.113883.3.464.1003.118.12.1217): Added PROMIS 29	Value Set	QDM Data Elements	Annual Update
Social Roles Score.			
Value set VR-36 Mental Component Summary (MCS) Score (2.16.840.1.113883.3.464.1003.118.12.1225):	Value Set	QDM Data Elements	Annual Update
Added VR-36 Mental Component Summary (MCS) Score.			
Value set VR-36 Physical Component Summary (PCS) Score (2.16.840.1.113883.3.464.1003.118.12.1226):	Value Set	QDM Data Elements	Annual Update
Added VR-36 Physical Component Summary (PCS) Score.			
Value set All Cancer (2.16.840.1.113883.3.464.1003.108.12.1011): Removed All Cancer.	Value Set	QDM Data Elements	Annual Update

CMS90v8 - Functional Status Assessments for Congestive Heart Failure

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Value set Face-to-Face Interaction (2.16.840.1.113883.3.464.1003.101.12.1048): Removed Face-to-Face	Value Set	QDM Data Elements	Annual Update
Interaction.			
Value set Functional Status Assessment for Heart Failure (2.16.840.1.113883.3.464.1003.118.12.1031):	Value Set	QDM Data Elements	Annual Update
Removed Functional Status Assessment for Heart Failure.			
Replaced LOINC single code value sets with direct referenced codes. A direct referenced code is a single	Value Set	QDM Data Elements	Standards Update
concept code that is used to describe a clinical element directly within the logic. The use of direct referenced			
codes replaces the need for single code value sets. Measures using other code systems in single value sets			
may optionally transition to direct referenced codes.			
Replaced SNOMEDCT single code value sets with direct referenced codes. A direct referenced code is a single	Value Set	QDM Data Elements	Standards Update
concept code that is used to describe a clinical element directly within the logic. The use of direct referenced			
codes replaces the need for single code value sets. Measures using other code systems in single value sets			
may optionally transition to direct referenced codes.			
Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum

CMS117v7 - Childhood Immunization Status

echnical Release Notes	Type of TRN	Measure Section	Source of Change
Jpdated Version Number.	Header	eMeasure Version number	Measure Lead
Jpdated Copyright.	Header	Copyright	Annual Update
Jpdated measure header rationale to align with most recent literature.	Header	Rationale	Measure Lead
Ipdated clinical recommendation statement to align with current recommendations.	Header	Clinical Recommendation	Measure Lead
		Statement	
Jpdated header references to align with updated rationale and clinical recommendation statement.	Header	Reference	Measure Lead
Corrected misspelling of organization name in header definition.	Header	Definition	Measure Lead
Ipdated the Denominator Exclusion statement for patients in hospice care to better align with the logic.	Header	Denominator Exclusions	JIRA (CQM-2815)
eplaced 'Discharge status' attribute with 'Admission Source' and 'Discharge Disposition' attributes for	Logic	Denominator Exclusions	Standards Update
Encounter, Performed' and 'Encounter, Active' datatypes to align with QDM 5.3 changes.			
dded supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time	Logic	Multiple Sections	Standards Update
elated information within CQL logic. Timing attributes now include a time interval, such as prevalence period			
r relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general			
nethod to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more			
ccurately define onset and abatement times.			
ssigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM	Logic	Multiple Sections	Standards Update
ata elements. Cardinality refers to the number of instances of the attribute that can be included in the	C		
heasure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
ave a cardinality of 0 * (i.e., can occur multiple times).			
QL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or	Logic	Multiple Sections	Standards Update
opulation, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions	0		·
ill be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
opulation of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
xpression with reference to a single patient. Context statements are not required, but one or more context			
tatements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
ontext is the default if none is specified.			
emoved the 'Face-To-Face Interaction' data element and added relevant SNOMED codes to the Encounter	Logic	Multiple Sections	Measure Lead
rouping value sets to better align between the SNOMED and CPT encounter codes.			
eplaced measure-defined definitions with similar definitions and functions from CQL shared libraries for	Logic	Multiple Sections	Standards Update
onsistency across measures.			
pdated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based	Logic	Multiple Sections	Standards Update
pgic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql).	0		·
of a standards in use for CMS reporting periods can be found at the			
CQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL			
rings with it many changes, as well as enhanced expression capability, but only those changes with significant			
npact will be outlined in technical release notes. For example, in the case of timing operators, changes may			
nly be summarized if those changes impact the measure calculation.			
alue set Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001): Added SNOMEDCT extensional value set	Value Set	QDM Data Elements	Annual Update
2.16.840.1.113883.3.464.1003.101.11.1264) including 7 codes.			
/alue set Home Healthcare Services (2.16.840.1.113883.3.464.1003.101.12.1016): Added SNOMEDCT	Value Set	QDM Data Elements	Annual Update
xtensional value set (2.16.840.1.113883.3.464.1003.101.11.1265) including 11 codes.			

CMS117v7 - Childhood Immunization Status

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Value set Influenza Vaccine Administered (2.16.840.1.113883.3.464.1003.110.12.1044): Added 2 CPT codes	Value Set	QDM Data Elements	Annual Update
(90686, 90688).			
Value set Hepatitis A Vaccine (2.16.840.1.113883.3.464.1003.196.12.1215): Added 1 CVX code (31).	Value Set	QDM Data Elements	Annual Update
Value set Hepatitis B (2.16.840.1.113883.3.464.1003.110.12.1025): Added 1 ICD10CM code (Z22.51).	Value Set	QDM Data Elements	Annual Update
Value set HIV (2.16.840.1.113883.3.464.1003.120.12.1003): Added 2 SNOMEDCT codes (733834006,	Value Set	QDM Data Elements	Annual Update
733835007).			
Value set Malignant Neoplasm of Lymphatic and Hematopoietic Tissue	Value Set	QDM Data Elements	Annual Update
(2.16.840.1.113883.3.464.1003.108.12.1009): Added 23 SNOMEDCT codes.			
Value set DTaP Vaccine Administered (2.16.840.1.113883.3.464.1003.110.12.1022): Deleted 1 CPT code	Value Set	QDM Data Elements	Annual Update
(90721).			
Value set Haemophilus Influenzae Type B (HiB) Vaccine Administered	Value Set	QDM Data Elements	Annual Update
(2.16.840.1.113883.3.464.1003.110.12.1043): Deleted 2 CPT codes (90645, 90646, 90721).			
Value set Pneumococcal Conjugate Vaccine Administered (2.16.840.1.113883.3.464.1003.110.12.1046):	Value Set	QDM Data Elements	Annual Update
Deleted 1 CPT code (90669).			
Value set Disorders of the Immune System (2.16.840.1.113883.3.464.1003.120.12.1001): Added 26	Value Set	QDM Data Elements	Annual Update
SNOMEDCT codes and deleted 1 SNOMEDCT code (72050006).			
Value set Severe Combined Immunodeficiency (2.16.840.1.113883.3.464.1003.120.12.1007): Added 5	Value Set	QDM Data Elements	Annual Update
SNOMEDCT codes (724177005, 724361001, 725135004, 725136003, 725290000).			
Value set Influenza Vaccine (2.16.840.1.113883.3.464.1003.196.12.1218): Added 1 CVX code (150).	Value Set	QDM Data Elements	Annual Update
Value set Pneumococcal Conjugate Vaccine (2.16.840.1.113883.3.464.1003.196.12.1221): Added 1 CVX code	Value Set	QDM Data Elements	Annual Update
(152).			
Value set Rotavirus Vaccine (3 dose schedule) (2.16.840.1.113883.3.464.1003.196.12.1223): Added 1 CVX	Value Set	QDM Data Elements	Annual Update
code (122).			
Value set Face-to-Face Interaction (2.16.840.1.113883.3.464.1003.101.12.1048): Removed Face-to-Face	Value Set	QDM Data Elements	Annual Update
Interaction.			
Value set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614,	Value Set	QDM Data Elements	Annual Update
621, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).			
Replaced SNOMEDCT single code value sets with direct referenced codes. A direct referenced code is a single	Value Set	QDM Data Elements	Standards Update
concept code that is used to describe a clinical element directly within the logic. The use of direct referenced			
codes replaces the need for single code value sets. Measures using other code systems in single value sets			
may optionally transition to direct referenced codes.			
Replaced CPT single code value sets with direct referenced codes. A direct referenced code is a single concept	Value Set	QDM Data Elements	Standards Update
code that is used to describe a clinical element directly within the logic. The use of direct referenced codes			
replaces the need for single code value sets. Measures using other code systems in single value sets may			
optionally transition to direct referenced codes.			
Replaced CVX single code value sets with direct referenced codes. A direct referenced code is a single concept	Value Set	QDM Data Elements	Standards Update
code that is used to describe a clinical element directly within the logic. The use of direct referenced codes			·
replaces the need for single code value sets. Measures using other code systems in single value sets may			
replaces the need for single code value sets. Measures using other code systems in single value sets may optionally transition to direct referenced codes.			

CMS117v7 - Childhood Immunization Status

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Value set Rubella (2.16.840.1.113883.3.464.1003.110.12.1037): Added 3 SNOMEDCT codes	Value Set	QDM Data Elements	2019 Addendum
(10759761000119100, 231985001, 51490003) and deleted 3 SNOMEDCT codes (1092351000119107,			
_111868009, 302811004).			
Value set Hepatitis A Vaccine Administered (2.16.840.1.113883.3.464.1003.110.12.1041): Added 13	Value Set	QDM Data Elements	2019 Addendum
SNOMEDCT codes.			
Value set Inactivated Polio Vaccine (IPV) Administered (2.16.840.1.113883.3.464.1003.110.12.1045): Added 1	Value Set	QDM Data Elements	2019 Addendum
SNOMEDCT code (412762002).			
Value set Measles (2.16.840.1.113883.3.464.1003.110.12.1053): Deleted 2 SNOMEDCT codes (192685000,	Value Set	QDM Data Elements	2019 Addendum
233625007).			
Value set Hepatitis B (2.16.840.1.113883.3.464.1003.110.12.1025): Added 1 SNOMEDCT code	Value Set	QDM Data Elements	2019 Addendum
(153091000119109).			
Value set DTaP Vaccine (2.16.840.1.113883.3.464.1003.196.12.1214): Added 1 CVX code (107).	Value Set	QDM Data Elements	2019 Addendum
Value set Malignant Neoplasm of Lymphatic and Hematopoietic Tissue	Value Set	QDM Data Elements	2019 Addendum
(2.16.840.1.113883.3.464.1003.108.12.1009): Added 77 SNOMEDCT codes and deleted 45 SNOMEDCT codes.			
Deleted 35 ICD10CM codes.			
Value set DTaP Vaccine Administered (2.16.840.1.113883.3.464.1003.110.12.1022): Added 2 SNOMEDCT	Value Set	QDM Data Elements	2019 Addendum
codes (312870000, 399014008).			
Value set Haemophilus Influenzae Type B (HiB) Vaccine Administered	Value Set	QDM Data Elements	2019 Addendum
(2.16.840.1.113883.3.464.1003.110.12.1043): Added 1 SNOMEDCT code (312870000).			
Value set Disorders of the Immune System (2.16.840.1.113883.3.464.1003.120.12.1001): Added 20	Value Set	QDM Data Elements	2019 Addendum
SNOMEDCT codes and deleted 225 SNOMEDCT codes.			
Value set Intussusception (2.16.840.1.113883.3.464.1003.199.12.1056): Added 3 SNOMEDCT codes	Value Set	QDM Data Elements	2019 Addendum
(38397000, 721651002, 721676001) and deleted 1 SNOMEDCT code (91446004).			
Value set Pneumococcal Conjugate Vaccine (2.16.840.1.113883.3.464.1003.196.12.1221): Deleted 1 CVX code	Value Set	QDM Data Elements	2019 Addendum
(100).			
Value set Varicella Zoster (2.16.840.1.113883.3.464.1003.110.12.1039): Added 3 SNOMEDCT codes	Value Set	QDM Data Elements	2019 Addendum
(12561000132105, 331071000119101, 402899000) and deleted 1 SNOMEDCT code (10491005).			
Value set HIV (2.16.840.1.113883.3.464.1003.120.12.1003): Added 58 SNOMEDCT codes.	Value Set	QDM Data Elements	2019 Addendum

CMS122v7 - Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Updated Version Number.	Header	eMeasure Version number	Measure Lead
Updated Copyright.	Header	Copyright	Annual Update
Updated measure header rationale to align with most recent literature.	Header	Rationale	Measure Lead
Updated clinical recommendation statement to align with current recommendations.	Header	Clinical Recommendation	Measure Lead
		Statement	
Updated header references to align with updated rationale and clinical recommendation statement.	Header	Reference	Measure Lead
Updated the Denominator Exclusion statement for patients in hospice care to better align with the logic.	Header	Denominator Exclusions	<u>JIRA (CQM-2815)</u>
Replaced 'Discharge status' attribute with 'Admission Source' and 'Discharge Disposition' attributes for	Logic	Denominator Exclusions	Standards Update
'Encounter, Performed' and 'Encounter, Active' datatypes to align with QDM 5.3 changes.			
Added supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time	Logic	Multiple Sections	Standards Update
related information within CQL logic. Timing attributes now include a time interval, such as prevalence period			
or relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general			
method to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more			
accurately define onset and abatement times.			
Assigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM	Logic	Multiple Sections	Standards Update
data elements. Cardinality refers to the number of instances of the attribute that can be included in the	-		
measure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
have a cardinality of 0 * (i.e., can occur multiple times).			
CQL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or	Logic	Multiple Sections	Standards Update
population, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions	-		
will be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
population of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
expression with reference to a single patient. Context statements are not required, but one or more context			
statements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
context is the default if none is specified.			
Removed the 'Face-To-Face Interaction' data element and added relevant SNOMED codes to the Encounter	Logic	Multiple Sections	Measure Lead
Grouping value sets to better align between the SNOMED and CPT encounter codes.	C		
Replaced measure-defined definitions with similar definitions and functions from CQL shared libraries for	Logic	Multiple Sections	Standards Update
consistency across measures.	-	-	
Updated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based	Logic	Multiple Sections	Standards Update
logic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql).	-		
Information about specific versions of the new standards in use for CMS reporting periods can be found at the			
eCQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL			
brings with it many changes, as well as enhanced expression capability, but only those changes with significant			
impact will be outlined in technical release notes. For example, in the case of timing operators, changes may			
only be summarized if those changes impact the measure calculation.			
Value set Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001): Added SNOMEDCT extensional value set	Value Set	QDM Data Elements	Annual Update
(2.16.840.1.113883.3.464.1003.101.11.1264) including 7 codes.			
Value set Home Healthcare Services (2.16.840.1.113883.3.464.1003.101.12.1016): Added SNOMEDCT	Value Set	QDM Data Elements	Annual Update
extensional value set (2.16.840.1.113883.3.464.1003.101.11.1265) including 11 codes.			-
Value set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614,	Value Set	QDM Data Elements	Annual Update
621, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).			-

CMS122v7 - Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Value set Diabetes (2.16.840.1.113883.3.464.1003.103.12.1001): Deleted 17 SNOMEDCT codes.	Value Set	QDM Data Elements	Annual Update
Value set Face-to-Face Interaction (2.16.840.1.113883.3.464.1003.101.12.1048): Removed Face-to-Face	Value Set	QDM Data Elements	Annual Update
Interaction.			
Replaced SNOMEDCT single code value sets with direct referenced codes. A direct referenced code is a single	Value Set	QDM Data Elements	Standards Update
concept code that is used to describe a clinical element directly within the logic. The use of direct referenced			
codes replaces the need for single code value sets. Measures using other code systems in single value sets			
may optionally transition to direct referenced codes.			
Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum
Value set Diabetes (2.16.840.1.113883.3.464.1003.103.12.1001): Added 36 SNOMEDCT codes.	Value Set	QDM Data Elements	2019 Addendum

CMS124v7 - Cervical Cancer Screening

echnical Release Notes	Type of TRN	Measure Section	Source of Change
Jpdated Version Number.	Header	eMeasure Version number	Measure Lead
Jpdated Copyright.	Header	Copyright	Annual Update
Jpdated measure header rationale to align with most recent literature.	Header	Rationale	Measure Lead
Ipdated header references to align with updated rationale and clinical recommendation statement.	Header	Reference	Measure Lead
Ipdated the measure guidance to remove irrelevant language and clarify where to locate information for the	Header	Guidance	Measure Lead
neasure.			
Jpdated the Denominator Exclusion statement for patients in hospice care to better align with the logic.	Header	Denominator Exclusions	<u>JIRA (CQM-2815)</u>
dded exclusion for congenital absence of cervix to better align with intent of measure.	Logic	Denominator Exclusions	<u>JIRA (CQM-2735)</u>
eplaced 'Discharge status' attribute with 'Admission Source' and 'Discharge Disposition' attributes for	Logic	Denominator Exclusions	Standards Update
Encounter, Performed' and 'Encounter, Active' datatypes to align with QDM 5.3 changes.			
dded supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time	Logic	Multiple Sections	Standards Update
elated information within CQL logic. Timing attributes now include a time interval, such as prevalence period			
r relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general			
nethod to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more			
ccurately define onset and abatement times.			
ssigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM	Logic	Multiple Sections	Standards Update
ata elements. Cardinality refers to the number of instances of the attribute that can be included in the	-		
easure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
ave a cardinality of 0 * (i.e., can occur multiple times).			
QL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or	Logic	Multiple Sections	Standards Update
opulation, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions	C		·
ill be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
opulation of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
xpression with reference to a single patient. Context statements are not required, but one or more context			
tatements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
ontext is the default if none is specified.			
emoved the 'Face-To-Face Interaction' data element and added relevant SNOMED codes to the Encounter	Logic	Multiple Sections	Measure Lead
rouping value sets to better align between the SNOMED and CPT encounter codes.			
eplaced measure-defined definitions with similar definitions and functions from CQL shared libraries for	Logic	Multiple Sections	Standards Update
onsistency across measures.	0		·
pdated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based	Logic	Multiple Sections	Standards Update
pgic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql).	0		·
of a standards in use for CMS reporting periods can be found at the			
CQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL			
rings with it many changes, as well as enhanced expression capability, but only those changes with significant			
npact will be outlined in technical release notes. For example, in the case of timing operators, changes may			
nly be summarized if those changes impact the measure calculation.			
alue set Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001): Added SNOMEDCT extensional value set	Value Set	QDM Data Elements	Annual Update
2.16.840.1.113883.3.464.1003.101.11.1264) including 7 codes.			
alue set Home Healthcare Services (2.16.840.1.113883.3.464.1003.101.12.1016): Added SNOMEDCT	Value Set	QDM Data Elements	Annual Update
xtensional value set (2.16.840.1.113883.3.464.1003.101.11.1265) including 11 codes.			

CMS124v7 - Cervical Cancer Screening

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Value set Hysterectomy with No Residual Cervix (2.16.840.1.113883.3.464.1003.198.12.1014): Added 1 CPT	Value Set	QDM Data Elements	Annual Update
code (56308).			
Value set HPV Test (2.16.840.1.113883.3.464.1003.110.12.1059): Added 3 LOINC codes (82354-2, 82456-5,	Value Set	QDM Data Elements	Annual Update
82675-0).			
Value set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614,	Value Set	QDM Data Elements	Annual Update
621, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).			
Value set Face-to-Face Interaction (2.16.840.1.113883.3.464.1003.101.12.1048): Removed Face-to-Face	Value Set	QDM Data Elements	Annual Update
Interaction.			
Replaced SNOMEDCT single code value sets with direct referenced codes. A direct referenced code is a single	Value Set	QDM Data Elements	Standards Update
concept code that is used to describe a clinical element directly within the logic. The use of direct referenced			
codes replaces the need for single code value sets. Measures using other code systems in single value sets			
may optionally transition to direct referenced codes.			
Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum

CMS125v7 - Breast Cancer Screening

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Updated Version Number.	Header	eMeasure Version number	Measure Lead
Updated Copyright.	Header	Copyright	Annual Update
Updated measure header rationale to align with most recent literature.	Header	Rationale	Measure Lead
Updated clinical recommendation statement to align with current recommendations.	Header	Clinical Recommendation	Measure Lead
		Statement	
Updated header references to align with updated rationale and clinical recommendation statement.	Header	Reference	Measure Lead
Updated the measure guidance to remove irrelevant language and clarify where to locate information for the	Header	Guidance	Measure Lead
measure.			
Updated the Denominator Exclusion statement for patients in hospice care to better align with the logic.	Header	Denominator Exclusions	<u>JIRA (CQM-2815)</u>
Replaced 'Discharge status' attribute with 'Admission Source' and 'Discharge Disposition' attributes for	Logic	Denominator Exclusions	Standards Update
'Encounter, Performed' and 'Encounter, Active' datatypes to align with QDM 5.3 changes.			
Added supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time	Logic	Multiple Sections	Standards Update
related information within CQL logic. Timing attributes now include a time interval, such as prevalence period			
or relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general			
method to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more			
accurately define onset and abatement times.			
Assigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM	Logic	Multiple Sections	Standards Update
data elements. Cardinality refers to the number of instances of the attribute that can be included in the			
measure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
have a cardinality of 0 * (i.e., can occur multiple times).			
CQL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or	Logic	Multiple Sections	Standards Update
population, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions			
will be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
population of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
expression with reference to a single patient. Context statements are not required, but one or more context			
statements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
context is the default if none is specified.			
Removed the 'Face-To-Face Interaction' data element and added relevant SNOMED codes to the Encounter	Logic	Multiple Sections	Measure Lead
Grouping value sets to better align between the SNOMED and CPT encounter codes.			
Replaced measure-defined definitions with similar definitions and functions from CQL shared libraries for	Logic	Multiple Sections	Standards Update
consistency across measures.			
Updated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based	Logic	Multiple Sections	Standards Update
logic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql).			
Information about specific versions of the new standards in use for CMS reporting periods can be found at the			
eCQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL			
brings with it many changes, as well as enhanced expression capability, but only those changes with significant			
impact will be outlined in technical release notes. For example, in the case of timing operators, changes may			
only be summarized if those changes impact the measure calculation.			
Value set Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001): Added SNOMEDCT extensional value set	Value Set	QDM Data Elements	Annual Update
(2.16.840.1.113883.3.464.1003.101.11.1264) including 7 codes.			
Value set Home Healthcare Services (2.16.840.1.113883.3.464.1003.101.12.1016): Added SNOMEDCT	Value Set	QDM Data Elements	Annual Update
extensional value set (2.16.840.1.113883.3.464.1003.101.11.1265) including 11 codes.			

CMS125v7 - Breast Cancer Screening

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Value set Bilateral Mastectomy (2.16.840.1.113883.3.464.1003.198.12.1005): Added 1 SNOMEDCT code	Value Set	QDM Data Elements	Annual Update
_(726636007).			
Value set Unilateral Mastectomy (2.16.840.1.113883.3.464.1003.198.12.1020): Added 6 SNOMEDCT codes	Value Set	QDM Data Elements	Annual Update
(726429001, 726430006, 726434002, 726435001, 726436000, 726437009).			
Value set Status Post Left Mastectomy (2.16.840.1.113883.3.464.1003.198.12.1069): Added 1 SNOMEDCT	Value Set	QDM Data Elements	Annual Update
_code (137671000119105).			
Value set Status Post Right Mastectomy (2.16.840.1.113883.3.464.1003.198.12.1070): Added 1 SNOMEDCT	Value Set	QDM Data Elements	Annual Update
_code (137681000119108).			
Value set History of bilateral mastectomy (2.16.840.1.113883.3.464.1003.198.12.1068): Added 1 SNOMEDCT	Value Set	QDM Data Elements	Annual Update
_code (136071000119101).			
Value set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614,	Value Set	QDM Data Elements	Annual Update
621, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).			
Value set Face-to-Face Interaction (2.16.840.1.113883.3.464.1003.101.12.1048): Removed Face-to-Face	Value Set	QDM Data Elements	Annual Update
Interaction.			
Replaced SNOMEDCT single code value sets with direct referenced codes. A direct referenced code is a single	Value Set	QDM Data Elements	Standards Update
concept code that is used to describe a clinical element directly within the logic. The use of direct referenced			
codes replaces the need for single code value sets. Measures using other code systems in single value sets			
may optionally transition to direct referenced codes.			
Value set Unilateral Mastectomy (2.16.840.1.113883.3.464.1003.198.12.1020): Added 11 SNOMEDCT codes	Value Set	QDM Data Elements	2019 Addendum
(12275171000119105, 12275221000119100, 237385002, 237388000, 303690008, 307995002, 33129002,			
451201000124106, 451211000124109, 714111001, 714252004).			
Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum
Value set Mammography (2.16.840.1.113883.3.464.1003.108.12.1018): Added 8 LOINC codes (72137-3,	Value Set	QDM Data Elements	2019 Addendum
72138-1, 72139-9, 72140-7, 72141-5, 72142-3, 86462-9, 86463-7).			

CMS127v7 - Pneumococcal Vaccination Status for Older Adults

Fechnical Release Notes	Type of TRN	Measure Section	Source of Change
Jpdated Version Number.	Header	eMeasure Version number	Measure Lead
Jpdated Copyright.	Header	Copyright	Annual Update
Jpdated the guidance to clarify where to record patient self-reported information to better align with similar	Header	Guidance	Measure Lead
neasures.			
Jpdated the Denominator Exclusion statement for patients in hospice care to better align with the logic.	Header	Denominator Exclusions	JIRA (CQM-2815)
eplaced 'Discharge status' attribute with 'Admission Source' and 'Discharge Disposition' attributes for	Logic	Denominator Exclusions	Standards Update
Encounter, Performed' and 'Encounter, Active' datatypes to align with QDM 5.3 changes.			
evised logic to match the updated guidance regarding where to record patient self-reported information to	Logic	Numerator	Measure Lead
etter align with similar measures.			
dded supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time	Logic	Multiple Sections	Standards Update
elated information within CQL logic. Timing attributes now include a time interval, such as prevalence period			
r relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general			
nethod to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more			
ccurately define onset and abatement times.			
ssigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM	Logic	Multiple Sections	Standards Update
ata elements. Cardinality refers to the number of instances of the attribute that can be included in the			
neasure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
ave a cardinality of 0 * (i.e., can occur multiple times).			
QL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or	Logic	Multiple Sections	Standards Update
opulation, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions			
ill be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
opulation of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
xpression with reference to a single patient. Context statements are not required, but one or more context			
tatements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
ontext is the default if none is specified.			
emoved the 'Face-To-Face Interaction' data element and added relevant SNOMED codes to the Encounter	Logic	Multiple Sections	Measure Lead
rouping value sets to better align between the SNOMED and CPT encounter codes.			
eplaced measure-defined definitions with similar definitions and functions from CQL shared libraries for	Logic	Multiple Sections	Standards Update
onsistency across measures.			
pdated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based	Logic	Multiple Sections	Standards Update
gic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql).			
formation about specific versions of the new standards in use for CMS reporting periods can be found at the			
CQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL			
rings with it many changes, as well as enhanced expression capability, but only those changes with significant			
npact will be outlined in technical release notes. For example, in the case of timing operators, changes may			
nly be summarized if those changes impact the measure calculation.			
alue set Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001): Added SNOMEDCT extensional value set	Value Set	QDM Data Elements	Annual Update
2.16.840.1.113883.3.464.1003.101.11.1264) including 7 codes.			
alue set Home Healthcare Services (2.16.840.1.113883.3.464.1003.101.12.1016): Added SNOMEDCT	Value Set	QDM Data Elements	Annual Update
xtensional value set (2.16.840.1.113883.3.464.1003.101.11.1265) including 11 codes.			
alue set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614,	Value Set	QDM Data Elements	Annual Update
21, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).			

CMS127v7 - Pneumococcal Vaccination Status for Older Adults

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Value set Discharge Services - Nursing Facility (2.16.840.1.113883.3.464.1003.101.12.1013): Added Discharge	Value Set	QDM Data Elements	Annual Update
Services - Nursing Facility.			
Value set Care Services in Long-Term Residential Facility (2.16.840.1.113883.3.464.1003.101.12.1014): Added	Value Set	QDM Data Elements	Annual Update
Care Services in Long-Term Residential Facility.			
Value set Nursing Facility Visit (2.16.840.1.113883.3.464.1003.101.12.1012): Added Nursing Facility Visit.	Value Set	QDM Data Elements	Annual Update
Value set History of Pneumococcal Vaccine (2.16.840.1.113883.3.464.1003.110.12.1028): Removed History of	Value Set	QDM Data Elements	Annual Update
Pneumococcal Vaccine.			
Value set Face-to-Face Interaction (2.16.840.1.113883.3.464.1003.101.12.1048): Removed Face-to-Face	Value Set	QDM Data Elements	Annual Update
Interaction.			
Replaced SNOMEDCT single code value sets with direct referenced codes. A direct referenced code is a single	Value Set	QDM Data Elements	Standards Update
concept code that is used to describe a clinical element directly within the logic. The use of direct referenced			
codes replaces the need for single code value sets. Measures using other code systems in single value sets			
may optionally transition to direct referenced codes.			
Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum
Value set Pneumococcal Vaccine Administered (2.16.840.1.113883.3.464.1003.110.12.1034): Deleted 1 CPT	Value Set	QDM Data Elements	2019 Addendum
code (90732).			

CMS128v7 - Anti-depressant Medication Management

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Updated Version Number.	Header	eMeasure Version number	Measure Lead
Updated Copyright.	Header	Copyright	Annual Update
Updated the Denominator Exclusion statement for patients in hospice care to better align with the logic.	Header	Denominator Exclusions	JIRA (CQM-2815)
Added telephone evaluation and management values sets as qualifying encounters to Initial Population to	Logic	Initial Population	Measure Lead
better align with measure intent.			
Replaced 'Discharge status' attribute with 'Admission Source' and 'Discharge Disposition' attributes for	Logic	Denominator Exclusions	Standards Update
'Encounter, Performed' and 'Encounter, Active' datatypes to align with QDM 5.3 changes.			
Removed 'Cumulative Medication Duration' datatype to conform with QDM 5.3 changes. The concept of	Logic	Numerator	Standards Update
cumulative medication duration can now be expressed using CQL logic.			
Added supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time	Logic	Multiple Sections	Standards Update
related information within CQL logic. Timing attributes now include a time interval, such as prevalence period			
or relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general			
method to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more			
accurately define onset and abatement times.			
Assigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM	Logic	Multiple Sections	Standards Update
data elements. Cardinality refers to the number of instances of the attribute that can be included in the	C	·	
measure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
have a cardinality of 0 * (i.e., can occur multiple times).			
CQL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or	Logic	Multiple Sections	Standards Update
population, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions	C	·	·
will be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
population of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
expression with reference to a single patient. Context statements are not required, but one or more context			
statements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
context is the default if none is specified.			
Removed the 'Face-To-Face Interaction' data element and added relevant SNOMED codes to the Encounter	Logic	Multiple Sections	Measure Lead
Grouping value sets to better align between the SNOMED and CPT encounter codes.	0	·	
Replaced measure-defined definitions with similar definitions and functions from CQL shared libraries for	Logic	Multiple Sections	Standards Update
consistency across measures.	C	·	
Updated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based	Logic	Multiple Sections	Standards Update
logic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql).	0	·	·
Information about specific versions of the new standards in use for CMS reporting periods can be found at the			
eCQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL			
brings with it many changes, as well as enhanced expression capability, but only those changes with significant	t		
impact will be outlined in technical release notes. For example, in the case of timing operators, changes may			
only be summarized if those changes impact the measure calculation.			
Value set Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001): Added SNOMEDCT extensional value set	Value Set	QDM Data Elements	Annual Update
(2.16.840.1.113883.3.464.1003.101.11.1264) including 7 codes.			·
Value set Home Healthcare Services (2.16.840.1.113883.3.464.1003.101.12.1016): Added SNOMEDCT	Value Set	QDM Data Elements	Annual Update
extensional value set (2.16.840.1.113883.3.464.1003.101.11.1265) including 11 codes.			·
Value set Antidepressant Medication (2.16.840.1.113883.3.464.1003.196.12.1213): Deleted 4 RXNORM codes	Value Set	QDM Data Elements	Annual Update
,			· -

CMS128v7 - Anti-depressant Medication Management

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Value set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614,	Value Set	QDM Data Elements	Annual Update
621, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).			
Value set Major Depression (2.16.840.1.113883.3.464.1003.105.12.1007): Added 4 SNOMEDCT codes	Value Set	QDM Data Elements	Annual Update
(16265951000119109, 16266831000119100, 16266991000119108, 726772006).			
Value set Telephone Evaluation (2.16.840.1.113883.3.464.1003.101.12.1082): Added Telephone Evaluation.	Value Set	QDM Data Elements	Annual Update
Value set Telephone Management (2.16.840.1.113883.3.464.1003.101.12.1053): Added Telephone	Value Set	QDM Data Elements	Annual Update
Management.			
Value set Face-to-Face Interaction (2.16.840.1.113883.3.464.1003.101.12.1048): Removed Face-to-Face	Value Set	QDM Data Elements	Annual Update
Interaction.			
Replaced SNOMEDCT single code value sets with direct referenced codes. A direct referenced code is a single	Value Set	QDM Data Elements	Standards Update
concept code that is used to describe a clinical element directly within the logic. The use of direct referenced			
codes replaces the need for single code value sets. Measures using other code systems in single value sets			
may optionally transition to direct referenced codes.			
Value set Antidepressant Medication (2.16.840.1.113883.3.464.1003.196.12.1213): Added 4 RXNORM codes	Value Set	QDM Data Elements	2019 Addendum
(251200, 794947, 1874553, 1874559) and deleted 35 RXNORM codes.			
Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum
Value set Major Depression (2.16.840.1.113883.3.464.1003.105.12.1007): Added 2 SNOMEDCT codes	Value Set	QDM Data Elements	2019 Addendum
(10811121000119102, 10811161000119107).			

CMS129v8 - Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients

echnical Release Notes	Type of TRN	Measure Section	Source of Change
Ipdated Version Number.	Header	eMeasure Version number	Measure Lead
dded definition for bone scan to further clarify the intent of the data element per clinical experts'	Header	Definition	Expert Work Group Review
ecommendation.			
pdated risk strata definitions to align with guidelines.	Header	Definition	Expert Work Group Review
Ipdated Copyright.	Header	Copyright	Annual Update
Ipdated Disclaimer.	Header	Disclaimer	Measure Lead
Jpdated Clinical Recommendation Statement.	Header	Clinical Recommendation	Measure Lead
		Statement	
Ipdated Reference.	Header	Reference	Measure Lead
eplaced LOINC single code value sets with direct referenced codes. A direct referenced code is a single	Logic	Denominator	Standards Update
oncept code that is used to describe a clinical element directly within the logic. The use of direct referenced			
odes replaces the need for single code value sets. Measures using other code systems in single value sets			
nay optionally transition to direct referenced codes.			
eplaced SNOMEDCT single code value sets with direct referenced codes. A direct referenced code is a single	Logic	Denominator	Standards Update
oncept code that is used to describe a clinical element directly within the logic. The use of direct referenced	-		·
odes replaces the need for single code value sets. Measures using other code systems in single value sets			
nay optionally transition to direct referenced codes.			
dded supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time	Logic	Multiple Sections	Standards Update
elated information within CQL logic. Timing attributes now include a time interval, such as prevalence period	0	·	·
r relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general			
nethod to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more			
ccurately define onset and abatement times.			
ssigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM	Logic	Multiple Sections	Standards Update
ata elements. Cardinality refers to the number of instances of the attribute that can be included in the	C		·
neasure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
ave a cardinality of 0 * (i.e., can occur multiple times).			
QL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or	Logic	Multiple Sections	Standards Update
opulation, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions	0	·	·
ill be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
opulation of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
xpression with reference to a single patient. Context statements are not required, but one or more context			
tatements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
ontext is the default if none is specified.			
pdated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based	Logic	Multiple Sections	Standards Update
pgic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql).	8		
formation about specific versions of the new standards in use for CMS reporting periods can be found at the			
CQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL			
rings with it many changes, as well as enhanced expression capability, but only those changes with significant			
npact will be outlined in technical release notes. For example, in the case of timing operators, changes may			
nly be summarized if those changes impact the measure calculation.			
my se sammanzea ir mose enanges impaer me measare calculation.			

CMS129v8 - Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Value set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614,	Value Set	QDM Data Elements	Annual Update
_621, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).			
Replaced LOINC single code value sets with direct referenced codes. A direct referenced code is a single	Value Set	QDM Data Elements	Standards Update
concept code that is used to describe a clinical element directly within the logic. The use of direct referenced			
codes replaces the need for single code value sets. Measures using other code systems in single value sets			
may optionally transition to direct referenced codes.			
Removed following single code value sets: Gleason Score (2.16.840.1.113883.3.526.3.397), Prostate Cancer	Value Set	QDM Data Elements	Annual Update
Primary Tumor Size T1a (2.16.840.1.113883.3.526.3.1534), Prostate Cancer Primary Tumor Size T1b			
(2.16.840.1.113883.3.526.3.1535), Prostate Cancer Primary Tumor Size T1c			
(2.16.840.1.113883.3.526.3.1325), Prostate Cancer Primary Tumor Size T2a			
(2.16.840.1.113883.3.526.3.1326), Reason Documented (2.16.840.1.113883.3.526.3.1494).			
Replaced SNOMEDCT single code value sets with direct referenced codes. A direct referenced code is a single	Value Set	QDM Data Elements	Standards Update
concept code that is used to describe a clinical element directly within the logic. The use of direct referenced			
codes replaces the need for single code value sets. Measures using other code systems in single value sets			
may optionally transition to direct referenced codes.			
Value set Bone Scan (2.16.840.1.113883.3.526.3.320): Deleted 4 LOINC codes (39814-9, 39815-6, 39817-2,	Value Set	QDM Data Elements	2019 Addendum
39903-0).			
Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum

CMS130v7 - Colorectal Cancer Screening

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Updated Version Number.	Header	eMeasure Version number	Measure Lead
Updated Copyright.	Header	Copyright	Annual Update
Updated measure header rationale to align with most recent literature.	Header	Rationale	Measure Lead
Updated clinical recommendation statement to align with current recommendations.	Header	Clinical Recommendation	Measure Lead
		Statement	
Updated header references to align with updated rationale and clinical recommendation statement.	Header	Reference	Measure Lead
Updated guidance to indicate a digital rectal exam does not meet numerator criteria to better align with	Header	Guidance	Measure Lead
measure intent.			
Updated the measure guidance to remove irrelevant language and clarify where to locate information for the	Header	Guidance	Measure Lead
measure.			
Updated the Denominator Exclusion statement for patients in hospice care to better align with the logic.	Header	Denominator Exclusions	JIRA (CQM-2815)
Replaced 'Discharge status' attribute with 'Admission Source' and 'Discharge Disposition' attributes for	Logic	Denominator Exclusions	Standards Update
'Encounter, Performed' and 'Encounter, Active' datatypes to align with QDM 5.3 changes.			
Added supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time	Logic	Multiple Sections	Standards Update
related information within CQL logic. Timing attributes now include a time interval, such as prevalence period			
or relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general			
method to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more			
accurately define onset and abatement times.			
Assigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM	Logic	Multiple Sections	Standards Update
data elements. Cardinality refers to the number of instances of the attribute that can be included in the			
measure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
have a cardinality of 0 * (i.e., can occur multiple times).			
CQL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or	Logic	Multiple Sections	Standards Update
population, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions			
will be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
population of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
expression with reference to a single patient. Context statements are not required, but one or more context			
statements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
context is the default if none is specified.			
Removed the 'Face-To-Face Interaction' data element and added relevant SNOMED codes to the Encounter	Logic	Multiple Sections	Measure Lead
Grouping value sets to better align between the SNOMED and CPT encounter codes.			
Replaced measure-defined definitions with similar definitions and functions from CQL shared libraries for	Logic	Multiple Sections	Standards Update
consistency across measures.			
Updated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based	Logic	Multiple Sections	Standards Update
logic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql).			
Information about specific versions of the new standards in use for CMS reporting periods can be found at the			
eCQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL			
brings with it many changes, as well as enhanced expression capability, but only those changes with significant			
impact will be outlined in technical release notes. For example, in the case of timing operators, changes may			
only be summarized if those changes impact the measure calculation.			
Value set Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001): Added SNOMEDCT extensional value set	Value Set	QDM Data Elements	Annual Update
(2.16.840.1.113883.3.464.1003.101.11.1264) including 7 codes.			

CMS130v7 - Colorectal Cancer Screening

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Value set Home Healthcare Services (2.16.840.1.113883.3.464.1003.101.12.1016): Added SNOMEDCT	Value Set	QDM Data Elements	Annual Update
extensional value set (2.16.840.1.113883.3.464.1003.101.11.1265) including 11 codes.			
Value set Malignant Neoplasm of Colon (2.16.840.1.113883.3.464.1003.108.12.1001): Deleted 5 SNOMEDCT	Value Set	QDM Data Elements	Annual Update
codes (123701000119104, 123721000119108, 130381000119103, 721697000, 721698005). Deleted 6			
ICD10CM codes (C7A.021, C7A.022, C7A.023, C7A.024, C7A.025, C7A.026).			
Value set Total Colectomy (2.16.840.1.113883.3.464.1003.198.12.1019): Deleted 1 SNOMEDCT code	Value Set	QDM Data Elements	Annual Update
(235331003).			
Value set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614,	Value Set	QDM Data Elements	Annual Update
621, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).			
Value set CT Colonography (2.16.840.1.113883.3.464.1003.108.12.1038): Added 2 CPT codes (74261, 74262).	Value Set	QDM Data Elements	Annual Update
Value set Face-to-Face Interaction (2.16.840.1.113883.3.464.1003.101.12.1048): Removed Face-to-Face	Value Set	QDM Data Elements	Annual Update
Interaction.			
Replaced SNOMEDCT single code value sets with direct referenced codes. A direct referenced code is a single	Value Set	QDM Data Elements	Standards Update
concept code that is used to describe a clinical element directly within the logic. The use of direct referenced			
codes replaces the need for single code value sets. Measures using other code systems in single value sets			
may optionally transition to direct referenced codes.			
Value set Malignant Neoplasm of Colon (2.16.840.1.113883.3.464.1003.108.12.1001): Added 1 SNOMEDCT	Value Set	QDM Data Elements	2019 Addendum
_code (737058005).			
Value set Colonoscopy (2.16.840.1.113883.3.464.1003.108.12.1020): Added 7 SNOMEDCT codes (425672002,	Value Set	QDM Data Elements	2019 Addendum
425937002, 709421007, 710293001, 711307001, 713154003, 851000119109) and deleted 2 SNOMEDCT			
_codes (174184006, 303587008).			
Value set Flexible Sigmoidoscopy (2.16.840.1.113883.3.464.1003.198.12.1010): Deleted 1 SNOMEDCT code	Value Set	QDM Data Elements	2019 Addendum
(112870002).			
Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum

CMS131v7 - Diabetes: Eye Exam

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Updated Version Number.	Header	eMeasure Version number	Measure Lead
Updated Copyright.	Header	Copyright	Annual Update
Updated measure header rationale to align with most recent literature.	Header	Rationale	Measure Lead
Updated clinical recommendation statement to align with current recommendations.	Header	Clinical Recommendation	Measure Lead
		Statement	
Updated header references to align with updated rationale and clinical recommendation statement.	Header	Reference	Measure Lead
Updated the Denominator Exclusion statement for patients in hospice care to better align with the logic.	Header	Denominator Exclusions	<u>JIRA (CQM-2815)</u>
Replaced 'Discharge status' attribute with 'Admission Source' and 'Discharge Disposition' attributes for	Logic	Denominator Exclusions	Standards Update
'Encounter, Performed' and 'Encounter, Active' datatypes to align with QDM 5.3 changes.			
Added supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time	Logic	Multiple Sections	Standards Update
related information within CQL logic. Timing attributes now include a time interval, such as prevalence period			
or relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general			
method to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more			
accurately define onset and abatement times.			
Assigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM	Logic	Multiple Sections	Standards Update
data elements. Cardinality refers to the number of instances of the attribute that can be included in the			
measure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
have a cardinality of 0 * (i.e., can occur multiple times).			
CQL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or	Logic	Multiple Sections	Standards Update
population, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions			
will be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
population of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
expression with reference to a single patient. Context statements are not required, but one or more context			
statements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
context is the default if none is specified.			
Removed the 'Face-To-Face Interaction' data element and added relevant SNOMED codes to the Encounter	Logic	Multiple Sections	Measure Lead
Grouping value sets to better align between the SNOMED and CPT encounter codes.			
Replaced measure-defined definitions with similar definitions and functions from CQL shared libraries for	Logic	Multiple Sections	Standards Update
consistency across measures.			
Updated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based	Logic	Multiple Sections	Standards Update
logic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql).			
Information about specific versions of the new standards in use for CMS reporting periods can be found at the			
eCQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL			
brings with it many changes, as well as enhanced expression capability, but only those changes with significant			
impact will be outlined in technical release notes. For example, in the case of timing operators, changes may			
only be summarized if those changes impact the measure calculation.			
Value set Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001): Added SNOMEDCT extensional value set	Value Set	QDM Data Elements	Annual Update
(2.16.840.1.113883.3.464.1003.101.11.1264) including 7 codes.			
Value set Home Healthcare Services (2.16.840.1.113883.3.464.1003.101.12.1016): Added SNOMEDCT	Value Set	QDM Data Elements	Annual Update
extensional value set (2.16.840.1.113883.3.464.1003.101.11.1265) including 11 codes.			
Value set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614,	Value Set	QDM Data Elements	Annual Update
621, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).			

CMS131v7 - Diabetes: Eye Exam

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Value set Diabetes (2.16.840.1.113883.3.464.1003.103.12.1001): Deleted 17 SNOMEDCT codes.	Value Set	QDM Data Elements	Annual Update
Value set Face-to-Face Interaction (2.16.840.1.113883.3.464.1003.101.12.1048): Removed Face-to-Face	Value Set	QDM Data Elements	Annual Update
Interaction.			
Replaced SNOMEDCT single code value sets with direct referenced codes. A direct referenced code is a single	Value Set	QDM Data Elements	Standards Update
concept code that is used to describe a clinical element directly within the logic. The use of direct referenced			
codes replaces the need for single code value sets. Measures using other code systems in single value sets			
may optionally transition to direct referenced codes.			
Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum
Value set Diabetes (2.16.840.1.113883.3.464.1003.103.12.1001): Added 36 SNOMEDCT codes.	Value Set	QDM Data Elements	2019 Addendum

CMS132v7 - Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures

echnical Release Notes	Type of TRN	Measure Section	Source of Change
Jpdated Version Number.	Header	eMeasure Version number	Measure Lead
Jpdated Copyright.	Header	Copyright	Annual Update
Jpdated Disclaimer.	Header	Disclaimer	Measure Lead
Jpdated Rationale.	Header	Rationale	Measure Lead
Jpdated References.	Header	Reference	Measure Lead
Replaced 'Senile Cataract' exclusion with 'Morgagnian Cataract' to align with clinical experts'	Logic	Denominator Exclusions	Measure Lead
ecommendation.			
Added supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time	Logic	Multiple Sections	Standards Update
elated information within CQL logic. Timing attributes now include a time interval, such as prevalence period			
r relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general			
nethod to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more			
ccurately define onset and abatement times.			
ssigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM	Logic	Multiple Sections	Standards Update
ata elements. Cardinality refers to the number of instances of the attribute that can be included in the			
neasure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
ave a cardinality of 0 * (i.e., can occur multiple times).			
QL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or	Logic	Multiple Sections	Standards Update
opulation, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions			
ill be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
opulation of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
xpression with reference to a single patient. Context statements are not required, but one or more context			
tatements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
ontext is the default if none is specified.			
eplaced measure-defined definitions with similar definitions and functions from CQL shared libraries for	Logic	Multiple Sections	Standards Update
onsistency across measures.			
pdated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based	Logic	Multiple Sections	Standards Update
gic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql).			
formation about specific versions of the new standards in use for CMS reporting periods can be found at the			
CQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL			
rings with it many changes, as well as enhanced expression capability, but only those changes with significant			
npact will be outlined in technical release notes. For example, in the case of timing operators, changes may			
nly be summarized if those changes impact the measure calculation.			
alue set Acute and Subacute Iridocyclitis (2.16.840.1.113883.3.526.3.1241): Deleted 5 ICD10CM codes	Value Set	QDM Data Elements	Annual Update
H20.019, H20.029, H20.039, H20.049, H20.059).			
alue set Adhesions and Disruptions of Iris and Ciliary Body (2.16.840.1.113883.3.526.3.1405): Deleted 11	Value Set	QDM Data Elements	Annual Update
CD10CM codes (H21.40, H21.501, H21.502, H21.503, H21.509, H21.519, H21.529, H21.539, H21.549,			
21.559, H21.569).			
alue set Aphakia and Other Disorders of Lens (2.16.840.1.113883.3.526.3.1407): Deleted 3 ICD10CM codes	Value Set	QDM Data Elements	Annual Update
H27.119, H27.129, H27.139).			
alue set Burn Confined to Eye and Adnexa (2.16.840.1.113883.3.526.3.1409): Deleted 10 ICD10CM codes	Value Set	QDM Data Elements	Annual Update
T26.00XA, T26.10XA, T26.20XA, T26.30XA, T26.40XA, T26.50XA, T26.60XA, T26.70XA, T26.80XA, T26.90XA).			

CMS132v7 - Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Value set Cataract Secondary to Ocular Disorders (2.16.840.1.113883.3.526.3.1410): Deleted 2 ICD10CM	Value Set	QDM Data Elements	Annual Update
codes (H26.219, H26.229). Added 2 SNOMEDCT codes (15738161000119104, 15738201000119109).			
Value set Certain Types of Iridocyclitis (2.16.840.1.113883.3.526.3.1415): Deleted 4 ICD10CM codes (H20.20,	Value Set	QDM Data Elements	Annual Update
H20.819, H20.829, H40.40X0).			
Value set Chronic Iridocyclitis (2.16.840.1.113883.3.526.3.1416): Deleted 1 ICD10CM code (H20.10). Added 1	Value Set	QDM Data Elements	Annual Update
SNOMEDCT code (6869001).			
Value set Cloudy Cornea (2.16.840.1.113883.3.526.3.1417): Deleted 4 ICD10CM codes (H17.00, H17.10,	Value Set	QDM Data Elements	Annual Update
H17.819, H17.829).			
Value set Corneal Edema (2.16.840.1.113883.3.526.3.1418): Deleted 4 ICD10CM codes (H18.10, H18.229,	Value Set	QDM Data Elements	Annual Update
H18.239, H18.429). Added 7 SNOMEDCT codes (15736081000119108, 15736161000119100,			
15736201000119105, 15736241000119107, 15736281000119102, 373428006, 373430008).			
Value set Corneal Opacity and Other Disorders of Cornea (2.16.840.1.113883.3.526.3.1419): Deleted 2	Value Set	QDM Data Elements	Annual Update
ICD10CM codes (H17.00, H17.10).			
Value set Cysts of Iris, Ciliary Body, and Anterior Chamber (2.16.840.1.113883.3.526.3.1420): Deleted 6	Value Set	QDM Data Elements	Annual Update
ICD10CM codes (H21.309, H21.319, H21.329, H21.339, H21.349, H21.359). Added 3 SNOMEDCT codes			
(400958004, 400959007, 95251001).			
Value set Enophthalmos (2.16.840.1.113883.3.526.3.1421): Deleted 3 ICD10CM codes (H05.409, H05.419,	Value Set	QDM Data Elements	Annual Update
H05.429). Added 1 SNOMEDCT code (112761000119101).			
Value set Hereditary Corneal Dystrophies (2.16.840.1.113883.3.526.3.1424): Deleted 2 SNOMEDCT codes	Value Set	QDM Data Elements	Annual Update
(231936006, 32935005).			
Value set High Hyperopia (2.16.840.1.113883.3.526.3.1425): Deleted 1 ICD10CM code (H52.00). Added 3	Value Set	QDM Data Elements	Annual Update
SNOMEDCT codes (449721002, 449722009, 449723004).			
Value set Hypotony of Eye (2.16.840.1.113883.3.526.3.1426): Deleted 4 ICD10CM codes (H44.419, H44.429,	Value Set	QDM Data Elements	Annual Update
H44.439, H44.449). Added 1 SNOMEDCT code (700280001).			
Value set Injury to Optic Nerve and Pathways (2.16.840.1.113883.3.526.3.1427): Deleted 3 ICD10CM codes	Value Set	QDM Data Elements	Annual Update
(S04.019A, S04.039A, S04.049A). Added 1 SNOMEDCT code (230513000).			
Value set Central Corneal Ulcer (2.16.840.1.113883.3.526.3.1428): Deleted 1 ICD10CM code (H16.019).	Value Set	QDM Data Elements	Annual Update
Value set Open Wound of Eyeball (2.16.840.1.113883.3.526.3.1430): Deleted 8 ICD10CM codes (S05.10XA,	Value Set	QDM Data Elements	Annual Update
S05.20XA, S05.30XA, S05.50XA, S05.60XA, S05.70XA, S05.8X9A, S05.90XA). Added 5 SNOMEDCT codes			
(12403101000119108, 3018008, 416931008, 722613000, 95725002).			
Value set Pathologic Myopia (2.16.840.1.113883.3.526.3.1432): Deleted 5 ICD10CM codes (H44.20, H44.2A9,	Value Set	QDM Data Elements	Annual Update
H44.2B9, H44.2C9, H44.2D9).			
Value set Pseudoexfoliation Syndrome (2.16.840.1.113883.3.526.3.1435): Deleted 5 ICD10CM codes	Value Set	QDM Data Elements	Annual Update
(H40.1490, H40.1491, H40.1492, H40.1493, H40.1494).			·
Value set Retrolental Fibroplasias (2.16.840.1.113883.3.526.3.1438): Deleted 1 ICD10CM code (H35.179).	Value Set	QDM Data Elements	Annual Update
Value set Use of Systemic Sympathetic alpha-1a Antagonist Medication for Treatment of Prostatic	Value Set	QDM Data Elements	Annual Update
Hypertrophy (2.16.840.1.113883.3.526.3.1442): Deleted 1 RXNORM code (1100691).			-
Value set Traumatic Cataract (2.16.840.1.113883.3.526.3.1443): Deleted 4 ICD10CM codes (H26.109,	Value Set	QDM Data Elements	Annual Update
H26.119, H26.129, H26.139).			-
Value set Uveitis (2.16.840.1.113883.3.526.3.1444): Deleted 2 ICD10CM codes (H44.119, H44.139).	Value Set	QDM Data Elements	Annual Update
Value set Vascular Disorders of Iris and Ciliary Body (2.16.840.1.113883.3.526.3.1445): Deleted 1 ICD10CM	Value Set	QDM Data Elements	Annual Update
code (H21.1X9).			-

CMS132v7 - Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Value set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614,	Value Set	QDM Data Elements	Annual Update
621, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).			
Value set Glaucoma (2.16.840.1.113883.3.526.3.1423): Deleted 57 ICD10CM codes. Added 93 SNOMEDCT	Value Set	QDM Data Elements	Annual Update
codes.			
Value set Morgagnian Cataract (2.16.840.1.113883.3.526.3.1558): Added Morgagnian Cataract.	Value Set	QDM Data Elements	Annual Update
Value set Senile Cataract (2.16.840.1.113883.3.526.3.1441): Removed Senile Cataract.	Value Set	QDM Data Elements	Annual Update
Value set Cysts of Iris, Ciliary Body, and Anterior Chamber (2.16.840.1.113883.3.526.3.1420): Added 8	Value Set	QDM Data Elements	2019 Addendum
SNOMEDCT codes (29668007, 37761009, 53866004, 646009, 81796004, 82167006, 83558008, 85366002) an	d		
deleted 3 SNOMEDCT codes (193511002, 193515006, 267621005).			
Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum
Value set Glaucoma (2.16.840.1.113883.3.526.3.1423): Deleted 2 SNOMEDCT codes (15739841000119103,	Value Set	QDM Data Elements	2019 Addendum
_193551004).			

echnical Release Notes	Type of TRN	Measure Section	Source of Change
Ipdated Version Number.	Header	eMeasure Version number	Measure Lead
Ipdated Copyright.	Header	Copyright	Annual Update
Ipdated Disclaimer.	Header	Disclaimer	Measure Lead
Ipdated Rationale.	Header	Rationale	Measure Lead
pdated References.	Header	Reference	Measure Lead
eplaced SNOMEDCT single code value sets with direct referenced codes. A direct referenced code is a single	Logic	Numerator	Standards Update
oncept code that is used to describe a clinical element directly within the logic. The use of direct referenced			
des replaces the need for single code value sets. Measures using other code systems in single value sets			
nay optionally transition to direct referenced codes.			
dded supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time	Logic	Multiple Sections	Standards Update
lated information within CQL logic. Timing attributes now include a time interval, such as prevalence period			
r relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general			
nethod to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more			
ccurately define onset and abatement times.			
ssigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM	Logic	Multiple Sections	Standards Update
ata elements. Cardinality refers to the number of instances of the attribute that can be included in the			
easure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
ave a cardinality of 0 * (i.e., can occur multiple times).			
QL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or	Logic	Multiple Sections	Standards Update
opulation, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions			
ill be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
opulation of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
pression with reference to a single patient. Context statements are not required, but one or more context			
atements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
ontext is the default if none is specified.			
pdated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based	Logic	Multiple Sections	Standards Update
gic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql).			
formation about specific versions of the new standards in use for CMS reporting periods can be found at the			
CQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL			
ings with it many changes, as well as enhanced expression capability, but only those changes with significant			
npact will be outlined in technical release notes. For example, in the case of timing operators, changes may			
nly be summarized if those changes impact the measure calculation.			
eplaced measure-defined definitions with similar definitions and functions from CQL shared libraries for	Logic	Multiple Sections	Standards Update
onsistency across measures.			
alue set Acute and Subacute Iridocyclitis (2.16.840.1.113883.3.526.3.1241): Deleted 5 ICD10CM codes	Value Set	QDM Data Elements	Annual Update
120.019, H20.029, H20.039, H20.049, H20.059).			-
alue set Burn Confined to Eye and Adnexa (2.16.840.1.113883.3.526.3.1409): Deleted 10 ICD10CM codes	Value Set	QDM Data Elements	Annual Update
26.00XA, T26.10XA, T26.20XA, T26.30XA, T26.40XA, T26.50XA, T26.60XA, T26.70XA, T26.80XA, T26.90XA).			
alue set Cataract Secondary to Ocular Disorders (2.16.840.1.113883.3.526.3.1410): Deleted 2 ICD10CM	Value Set	QDM Data Elements	Annual Update
odes (H26.219, H26.229). Added 2 SNOMEDCT codes (15738161000119104, 15738201000119109).			
alue set Certain Types of Iridocyclitis (2.16.840.1.113883.3.526.3.1415): Deleted 4 ICD10CM codes (H20.20,	Value Set	QDM Data Elements	Annual Update
20.819, H20.829, H40.40X0).			·

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Value set Chronic Iridocyclitis (2.16.840.1.113883.3.526.3.1416): Deleted 1 ICD10CM code (H20.10). Added 1	Value Set	QDM Data Elements	Annual Update
SNOMEDCT code (6869001).			
Value set Cloudy Cornea (2.16.840.1.113883.3.526.3.1417): Deleted 4 ICD10CM codes (H17.00, H17.10,	Value Set	QDM Data Elements	Annual Update
H17.819, H17.829).			
Value set Corneal Edema (2.16.840.1.113883.3.526.3.1418): Deleted 4 ICD10CM codes (H18.10, H18.229,	Value Set	QDM Data Elements	Annual Update
H18.239, H18.429). Added 7 SNOMEDCT codes (15736081000119108, 15736161000119100,			
15736201000119105, 15736241000119107, 15736281000119102, 373428006, 373430008).			
Value set Corneal Opacity and Other Disorders of Cornea (2.16.840.1.113883.3.526.3.1419): Deleted 2	Value Set	QDM Data Elements	Annual Update
ICD10CM codes (H17.00, H17.10).			
Value set Hereditary Corneal Dystrophies (2.16.840.1.113883.3.526.3.1424): Deleted 2 SNOMEDCT codes	Value Set	QDM Data Elements	Annual Update
(231936006, 32935005).			
Value set Injury to Optic Nerve and Pathways (2.16.840.1.113883.3.526.3.1427): Deleted 3 ICD10CM codes	Value Set	QDM Data Elements	Annual Update
(S04.019A, S04.039A, S04.049A). Added 1 SNOMEDCT code (230513000).			
Value set Central Corneal Ulcer (2.16.840.1.113883.3.526.3.1428): Deleted 1 ICD10CM code (H16.019).	Value Set	QDM Data Elements	Annual Update
Value set Open Wound of Eyeball (2.16.840.1.113883.3.526.3.1430): Deleted 8 ICD10CM codes (S05.10XA,	Value Set	QDM Data Elements	Annual Update
S05.20XA, S05.30XA, S05.50XA, S05.60XA, S05.70XA, S05.8X9A, S05.90XA). Added 5 SNOMEDCT codes			
(12403101000119108, 3018008, 416931008, 722613000, 95725002).			
Value set Pathologic Myopia (2.16.840.1.113883.3.526.3.1432): Deleted 5 ICD10CM codes (H44.20, H44.2A9,	Value Set	QDM Data Elements	Annual Update
H44.2B9, H44.2C9, H44.2D9).			
Value set Uveitis (2.16.840.1.113883.3.526.3.1444): Deleted 2 ICD10CM codes (H44.119, H44.139).	Value Set	QDM Data Elements	Annual Update
Value set Visual Field Defects (2.16.840.1.113883.3.526.3.1446): Deleted 1 ICD10CM code (H53.419).	Value Set	QDM Data Elements	Annual Update
Value set Amblyopia (2.16.840.1.113883.3.526.3.1448): Added 3 ICD10CM codes (H53.001, H53.002,	Value Set	QDM Data Elements	Annual Update
H53.003) and deleted 4 ICD10CM codes (H53.019, H53.029, H53.039, H53.049). Added 1 ICD9CM code			
(368.00).			
Value set Choroidal Degenerations (2.16.840.1.113883.3.526.3.1450): Deleted 1 SNOMEDCT code	Value Set	QDM Data Elements	Annual Update
(392049002).			
Value set Chorioretinal Scars (2.16.840.1.113883.3.526.3.1449): Deleted 4 ICD10CM codes (H31.009,	Value Set	QDM Data Elements	Annual Update
H31.019, H31.029, H31.099).			
Value set Choroidal Detachment (2.16.840.1.113883.3.526.3.1451): Deleted 1 ICD10CM code (H31.419).	Value Set	QDM Data Elements	Annual Update
Value set Choroidal Hemorrhage and Rupture (2.16.840.1.113883.3.526.3.1452): Deleted 3 ICD10CM codes	Value Set	QDM Data Elements	Annual Update
(H31.309, H31.319, H31.329).			
Value set Degenerative Disorders of Globe (2.16.840.1.113883.3.526.3.1454): Deleted 8 ICD10CM codes	Value Set	QDM Data Elements	Annual Update
(H44.20, H44.2A9, H44.2B9, H44.2C9, H44.2D9, H44.319, H44.329, H44.399).			
Value set Disorders of Visual Cortex (2.16.840.1.113883.3.526.3.1458): Deleted 1 ICD10CM code (H47.619).	Value Set	QDM Data Elements	Annual Update
Value set Disseminated Chorioretinitis and Disseminated Retinochoroiditis (2.16.840.1.113883.3.526.3.1459):		QDM Data Elements	Annual Update
Deleted 5 ICD10CM codes (H30.109, H30.119, H30.129, H30.139, H30.149).			-
Value set Focal Chorioretinitis and Focal Retinochoroiditis (2.16.840.1.113883.3.526.3.1460): Deleted 5	Value Set	QDM Data Elements	Annual Update
ICD10CM codes (H30.009, H30.019, H30.029, H30.039, H30.049).			-
Value set Glaucoma Associated with Congenital Anomalies, Dystrophies, and Systemic Syndromes	Value Set	QDM Data Elements	Annual Update
			•

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Value set Moderate or Severe Impairment, Better Eye, Profound Impairment Lesser Eye	Value Set	QDM Data Elements	Annual Update
(2.16.840.1.113883.3.526.3.1464): Deleted 3 ICD10CM codes (H54.10, H54.11, H54.12). Added 7 SNOMEDCT			
codes (193714008, 193716005, 193718006, 193719003, 193720009, 23320001, 4490000).			
Value set Nystagmus and Other Irregular Eye Movements (2.16.840.1.113883.3.526.3.1465): Added 2	Value Set	QDM Data Elements	Annual Update
SNOMEDCT codes (285765003, 68610001).			
Value set Optic Atrophy (2.16.840.1.113883.3.526.3.1466): Deleted 3 ICD10CM codes (H47.219, H47.239,	Value Set	QDM Data Elements	Annual Update
H47.299). Added 5 SNOMEDCT codes (715374003, 717336005, 717975006, 718221007, 719517009).			
Value set Optic Neuritis (2.16.840.1.113883.3.526.3.1467): Deleted 2 ICD10CM codes (H46.00, H46.10).	Value Set	QDM Data Elements	Annual Update
Added 4 SNOMEDCT codes (15631011000119102, 15631051000119101, 2691000124105,			
432521000124106).			
Value set Other and Unspecified Forms of Chorioretinitis and Retinochoroiditis	Value Set	QDM Data Elements	Annual Update
(2.16.840.1.113883.3.526.3.1468): Deleted 4 ICD10CM codes (H30.20, H30.819, H30.899, H30.90). Deleted 1			
SNOMEDCT code (72764003).			
Value set Other Background Retinopathy and Retinal Vascular Changes (2.16.840.1.113883.3.526.3.1469):	Value Set	QDM Data Elements	Annual Update
Deleted 3 ICD10CM codes (H35.029, H35.059, H35.069). Added 2 SNOMEDCT codes (677651000119102,			
677681000119109).			
Value set Other Corneal Deformities (2.16.840.1.113883.3.526.3.1470): Deleted 4 ICD10CM codes (H18.719,	Value Set	QDM Data Elements	Annual Update
H18.729, H18.739, H18.799).			
Value set Other Disorders of Optic Nerve (2.16.840.1.113883.3.526.3.1471): Deleted 1 ICD10CM code	Value Set	QDM Data Elements	Annual Update
(H47.019). Added 2 SNOMEDCT codes (15731601000119100, 15731641000119103).			
Value set Other Disorders of Sclera (2.16.840.1.113883.3.526.3.1472): Deleted 2 ICD10CM codes (H15.839,	Value Set	QDM Data Elements	Annual Update
H15.849).			
Value set Other Endophthalmitis (2.16.840.1.113883.3.526.3.1473): Deleted 6 ICD10CM codes (H16.249,	Value Set	QDM Data Elements	Annual Update
H21.339, H33.129, H44.119, H44.139, H44.129). Added 1 SNOMEDCT code (415737009).			
Value set Other Retinal Disorders (2.16.840.1.113883.3.526.3.1474): Deleted 1 ICD10CM code (H35.60).	Value Set	QDM Data Elements	Annual Update
Value set Prior Penetrating Keratoplasty (2.16.840.1.113883.3.526.3.1475): Deleted 3 ICD10CM codes	Value Set	QDM Data Elements	Annual Update
(H18.609, H18.619, H18.629). Deleted 1 SNOMEDCT code (424960002).			
Value set Profound Impairment, Both Eyes (2.16.840.1.113883.3.526.3.1476): Deleted 2 ICD10CM codes	Value Set	QDM Data Elements	Annual Update
(H54.0, H54.10). Added 1 SNOMEDCT code (193699007) and deleted 19 SNOMEDCT codes.			
Value set Purulent Endophthalmitis (2.16.840.1.113883.3.526.3.1477): Deleted 3 ICD10CM codes (H44.009,	Value Set	QDM Data Elements	Annual Update
H44.019, H44.029). Added 2 SNOMEDCT codes (15678441000119103, 15678481000119108).			
Value set Retinal Detachment with Retinal Defect (2.16.840.1.113883.3.526.3.1478): Deleted 6 ICD10CM	Value Set	QDM Data Elements	Annual Update
codes (H33.009, H33.019, H33.029, H33.039, H33.049, H33.059).			
Value set Other Proliferative Retinopathy (2.16.840.1.113883.3.526.3.1480): Deleted 8 ICD10CM codes	Value Set	QDM Data Elements	Annual Update
(H35.109, H35.119, H35.129, H35.139, H35.179, H35.149, H35.159, H35.169).			
Value set Scleritis and Episcleritis (2.16.840.1.113883.3.526.3.1481): Deleted 5 ICD10CM codes (H15.029,	Value Set	QDM Data Elements	Annual Update
H15.039, H15.049, H15.059, H15.099).			
Value set Separation of Retinal Layers (2.16.840.1.113883.3.526.3.1482): Deleted 3 ICD10CM codes (H35.719,	Value Set	QDM Data Elements	Annual Update
H35.729, H35.739).			
Value set Degeneration of Macula and Posterior Pole (2.16.840.1.113883.3.526.3.1453): Deleted 16 ICD10CM	Value Set	QDM Data Elements	Annual Update
codes.			

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Value set Retinal Vascular Occlusion (2.16.840.1.113883.3.526.3.1479): Deleted 16 ICD10CM codes.	Value Set	QDM Data Elements	Annual Update
Value set Diabetic Retinopathy (2.16.840.1.113883.3.526.3.327): Deleted 99 ICD10CM codes.	Value Set	QDM Data Elements	Annual Update
Value set Glaucoma (2.16.840.1.113883.3.526.3.1423): Deleted 57 ICD10CM codes. Added 93 SNOMEDCT codes.	Value Set	QDM Data Elements	Annual Update
Value set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614, 621, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).	Value Set	QDM Data Elements	Annual Update
Replaced SNOMEDCT single code value sets with direct referenced codes. A direct referenced code is a single concept code that is used to describe a clinical element directly within the logic. The use of direct referenced codes replaces the need for single code value sets. Measures using other code systems in single value sets may optionally transition to direct referenced codes.	Value Set	QDM Data Elements	Standards Update
Value set Glaucoma Associated with Congenital Anomalies, Dystrophies, and Systemic Syndromes (2.16.840.1.113883.3.526.3.1461): Added 1 SNOMEDCT code (95717004) and deleted 1 SNOMEDCT code (193551004).	Value Set	QDM Data Elements	2019 Addendum
Value set Retinal Detachment with Retinal Defect (2.16.840.1.113883.3.526.3.1478): Deleted 2 SNOMEDCT codes (193321006, 267608003).	Value Set	QDM Data Elements	2019 Addendum
Value set Separation of Retinal Layers (2.16.840.1.113883.3.526.3.1482): Added 1 SNOMEDCT code (232004004) and deleted 3 SNOMEDCT codes (193321006, 267608003, 43031006).	Value Set	QDM Data Elements	2019 Addendum
Value set Glaucoma (2.16.840.1.113883.3.526.3.1423): Deleted 2 SNOMEDCT codes (15739841000119103, 193551004).	Value Set	QDM Data Elements	2019 Addendum
Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum

CMS134v7 - Diabetes: Medical Attention for Nephropathy

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Updated Version Number.	Header	eMeasure Version number	Measure Lead
Updated Copyright.	Header	Copyright	Annual Update
Updated measure header rationale to align with most recent literature.	Header	Rationale	Measure Lead
Updated clinical recommendation statement to align with current recommendations.	Header	Clinical Recommendation	Measure Lead
		Statement	
Updated header references to align with updated rationale and clinical recommendation statement.	Header	Reference	Measure Lead
Updated the Denominator Exclusion statement for patients in hospice care to better align with the logic.	Header	Denominator Exclusions	<u>JIRA (CQM-2815)</u>
Replaced 'Discharge status' attribute with 'Admission Source' and 'Discharge Disposition' attributes for	Logic	Denominator Exclusions	Standards Update
'Encounter, Performed' and 'Encounter, Active' datatypes to align with QDM 5.3 changes.			
Added supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time	Logic	Multiple Sections	Standards Update
related information within CQL logic. Timing attributes now include a time interval, such as prevalence period			
or relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general			
method to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more			
accurately define onset and abatement times.			
Assigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM	Logic	Multiple Sections	Standards Update
data elements. Cardinality refers to the number of instances of the attribute that can be included in the			
measure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
have a cardinality of 0 * (i.e., can occur multiple times).			
CQL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or	Logic	Multiple Sections	Standards Update
population, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions			
will be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
population of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
expression with reference to a single patient. Context statements are not required, but one or more context			
statements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
context is the default if none is specified.			
Removed the 'Face-To-Face Interaction' data element and added relevant SNOMED codes to the Encounter	Logic	Multiple Sections	Measure Lead
Grouping value sets to better align between the SNOMED and CPT encounter codes.			
Replaced measure-defined definitions with similar definitions and functions from CQL shared libraries for	Logic	Multiple Sections	Standards Update
consistency across measures.			
Updated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based	Logic	Multiple Sections	Standards Update
logic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql).			
Information about specific versions of the new standards in use for CMS reporting periods can be found at the			
eCQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL			
brings with it many changes, as well as enhanced expression capability, but only those changes with significant	:		
impact will be outlined in technical release notes. For example, in the case of timing operators, changes may			
only be summarized if those changes impact the measure calculation.			
Value set ACE Inhibitor or ARB (2.16.840.1.113883.3.526.3.1139): Deleted 1 RXNORM code (247516).	Value Set	QDM Data Elements	Annual Update
Value set Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001): Added SNOMEDCT extensional value set	Value Set	QDM Data Elements	Annual Update
(2.16.840.1.113883.3.464.1003.101.11.1264) including 7 codes.			
Value set Home Healthcare Services (2.16.840.1.113883.3.464.1003.101.12.1016): Added SNOMEDCT	Value Set	QDM Data Elements	Annual Update
extensional value set (2.16.840.1.113883.3.464.1003.101.11.1265) including 11 codes.			

CMS134v7 - Diabetes: Medical Attention for Nephropathy

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Value set Hypertensive Chronic Kidney Disease (2.16.840.1.113883.3.464.1003.109.12.1017): Added 2	Value Set	QDM Data Elements	Annual Update
ICD10CM codes (I15.0, I15.1).			
Value set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614,	Value Set	QDM Data Elements	Annual Update
621, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).			
Value set Glomerulonephritis and Nephrotic Syndrome (2.16.840.1.113883.3.464.1003.109.12.1018): Added	2 Value Set	QDM Data Elements	Annual Update
SNOMEDCT codes (725592009, 733453005) and deleted 5 SNOMEDCT codes (197614002, 197670003,			
236391006, 51055000, 86210009). Added 26 ICD10CM codes.			
Value set Urine Protein Tests (2.16.840.1.113883.3.464.1003.109.12.1024): Deleted 1 LOINC code (14585-4).	Value Set	QDM Data Elements	Annual Update
Value set Diabetes (2.16.840.1.113883.3.464.1003.103.12.1001): Deleted 17 SNOMEDCT codes.	Value Set	QDM Data Elements	Annual Update
Value set Face-to-Face Interaction (2.16.840.1.113883.3.464.1003.101.12.1048): Removed Face-to-Face	Value Set	QDM Data Elements	Annual Update
Interaction.			
Replaced SNOMEDCT single code value sets with direct referenced codes. A direct referenced code is a single	Value Set	QDM Data Elements	Standards Update
concept code that is used to describe a clinical element directly within the logic. The use of direct referenced			
codes replaces the need for single code value sets. Measures using other code systems in single value sets			
may optionally transition to direct referenced codes.			
Value set Vascular Access for Dialysis (2.16.840.1.113883.3.464.1003.109.12.1011): Added 2 SNOMEDCT	Value Set	QDM Data Elements	2019 Addendum
codes (736919006, 736922008).			
Value set Kidney Failure (2.16.840.1.113883.3.464.1003.109.12.1028): Deleted 1 SNOMEDCT code	Value Set	QDM Data Elements	2019 Addendum
(96731000119100).			
Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum
Value set Glomerulonephritis and Nephrotic Syndrome (2.16.840.1.113883.3.464.1003.109.12.1018): Added	9 Value Set	QDM Data Elements	2019 Addendum
SNOMEDCT codes (101711000119105, 194909006, 195353004, 232369001, 232460001, 235000001,			
239935007, 239936008, 726082003).			
Value set Kidney Transplant (2.16.840.1.113883.3.464.1003.109.12.1012): Added 35 SNOMEDCT codes and	Value Set	QDM Data Elements	2019 Addendum
deleted 8 SNOMEDCT codes (175899003, 175901007, 175902000, 236138007, 313030004, 52213001,			
88930008, 70536003). Added 2 CPT codes (50300, 50320).			
Value set Diabetes (2.16.840.1.113883.3.464.1003.103.12.1001): Added 36 SNOMEDCT codes.	Value Set	QDM Data Elements	2019 Addendum

CMS135v7 - Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)

echnical Release Notes	Type of TRN	Measure Section	Source of Change
Jpdated Version Number.	Header	eMeasure Version number	Measure Lead
Jpdated Copyright.	Header	Copyright	Annual Update
Jpdated Disclaimer.	Header	Disclaimer	Measure Lead
Added Rate Aggregation instruction to highlight the difference between the two populations, which includes	Header	Rate Aggregation	<u>JIRA (CQM-2515)</u>
uidance on calculating a single performance rate.			
Jpdated Guidance statement regarding two or more visits to remove reference to QDM expression logic.	Header	Guidance	Measure Lead
Added Guidance regarding combination therapies that will meet the intent of the measure.	Header	Guidance	Expert Work Group Review
Jpdated timing operator to ensure that medication is active at the time of the end of the encounter.	Logic	Numerator	Measure Lead
Added 'AuthorDateTime' attribute to QDM datatypes that include negation rationale: 'Diagnostic, Performed',	Logic	Denominator Exceptions	Standards Update
Intervention Performed', 'Encounter, Performed', 'Laboratory Test, Performed', 'Medication, Administered',			
Physical Exam, Performed', 'Procedure, Performed', 'Substance Administered' to conform with QDM 5.3			
hanges.			
Jpdated timing operator to ensure that allergy or intolerance is active at the time of the end of the	Logic	Denominator Exceptions	Measure Lead
encounter.			
Replaced 'Allergy, Intolerance' datatypes with 'Allergy/Intolerance' category to conform with QDM 5.3	Logic	Denominator Exceptions	Standards Update
hanges.			
plit population criteria into two separate populations: patients who are seen in the outpatient setting, and	Logic	Multiple Sections	JIRA (CQM-2515)
patients at each hospital discharge. This will ensure measure performance is assessed at the appropriate types			
of encounters.			
Added supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time	Logic	Multiple Sections	Standards Update
elated information within CQL logic. Timing attributes now include a time interval, such as prevalence period			
or relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general			
nethod to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more			
iccurately define onset and abatement times.			
Assigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM	Logic	Multiple Sections	Standards Update
lata elements. Cardinality refers to the number of instances of the attribute that can be included in the			
neasure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
have a cardinality of 0 * (i.e., can occur multiple times).			
CQL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or	Logic	Multiple Sections	Standards Update
opulation, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions			
vill be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
oopulation of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
expression with reference to a single patient. Context statements are not required, but one or more context			
tatements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
ontext is the default if none is specified.			
Removed the 'Face-To-Face Interaction' data element and added relevant SNOMED codes to the Encounter	Logic	Multiple Sections	Measure Lead
Grouping value sets to better align between the SNOMED and CPT encounter codes.	-	-	
Replaced measure-defined definitions with similar definitions and functions from CQL shared libraries for	Logic	Multiple Sections	Standards Update
consistency across measures.	0		F

CMS135v7 - Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Updated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based	Logic	Multiple Sections	Standards Update
logic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql).			
Information about specific versions of the new standards in use for CMS reporting periods can be found at the	<u>!</u>		
eCQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL			
brings with it many changes, as well as enhanced expression capability, but only those changes with significant	t		
impact will be outlined in technical release notes. For example, in the case of timing operators, changes may			
only be summarized if those changes impact the measure calculation.			
Value set ACE Inhibitor or ARB (2.16.840.1.113883.3.526.3.1139): Deleted 1 RXNORM code (247516).	Value Set	QDM Data Elements	Annual Update
Value set Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001): Added SNOMEDCT extensional value set	Value Set	QDM Data Elements	Annual Update
(2.16.840.1.113883.3.464.1003.101.11.1264) including 7 codes.			
Value set Outpatient Consultation (2.16.840.1.113883.3.464.1003.101.12.1008): Added SNOMEDCT	Value Set	QDM Data Elements	Annual Update
extensional value set (2.16.840.1.113883.3.464.1003.101.11.1266) including 3 codes.			
Value set Nursing Facility Visit (2.16.840.1.113883.3.464.1003.101.12.1012): Added SNOMEDCT extensional	Value Set	QDM Data Elements	Annual Update
value set (2.16.840.1.113883.3.464.1003.101.11.1261) including 2 codes.			
Value set Care Services in Long-Term Residential Facility (2.16.840.1.113883.3.464.1003.101.12.1014): Added	Value Set	QDM Data Elements	Annual Update
SNOMEDCT extensional value set (2.16.840.1.113883.3.464.1003.101.11.1262) including 2 codes.			
Value set Home Healthcare Services (2.16.840.1.113883.3.464.1003.101.12.1016): Added SNOMEDCT	Value Set	QDM Data Elements	Annual Update
extensional value set (2.16.840.1.113883.3.464.1003.101.11.1265) including 11 codes.			
Value set Patient Reason (2.16.840.1.113883.3.526.3.1008): Deleted 1 SNOMEDCT code (385648002).	Value Set	QDM Data Elements	Annual Update
Value set Heart Failure (2.16.840.1.113883.3.526.3.376): Deleted 2 SNOMEDCT codes (359620001,	Value Set	QDM Data Elements	Annual Update
77737007).			
Value set Pregnancy (2.16.840.1.113883.3.526.3.378): Deleted 11 ICD10CM codes (O00.1, O00.10, O00.11,	Value Set	QDM Data Elements	Annual Update
000.2, 000.20, 000.21, 000.8, 000.9, 033.7, 034.21, Z36).			
Value set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614,	Value Set	QDM Data Elements	Annual Update
621, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).			
Value set Face-to-Face Interaction (2.16.840.1.113883.3.464.1003.101.12.1048): Removed Face-to-Face	Value Set	QDM Data Elements	Annual Update
Interaction.			
Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum

CMS136v8 - Follow-Up Care for Children Prescribed ADHD Medication (ADD)

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Updated Version Number.	Header	eMeasure Version number	Measure Lead
Updated Copyright.	Header	Copyright	Annual Update
Updated the Denominator Exclusion statement for patients in hospice care to better align with the logic.	Header	Denominator Exclusions	JIRA (CQM-2815)
Removed 'Cumulative Medication Duration' datatype to conform with QDM 5.3 changes. The concept of	Logic	Initial Population	Standards Update
cumulative medication duration can now be expressed using CQL logic.			
Replaced 'Discharge status' attribute with 'Admission Source' and 'Discharge Disposition' attributes for	Logic	Denominator Exclusions	Standards Update
'Encounter, Performed' and 'Encounter, Active' datatypes to align with QDM 5.3 changes.			
Added supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time	Logic	Multiple Sections	Standards Update
related information within CQL logic. Timing attributes now include a time interval, such as prevalence period			
or relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general			
method to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more			
accurately define onset and abatement times.			
Assigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM	Logic	Multiple Sections	Standards Update
data elements. Cardinality refers to the number of instances of the attribute that can be included in the			
measure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
have a cardinality of 0 * (i.e., can occur multiple times).			
CQL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or	Logic	Multiple Sections	Standards Update
population, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions			
will be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
population of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
expression with reference to a single patient. Context statements are not required, but one or more context			
statements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
context is the default if none is specified.			
Removed the 'Face-To-Face Interaction' data element and added relevant SNOMED codes to the Encounter	Logic	Multiple Sections	Measure Lead
Grouping value sets to better align between the SNOMED and CPT encounter codes.			
Replaced measure-defined definitions with similar definitions and functions from CQL shared libraries for	Logic	Multiple Sections	Standards Update
consistency across measures.			
Updated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based	Logic	Multiple Sections	Standards Update
logic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql).			
Information about specific versions of the new standards in use for CMS reporting periods can be found at the			
eCQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL			
brings with it many changes, as well as enhanced expression capability, but only those changes with significant			
impact will be outlined in technical release notes. For example, in the case of timing operators, changes may			
only be summarized if those changes impact the measure calculation.			
Value set Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001): Added SNOMEDCT extensional value set	Value Set	QDM Data Elements	Annual Update
(2.16.840.1.113883.3.464.1003.101.11.1264) including 7 codes.			
Value set Outpatient Consultation (2.16.840.1.113883.3.464.1003.101.12.1008): Added SNOMEDCT	Value Set	QDM Data Elements	Annual Update
extensional value set (2.16.840.1.113883.3.464.1003.101.11.1266) including 3 codes.			
Value set Home Healthcare Services (2.16.840.1.113883.3.464.1003.101.12.1016): Added SNOMEDCT	Value Set	QDM Data Elements	Annual Update
extensional value set (2.16.840.1.113883.3.464.1003.101.11.1265) including 11 codes.			
Value set Inpatient Encounter (2.16.840.1.113883.3.464.1003.101.12.1060): Deleted 1 SNOMEDCT code	Value Set	QDM Data Elements	Annual Update

CMS136v8 - Follow-Up Care for Children Prescribed ADHD Medication (ADD)

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Value set Substance Abuse (2.16.840.1.113883.3.464.1003.106.12.1004): Added 6 SNOMEDCT codes	Value Set	QDM Data Elements	Annual Update
(11047881000119101, 724694006, 724697004, 724703003, 724712001, 724713006).			
Value set ADHD Medications (2.16.840.1.113883.3.464.1003.196.12.1171): Added 7 RXNORM codes	Value Set	QDM Data Elements	Annual Update
(1926840, 1926849, 1926853, 1927610, 1927617, 1927630, 1927637).			
Value set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614,	Value Set	QDM Data Elements	Annual Update
621, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).			
Value set Mental Health Diagnoses (2.16.840.1.113883.3.464.1003.105.12.1004): Deleted 59 SNOMEDCT	Value Set	QDM Data Elements	Annual Update
codes. Added 12 ICD10CM codes.			
Value set Face-to-Face Interaction (2.16.840.1.113883.3.464.1003.101.12.1048): Removed Face-to-Face	Value Set	QDM Data Elements	Annual Update
Interaction.			
Replaced SNOMEDCT single code value sets with direct referenced codes. A direct referenced code is a single	Value Set	QDM Data Elements	Standards Update
concept code that is used to describe a clinical element directly within the logic. The use of direct referenced			
codes replaces the need for single code value sets. Measures using other code systems in single value sets			
may optionally transition to direct referenced codes.			
Value set Substance Abuse (2.16.840.1.113883.3.464.1003.106.12.1004): Added 2 SNOMEDCT codes	Value Set	QDM Data Elements	2019 Addendum
(737336003, 762504005).			
Value set Narcolepsy (2.16.840.1.113883.3.464.1003.114.12.1011): Added 2 SNOMEDCT codes (427426006,	Value Set	QDM Data Elements	2019 Addendum
735676003).			
Value set ADHD Medications (2.16.840.1.113883.3.464.1003.196.12.1171): Added 5 RXNORM codes	Value Set	QDM Data Elements	2019 Addendum
(1995461, 2001564, 2001565, 2001566, 2001568).			
Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum
Value set Mental Health Diagnoses (2.16.840.1.113883.3.464.1003.105.12.1004): Added 353 SNOMEDCT	Value Set	QDM Data Elements	2019 Addendum
codes and deleted 222 SNOMEDCT codes. Added 1 ICD10CM code (F32.8).			

CMS137v7 - Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

echnical Release Notes	Type of TRN	Measure Section	Source of Change
Ipdated Version Number.	Header	eMeasure Version number	Measure Lead
Ipdated Description, IP, Denominator Exclusions, and Numerator language to align with the HEDIS parent	Header	Description	Measure Lead
neasure.			
Jpdated Copyright.	Header	Copyright	Annual Update
Ipdated clinical recommendation statement to align with current recommendations.	Header	Clinical Recommendation	Measure Lead
		Statement	
Ipdated Description, IP, Denominator Exclusions, and Numerator language to align with the HEDIS parent	Header	Initial Population	Measure Lead
neasure.			
Ipdated Description, IP, Denominator Exclusions, and Numerator language to align with the HEDIS parent	Header	Denominator Exclusions	Measure Lead
neasure.			
pdated the Denominator Exclusion statement for patients in hospice care to better align with the logic.	Header	Denominator Exclusions	<u>JIRA (CQM-2815)</u>
pdated Description, IP, Denominator Exclusions, and Numerator language to align with the HEDIS parent	Header	Numerator	Measure Lead
neasure.			
eplaced 'Discharge status' attribute with 'Admission Source' and 'Discharge Disposition' attributes for	Logic	Denominator Exclusions	Standards Update
ncounter, Performed' and 'Encounter, Active' datatypes to align with QDM 5.3 changes.			
dded supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time	Logic	Multiple Sections	Standards Update
lated information within CQL logic. Timing attributes now include a time interval, such as prevalence period			
relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general			
ethod to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more			
ccurately define onset and abatement times.			
ssigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM	Logic	Multiple Sections	Standards Update
ata elements. Cardinality refers to the number of instances of the attribute that can be included in the			
easure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
ave a cardinality of 0 * (i.e., can occur multiple times).			
QL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or	Logic	Multiple Sections	Standards Update
opulation, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions			
ill be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
opulation of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
pression with reference to a single patient. Context statements are not required, but one or more context			
atements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
ontext is the default if none is specified.			
emoved the 'Face-To-Face Interaction' data element and added relevant SNOMED codes to the Encounter	Logic	Multiple Sections	Measure Lead
rouping value sets to better align between the SNOMED and CPT encounter codes.			
eplaced measure-defined definitions with similar definitions and functions from CQL shared libraries for	Logic	Multiple Sections	Standards Update
onsistency across measures.			
pdated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based	Logic	Multiple Sections	Standards Update
gic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql).			
formation about specific versions of the new standards in use for CMS reporting periods can be found at the			
CQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL			
rings with it many changes, as well as enhanced expression capability, but only those changes with significant			
npact will be outlined in technical release notes. For example, in the case of timing operators, changes may			
nly be summarized if those changes impact the measure calculation.			

CMS137v7 - Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Value set Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001): Added SNOMEDCT extensional value set	Value Set	QDM Data Elements	Annual Update
(2.16.840.1.113883.3.464.1003.101.11.1264) including 7 codes.			
Value set Emergency Department Visit (2.16.840.1.113883.3.464.1003.101.12.1010): Added SNOMEDCT	Value Set	QDM Data Elements	Annual Update
extensional value set (2.16.840.1.113883.3.464.1003.101.11.1263) including 1 code.			
Value set Alcohol and Drug Dependence (2.16.840.1.113883.3.464.1003.106.12.1001): Added 70 SNOMEDCT	Value Set	QDM Data Elements	Annual Update
codes.			
Value set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614,	Value Set	QDM Data Elements	Annual Update
621, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).			
Value set Face-to-Face Interaction (2.16.840.1.113883.3.464.1003.101.12.1048): Removed Face-to-Face	Value Set	QDM Data Elements	Annual Update
Interaction.			
Replaced SNOMEDCT single code value sets with direct referenced codes. A direct referenced code is a single	Value Set	QDM Data Elements	Standards Update
concept code that is used to describe a clinical element directly within the logic. The use of direct referenced			
codes replaces the need for single code value sets. Measures using other code systems in single value sets			
may optionally transition to direct referenced codes.			
Value set Detoxification Visit (2.16.840.1.113883.3.464.1003.101.12.1059): Deleted 2 SNOMEDCT codes	Value Set	QDM Data Elements	2019 Addendum
(266707007, 310653000).			
Value set Alcohol and Drug Dependence Treatment (2.16.840.1.113883.3.464.1003.106.12.1005): Added 1	Value Set	QDM Data Elements	2019 Addendum
SNOMEDCT code (737363002).			
Value set Alcohol and Drug Dependence (2.16.840.1.113883.3.464.1003.106.12.1001): Added 43 SNOMEDCT	Value Set	QDM Data Elements	2019 Addendum
codes and deleted 64 SNOMEDCT codes.			
Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum

CMS138v7 - Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Updated Version Number.	Header	eMeasure Version number	Measure Lead
Updated Copyright.	Header	Copyright	Annual Update
Updated Disclaimer.	Header	Disclaimer	Measure Lead
Updated Guidance statement regarding two or more visits to remove reference to QDM expression logic.	Header	Guidance	Measure Lead
Added Guidance to provide clarification for numerator accountability based on clinical experts' feedback.	Header	Guidance	Measure Lead
Added 'AuthorDateTime' attribute to QDM datatypes that include negation rationale: 'Diagnostic, Performed',	Logic	Denominator Exceptions	Standards Update
'Intervention Performed', 'Encounter, Performed', 'Laboratory Test, Performed', 'Medication, Administered',			
Physical Exam, Performed', 'Procedure, Performed', 'Substance Administered' to conform with QDM 5.3			
changes.			
Added supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time	Logic	Multiple Sections	Standards Update
related information within CQL logic. Timing attributes now include a time interval, such as prevalence period			
or relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general			
method to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more			
accurately define onset and abatement times.			
Assigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM	Logic	Multiple Sections	Standards Update
data elements. Cardinality refers to the number of instances of the attribute that can be included in the			
measure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
nave a cardinality of 0 * (i.e., can occur multiple times).			
CQL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or	Logic	Multiple Sections	Standards Update
population, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions			
will be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
population of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
expression with reference to a single patient. Context statements are not required, but one or more context			
statements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
context is the default if none is specified.			
Removed the 'Face-To-Face Interaction' data element and added relevant SNOMED codes to the Encounter	Logic	Multiple Sections	Measure Lead
Grouping value sets to better align between the SNOMED and CPT encounter codes.			
Replaced measure-defined definitions with similar definitions and functions from CQL shared libraries for	Logic	Multiple Sections	Standards Update
consistency across measures.			
Jpdated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based	Logic	Multiple Sections	Standards Update
ogic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql).			
nformation about specific versions of the new standards in use for CMS reporting periods can be found at the			
eCQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL			
prings with it many changes, as well as enhanced expression capability, but only those changes with significant			
mpact will be outlined in technical release notes. For example, in the case of timing operators, changes may			
only be summarized if those changes impact the measure calculation.			
/alue set Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001): Added SNOMEDCT extensional value set	Value Set	QDM Data Elements	Annual Update
(2.16.840.1.113883.3.464.1003.101.11.1264) including 7 codes.			
Value set Home Healthcare Services (2.16.840.1.113883.3.464.1003.101.12.1016): Added SNOMEDCT	Value Set	QDM Data Elements	Annual Update
extensional value set (2.16.840.1.113883.3.464.1003.101.11.1265) including 11 codes.			-
	Value Set	QDM Data Elements	Annual Update
521, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).			-

CMS138v7 - Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Value set Face-to-Face Interaction (2.16.840.1.113883.3.464.1003.101.12.1048): Removed Face-to-Face	Value Set	QDM Data Elements	Annual Update
Interaction.			
Value set Limited Life Expectancy (2.16.840.1.113883.3.526.3.1259): Added 1 SNOMEDCT code (111947009).	Value Set	QDM Data Elements	2019 Addendum
Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum

CMS139v7 - Falls: Screening for Future Fall Risk

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Updated Version Number.	Header	eMeasure Version number	Measure Lead
Updated Copyright.	Header	Copyright	Annual Update
Updated Disclaimer.	Header	Disclaimer	Measure Lead
Updated the Denominator Exclusion statement for patients in hospice care to better align with the logic.	Header	Denominator Exclusions	<u>JIRA (CQM-2815)</u>
Added supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time	Logic	Multiple Sections	Standards Update
related information within CQL logic. Timing attributes now include a time interval, such as prevalence period			
or relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general			
method to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more			
accurately define onset and abatement times.			
Assigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM	Logic	Multiple Sections	Standards Update
data elements. Cardinality refers to the number of instances of the attribute that can be included in the			
measure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
have a cardinality of 0 * (i.e., can occur multiple times).			
CQL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or	Logic	Multiple Sections	Standards Update
population, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions			
will be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
population of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
expression with reference to a single patient. Context statements are not required, but one or more context			
statements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
context is the default if none is specified.			
Removed the 'Face-To-Face Interaction' data element and added relevant SNOMED codes to the Encounter	Logic	Multiple Sections	Measure Lead
Grouping value sets to better align between the SNOMED and CPT encounter codes.			
Replaced measure-defined definitions with similar definitions and functions from CQL shared libraries for	Logic	Multiple Sections	Standards Update
consistency across measures.			
Updated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based	Logic	Multiple Sections	Standards Update
logic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql).			
Information about specific versions of the new standards in use for CMS reporting periods can be found at the	!		
eCQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL			
brings with it many changes, as well as enhanced expression capability, but only those changes with significant	t		
impact will be outlined in technical release notes. For example, in the case of timing operators, changes may			
only be summarized if those changes impact the measure calculation.			
Value set Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001): Added SNOMEDCT extensional value set	Value Set	QDM Data Elements	Annual Update
(2.16.840.1.113883.3.464.1003.101.11.1264) including 7 codes.			
Value set Nursing Facility Visit (2.16.840.1.113883.3.464.1003.101.12.1012): Added SNOMEDCT extensional	Value Set	QDM Data Elements	Annual Update
value set (2.16.840.1.113883.3.464.1003.101.11.1261) including 2 codes.			
Value set Care Services in Long-Term Residential Facility (2.16.840.1.113883.3.464.1003.101.12.1014): Added	Value Set	QDM Data Elements	Annual Update
SNOMEDCT extensional value set (2.16.840.1.113883.3.464.1003.101.11.1262) including 2 codes.			
Value set Home Healthcare Services (2.16.840.1.113883.3.464.1003.101.12.1016): Added SNOMEDCT	Value Set	QDM Data Elements	Annual Update
extensional value set (2.16.840.1.113883.3.464.1003.101.11.1265) including 11 codes.			
Value set Falls Screening (2.16.840.1.113883.3.464.1003.118.12.1028): Added 1 LOINC code (59454-9).	Value Set	QDM Data Elements	Annual Update
Value set Discharge Services - Nursing Facility (2.16.840.1.113883.3.464.1003.101.12.1013): Added Discharge	Value Set	QDM Data Elements	Annual Update
Services - Nursing Facility.			

CMS139v7 - Falls: Screening for Future Fall Risk

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Value set Ambulatory Status (2.16.840.1.113883.3.464.1003.118.11.1219): Added Ambulatory Status.	Value Set	QDM Data Elements	Annual Update
Value set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614,	Value Set	QDM Data Elements	Annual Update
621, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).			
Value set Face-to-Face Interaction (2.16.840.1.113883.3.464.1003.101.12.1048): Removed Face-to-Face	Value Set	QDM Data Elements	Annual Update
Interaction.			
Replaced SNOMEDCT single code value sets with direct referenced codes. A direct referenced code is a single	Value Set	QDM Data Elements	Standards Update
concept code that is used to describe a clinical element directly within the logic. The use of direct referenced			
codes replaces the need for single code value sets. Measures using other code systems in single value sets			
may optionally transition to direct referenced codes.			
Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum

CMS142v7 - Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care

echnical Release Notes	Type of TRN	Measure Section	Source of Change
pdated Version Number.	Header	eMeasure Version number	Measure Lead
pdated Copyright.	Header	Copyright	Annual Update
pdated Disclaimer.	Header	Disclaimer	Measure Lead
dded 'AuthorDateTime' attribute to QDM datatypes that include negation rationale: 'Diagnostic, Performed',	Logic	Denominator Exceptions	Standards Update
ntervention Performed', 'Encounter, Performed', 'Laboratory Test, Performed', 'Medication, Administered',			
hysical Exam, Performed', 'Procedure, Performed', 'Substance Administered' to conform with QDM 5.3			
nanges.			
dded supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time	Logic	Multiple Sections	Standards Update
lated information within CQL logic. Timing attributes now include a time interval, such as prevalence period			
relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general			
ethod to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more			
ccurately define onset and abatement times.			
ssigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM	Logic	Multiple Sections	Standards Update
ata elements. Cardinality refers to the number of instances of the attribute that can be included in the			
easure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
ave a cardinality of 0 * (i.e., can occur multiple times).			
QL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or	Logic	Multiple Sections	Standards Update
pulation, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions			
Il be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
opulation of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
pression with reference to a single patient. Context statements are not required, but one or more context			
atements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
ontext is the default if none is specified.			
emoved the 'Face-To-Face Interaction' data element and added relevant SNOMED codes to the Encounter	Logic	Multiple Sections	Measure Lead
rouping value sets to better align between the SNOMED and CPT encounter codes.	-	-	
eplaced measure-defined definitions with similar definitions and functions from CQL shared libraries for	Logic	Multiple Sections	Standards Update
onsistency across measures.			
pdated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based	Logic	Multiple Sections	Standards Update
gic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql).			
formation about specific versions of the new standards in use for CMS reporting periods can be found at the			
CQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL			
ings with it many changes, as well as enhanced expression capability, but only those changes with significant			
pact will be outlined in technical release notes. For example, in the case of timing operators, changes may			
hly be summarized if those changes impact the measure calculation.			
alue set Patient Reason (2.16.840.1.113883.3.526.3.1008): Deleted 1 SNOMEDCT code (385648002).	Value Set	QDM Data Elements	Annual Update
alue set Macular Exam (2.16.840.1.113883.3.526.3.1251): Added 2 LOINC codes (79820-7, 79821-5).	Value Set	QDM Data Elements	Annual Update
	Value Set	QDM Data Elements	Annual Update
alue set Outpatient Consultation (2.16.840.1.113883.3.464.1003.101.12.1008): Added SNOMEDCT	Value Set	QDM Data Elements	Annual Update
xtensional value set (2.16.840.1.113883.3.464.1003.101.11.1266) including 3 codes.			·
· · · · ·	Value Set	QDM Data Elements	Annual Update
alue set (2.16.840.1.113883.3.464.1003.101.11.1261) including 2 codes.			

CMS142v7 - Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Value set Care Services in Long-Term Residential Facility (2.16.840.1.113883.3.464.1003.101.12.1014): Added	Value Set	QDM Data Elements	Annual Update
SNOMEDCT extensional value set (2.16.840.1.113883.3.464.1003.101.11.1262) including 2 codes.			
Value set Diabetic Retinopathy (2.16.840.1.113883.3.526.3.327): Deleted 99 ICD10CM codes.	Value Set	QDM Data Elements	Annual Update
Value set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614,	Value Set	QDM Data Elements	Annual Update
621, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).			
Value set Face-to-Face Interaction (2.16.840.1.113883.3.464.1003.101.12.1048): Removed Face-to-Face	Value Set	QDM Data Elements	Annual Update
Interaction.			
Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum

CMS143v7 - Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Updated Version Number.	Header	eMeasure Version number	Measure Lead
Updated Copyright.	Header	Copyright	Annual Update
Jpdated Disclaimer.	Header	Disclaimer	Measure Lead
Jpdated Rationale.	Header	Rationale	Measure Lead
Jpdated Clinical Recommendation Statement.	Header	Clinical Recommendation	Measure Lead
		Statement	
Added 'AuthorDateTime' attribute to QDM datatypes that include negation rationale: 'Diagnostic, Performed',	Logic	Denominator Exceptions	Standards Update
ntervention Performed', 'Encounter, Performed', 'Laboratory Test, Performed', 'Medication, Administered',			
Physical Exam, Performed', 'Procedure, Performed', 'Substance Administered' to conform with QDM 5.3			
hanges.			
dded supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time	Logic	Multiple Sections	Standards Update
elated information within CQL logic. Timing attributes now include a time interval, such as prevalence period	-		-
r relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general			
ethod to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more			
ccurately define onset and abatement times.			
ssigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM	Logic	Multiple Sections	Standards Update
ata elements. Cardinality refers to the number of instances of the attribute that can be included in the	C	·	·
easure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
ave a cardinality of 0 * (i.e., can occur multiple times).			
QL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or	Logic	Multiple Sections	Standards Update
opulation, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions	0	·	·
ill be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
opulation of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
pression with reference to a single patient. Context statements are not required, but one or more context			
atements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
pontext is the default if none is specified.			
emoved the 'Face-To-Face Interaction' data element and added relevant SNOMED codes to the Encounter	Logic	Multiple Sections	Measure Lead
rouping value sets to better align between the SNOMED and CPT encounter codes.	20810		
eplaced measure-defined definitions with similar definitions and functions from CQL shared libraries for	Logic	Multiple Sections	Standards Update
ponsistency across measures.	20810		
pdated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based	Logic	Multiple Sections	Standards Update
gic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql).	20810		standards opdate
formation about specific versions of the new standards in use for CMS reporting periods can be found at the			
CQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL			
rings with it many changes, as well as enhanced expression capability, but only those changes with significant			
spact will be outlined in technical release notes. For example, in the case of timing operators, changes may			
nly be summarized if those changes impact the measure calculation.			
alue set Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001): Added SNOMEDCT extensional value set	Value Set	QDM Data Elements	Annual Update
2.16.840.1.113883.3.464.1003.101.11.1264) including 7 codes.	value set		Annual Opuale
alue set Outpatient Consultation (2.16.840.1.113883.3.464.1003.101.12.1008): Added SNOMEDCT	Value Set	QDM Data Elements	Annual Update
	value set		Annual Opuale
tensional value set (2.16.840.1.113883.3.464.1003.101.11.1266) including 3 codes.			

CMS143v7 - Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Value set Nursing Facility Visit (2.16.840.1.113883.3.464.1003.101.12.1012): Added SNOMEDCT extensional	Value Set	QDM Data Elements	Annual Update
value set (2.16.840.1.113883.3.464.1003.101.11.1261) including 2 codes.			
Value set Care Services in Long-Term Residential Facility (2.16.840.1.113883.3.464.1003.101.12.1014): Added	Value Set	QDM Data Elements	Annual Update
SNOMEDCT extensional value set (2.16.840.1.113883.3.464.1003.101.11.1262) including 2 codes.			
Value set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614,	Value Set	QDM Data Elements	Annual Update
621, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).			
Value set Primary Open-Angle Glaucoma (2.16.840.1.113883.3.526.3.326): Deleted 16 ICD10CM codes.	Value Set	QDM Data Elements	Annual Update
Deleted 1 SNOMEDCT code (81416004).			
Value set Face-to-Face Interaction (2.16.840.1.113883.3.464.1003.101.12.1048): Removed Face-to-Face	Value Set	QDM Data Elements	Annual Update
Interaction.			
Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum
Value set Primary Open-Angle Glaucoma (2.16.840.1.113883.3.526.3.326): Deleted 1 SNOMEDCT code	Value Set	QDM Data Elements	2019 Addendum
(48705003).			

CMS144v7 - Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Updated Version Number.	Header	eMeasure Version number	Measure Lead
Updated Copyright.	Header	Copyright	Annual Update
Updated Disclaimer.	Header	Disclaimer	Measure Lead
Added Rate Aggregation instruction to highlight the difference between the two populations, which includes	Header	Rate Aggregation	<u>JIRA (CQM-2515)</u>
guidance on calculating a single performance rate.			
Relocated Guidance regarding Left Ventricular Ejection Fraction (LVEF) documentation to the Definition field.	Header	Definition	Measure Lead
Updated Guidance statement regarding two or more visits to remove reference to QDM expression logic.	Header	Guidance	Measure Lead
Relocated Guidance regarding Left Ventricular Ejection Fraction (LVEF) documentation to the Definition field.	Header	Guidance	Measure Lead
Updated timing operator to ensure that medication is active at the time of the end of the encounter.	Logic	Numerator	Measure Lead
Added 'AuthorDateTime' attribute to QDM datatypes that include negation rationale: 'Diagnostic, Performed',	Logic	Denominator Exceptions	Standards Update
'Intervention Performed', 'Encounter, Performed', 'Laboratory Test, Performed', 'Medication, Administered',			
'Physical Exam, Performed', 'Procedure, Performed', 'Substance Administered' to conform with QDM 5.3			
changes.			
Updated timing operator to ensure that allergy or intolerance is active at the time of the end of the	Logic	Denominator Exceptions	Measure Lead
encounter.			
Updated timing operator to ensure that the cardiac pacer is present at the time of the end of the encounter.	Logic	Denominator Exceptions	Measure Lead
Replaced LOINC single code value sets with direct referenced codes. A direct referenced code is a single	Logic	Denominator Exceptions	Standards Update
concept code that is used to describe a clinical element directly within the logic. The use of direct referenced			
codes replaces the need for single code value sets. Measures using other code systems in single value sets			
may optionally transition to direct referenced codes.			
Replaced 'Allergy, Intolerance' datatypes with 'Allergy/Intolerance' category to conform with QDM 5.3	Logic	Denominator Exceptions	Standards Update
changes.	-		-
Split population criteria into two separate populations: patients who are seen in the outpatient setting, and	Logic	Multiple Sections	Measure Lead
patients at each hospital discharge. This will ensure measure performance is assessed at the appropriate types	5	-	
of encounters.			
Added supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time	Logic	Multiple Sections	Standards Update
related information within CQL logic. Timing attributes now include a time interval, such as prevalence period	-		
or relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general			
method to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more			
accurately define onset and abatement times.			
Assigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM	Logic	Multiple Sections	Standards Update
data elements. Cardinality refers to the number of instances of the attribute that can be included in the	0	•	·
measure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
have a cardinality of 0 * (i.e., can occur multiple times).			
CQL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or	Logic	Multiple Sections	Standards Update
population, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions			
will be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
population of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
expression with reference to a single patient. Context statements are not required, but one or more context			
statements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
context is the default if none is specified.			
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CMS144v7 - Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Removed the 'Face-To-Face Interaction' data element and added relevant SNOMED codes to the Encounter	Logic	Multiple Sections	Measure Lead
Grouping value sets to better align between the SNOMED and CPT encounter codes.			
Replaced measure-defined definitions with similar definitions and functions from CQL shared libraries for	Logic	Multiple Sections	Standards Update
consistency across measures.			
Updated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based	Logic	Multiple Sections	Standards Update
logic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql).			
Information about specific versions of the new standards in use for CMS reporting periods can be found at the	2		
eCQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL			
prings with it many changes, as well as enhanced expression capability, but only those changes with significan	t		
mpact will be outlined in technical release notes. For example, in the case of timing operators, changes may			
only be summarized if those changes impact the measure calculation.			
Value set Beta Blocker Therapy (2.16.840.1.113883.3.526.3.1174): Removed Beta Blocker Therapy.	Value Set	QDM Data Elements	Annual Update
Value set Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001): Added SNOMEDCT extensional value set	Value Set	QDM Data Elements	Annual Update
(2.16.840.1.113883.3.464.1003.101.11.1264) including 7 codes.			
/alue set Outpatient Consultation (2.16.840.1.113883.3.464.1003.101.12.1008): Added SNOMEDCT	Value Set	QDM Data Elements	Annual Update
extensional value set (2.16.840.1.113883.3.464.1003.101.11.1266) including 3 codes.			
/alue set Nursing Facility Visit (2.16.840.1.113883.3.464.1003.101.12.1012): Added SNOMEDCT extensional	Value Set	QDM Data Elements	Annual Update
value set (2.16.840.1.113883.3.464.1003.101.11.1261) including 2 codes.			
alue set Care Services in Long-Term Residential Facility (2.16.840.1.113883.3.464.1003.101.12.1014): Added	Value Set	QDM Data Elements	Annual Update
NOMEDCT extensional value set (2.16.840.1.113883.3.464.1003.101.11.1262) including 2 codes.			
/alue set Home Healthcare Services (2.16.840.1.113883.3.464.1003.101.12.1016): Added SNOMEDCT	Value Set	QDM Data Elements	Annual Update
extensional value set (2.16.840.1.113883.3.464.1003.101.11.1265) including 11 codes.			
/alue set Patient Reason (2.16.840.1.113883.3.526.3.1008): Deleted 1 SNOMEDCT code (385648002).	Value Set	QDM Data Elements	Annual Update
/alue set Atrioventricular Block (2.16.840.1.113883.3.526.3.367): Deleted 1 SNOMEDCT code (93130009).	Value Set	QDM Data Elements	Annual Update
/alue set Heart Failure (2.16.840.1.113883.3.526.3.376): Deleted 2 SNOMEDCT codes (359620001,	Value Set	QDM Data Elements	Annual Update
7737007).			
/alue set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614,	Value Set	QDM Data Elements	Annual Update
521, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).			
/alue set Face-to-Face Interaction (2.16.840.1.113883.3.464.1003.101.12.1048): Removed Face-to-Face	Value Set	QDM Data Elements	Annual Update
nteraction.			
Replaced LOINC single code value sets with direct referenced codes. A direct referenced code is a single	Value Set	QDM Data Elements	Standards Update
concept code that is used to describe a clinical element directly within the logic. The use of direct referenced			
codes replaces the need for single code value sets. Measures using other code systems in single value sets			
nay optionally transition to direct referenced codes.			
/alue set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum

CMS145v7 - Coronary Artery Disease (CAD): Beta-Blocker Therapy—Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)

echnical Release Notes	Type of TRN	Measure Section	Source of Change
pdated Version Number.	Header	eMeasure Version number	Measure Lead
pdated Copyright.	Header	Copyright	Annual Update
pdated Disclaimer.	Header	Disclaimer	Measure Lead
pdated Rate Aggregation to include guidance on calculating a single performance rate.	Header	Rate Aggregation	Measure Lead
pdated Guidance statement regarding two or more visits to remove reference to QDM expression logic.	Header	Guidance	Measure Lead
pdated timing operator to ensure that medication is active at the time of the end of the encounter.	Logic	Numerator	Measure Lead
dded 'AuthorDateTime' attribute to QDM datatypes that include negation rationale: 'Diagnostic, Performed',	Logic	Denominator Exceptions	Standards Update
ntervention Performed', 'Encounter, Performed', 'Laboratory Test, Performed', 'Medication, Administered',			
Physical Exam, Performed', 'Procedure, Performed', 'Substance Administered' to conform with QDM 5.3			
hanges.			
pdated timing operator to ensure that allergy or intolerance is active at the time of the end of the	Logic	Denominator Exceptions	Measure Lead
ncounter.			
pdated timing operator to ensure that the cardiac pacer is present at the time of the end of the encounter.	Logic	Denominator Exceptions	Measure Lead
eplaced LOINC single code value sets with direct referenced codes. A direct referenced code is a single	Logic	Denominator Exceptions	Standards Update
oncept code that is used to describe a clinical element directly within the logic. The use of direct referenced			
odes replaces the need for single code value sets. Measures using other code systems in single value sets			
nay optionally transition to direct referenced codes.			
eplaced 'Allergy, Intolerance' datatypes with 'Allergy/Intolerance' category to conform with QDM 5.3	Logic	Denominator Exceptions	Standards Update
hanges.			
dded supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time	Logic	Multiple Sections	Standards Update
elated information within CQL logic. Timing attributes now include a time interval, such as prevalence period			
r relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general			
nethod to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more			
ccurately define onset and abatement times.			
ssigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM	Logic	Multiple Sections	Standards Update
ata elements. Cardinality refers to the number of instances of the attribute that can be included in the			
neasure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
ave a cardinality of 0 * (i.e., can occur multiple times).			
QL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or	Logic	Multiple Sections	Standards Update
opulation, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions			
ill be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
opulation of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
xpression with reference to a single patient. Context statements are not required, but one or more context			
atements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
ontext is the default if none is specified.			
emoved the 'Face-To-Face Interaction' data element and added relevant SNOMED codes to the Encounter	Logic	Multiple Sections	Measure Lead
rouping value sets to better align between the SNOMED and CPT encounter codes.	-	-	
eplaced measure-defined definitions with similar definitions and functions from CQL shared libraries for	Logic	Multiple Sections	Standards Update
onsistency across measures.	-	-	·

CMS145v7 - Coronary Artery Disease (CAD): Beta-Blocker Therapy—Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Updated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based	Logic	Multiple Sections	Standards Update
logic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql).			
Information about specific versions of the new standards in use for CMS reporting periods can be found at the	1		
eCQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL			
brings with it many changes, as well as enhanced expression capability, but only those changes with significant	t		
impact will be outlined in technical release notes. For example, in the case of timing operators, changes may			
only be summarized if those changes impact the measure calculation.			
Value set Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001): Added SNOMEDCT extensional value set	Value Set	QDM Data Elements	Annual Update
(2.16.840.1.113883.3.464.1003.101.11.1264) including 7 codes.			
Value set Outpatient Consultation (2.16.840.1.113883.3.464.1003.101.12.1008): Added SNOMEDCT	Value Set	QDM Data Elements	Annual Update
extensional value set (2.16.840.1.113883.3.464.1003.101.11.1266) including 3 codes.			
Value set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614,	Value Set	QDM Data Elements	Annual Update
621, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).			
Value set Nursing Facility Visit (2.16.840.1.113883.3.464.1003.101.12.1012): Added SNOMEDCT extensional	Value Set	QDM Data Elements	Annual Update
value set (2.16.840.1.113883.3.464.1003.101.11.1261) including 2 codes.			
Value set Care Services in Long-Term Residential Facility (2.16.840.1.113883.3.464.1003.101.12.1014): Added	Value Set	QDM Data Elements	Annual Update
SNOMEDCT extensional value set (2.16.840.1.113883.3.464.1003.101.11.1262) including 2 codes.			
Value set Home Healthcare Services (2.16.840.1.113883.3.464.1003.101.12.1016): Added SNOMEDCT	Value Set	QDM Data Elements	Annual Update
extensional value set (2.16.840.1.113883.3.464.1003.101.11.1265) including 11 codes.			
Value set Patient Reason (2.16.840.1.113883.3.526.3.1008): Deleted 1 SNOMEDCT code (385648002).	Value Set	QDM Data Elements	Annual Update
Value set Beta Blocker Therapy (2.16.840.1.113883.3.526.3.1174): Added 3 RXNORM codes (1606347,	Value Set	QDM Data Elements	Annual Update
1606349, 1798281).			
Value set Atrioventricular Block (2.16.840.1.113883.3.526.3.367): Deleted 1 SNOMEDCT code (93130009).	Value Set	QDM Data Elements	Annual Update
Replaced LOINC single code value sets with direct referenced codes. A direct referenced code is a single	Value Set	QDM Data Elements	Standards Update
concept code that is used to describe a clinical element directly within the logic. The use of direct referenced			
codes replaces the need for single code value sets. Measures using other code systems in single value sets			
may optionally transition to direct referenced codes.			
Value set Face-to-Face Interaction (2.16.840.1.113883.3.464.1003.101.12.1048): Removed Face-to-Face	Value Set	QDM Data Elements	Annual Update
Interaction.			
Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum
Value set Cardiac Surgery (2.16.840.1.113883.3.526.3.371): Added 8 SNOMEDCT codes (736966005,	Value Set	QDM Data Elements	2019 Addendum
736967001, 736968006, 736969003, 736970002, 736971003, 736972005, 736973000).			

CMS146v7 - Appropriate Testing for Children with Pharyngitis

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Updated Version Number.	Header	eMeasure Version number	Measure Lead
Updated Copyright.	Header	Copyright	Annual Update
Updated the Denominator Exclusion statement for patients in hospice care to better align with the logic.	Header	Denominator Exclusions	<u>JIRA (CQM-2815)</u>
Revised the encounter logic to allow the diagnosis to start during or three days after the visit to better align	Logic	Initial Population	Measure Lead
with measure intent.			
Replaced 'Discharge status' attribute with 'Admission Source' and 'Discharge Disposition' attributes for	Logic	Denominator Exclusions	Standards Update
'Encounter, Performed' and 'Encounter, Active' datatypes to align with QDM 5.3 changes.			
Added supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time	Logic	Multiple Sections	Standards Update
related information within CQL logic. Timing attributes now include a time interval, such as prevalence period			
or relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general			
method to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more			
accurately define onset and abatement times.			
Assigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM	Logic	Multiple Sections	Standards Update
data elements. Cardinality refers to the number of instances of the attribute that can be included in the			
measure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
have a cardinality of 0 * (i.e., can occur multiple times).			
CQL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or	Logic	Multiple Sections	Standards Update
population, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions			
will be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
population of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
expression with reference to a single patient. Context statements are not required, but one or more context			
statements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
context is the default if none is specified.			
Removed the 'Face-To-Face Interaction' data element and added relevant SNOMED codes to the Encounter	Logic	Multiple Sections	Measure Lead
Grouping value sets to better align between the SNOMED and CPT encounter codes.			
Replaced measure-defined definitions with similar definitions and functions from CQL shared libraries for	Logic	Multiple Sections	Standards Update
consistency across measures.			
Updated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based	Logic	Multiple Sections	Standards Update
logic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql).			
Information about specific versions of the new standards in use for CMS reporting periods can be found at the			
eCQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL			
brings with it many changes, as well as enhanced expression capability, but only those changes with significant	:		
impact will be outlined in technical release notes. For example, in the case of timing operators, changes may			
only be summarized if those changes impact the measure calculation.			
Value set Antibiotic Medications for Pharyngitis (2.16.840.1.113883.3.464.1003.196.12.1001): Deleted 5	Value Set	QDM Data Elements	Annual Update
RXNORM codes (1727174, 226633, 247673, 315209, 835341).			
Value set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614,	Value Set	QDM Data Elements	Annual Update
621, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).			
Value set Face-to-Face Interaction (2.16.840.1.113883.3.464.1003.101.12.1048): Removed Face-to-Face	Value Set	QDM Data Elements	Annual Update
Interaction.			

CMS146v7 - Appropriate Testing for Children with Pharyngitis

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Replaced SNOMEDCT single code value sets with direct referenced codes. A direct referenced code is a single	Value Set	QDM Data Elements	Standards Update
concept code that is used to describe a clinical element directly within the logic. The use of direct referenced			
codes replaces the need for single code value sets. Measures using other code systems in single value sets			
may optionally transition to direct referenced codes.			
Value set Antibiotic Medications for Pharyngitis (2.16.840.1.113883.3.464.1003.196.12.1001): Added 8	Value Set	QDM Data Elements	2019 Addendum
RXNORM codes (199497, 1996246, 199710, 1998483, 2000127, 2000134, 245838, 310156) and deleted 1			
RXNORM code (1662283).			
Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum

CMS147v8 - Preventive Care and Screening: Influenza Immunization

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Updated Version Number.	Header	eMeasure Version number	Measure Lead
Updated Copyright.	Header	Copyright	Annual Update
Updated Disclaimer.	Header	Disclaimer	Measure Lead
Updated Clinical Recommendation Statement.	Header	Clinical Recommendation	Measure Lead
		Statement	
Updated Reference.	Header	Reference	Measure Lead
Added 'AuthorDateTime' attribute to QDM datatypes that include negation rationale: 'Diagnostic, Performed'	, Logic	Denominator Exceptions	Standards Update
'Intervention Performed', 'Encounter, Performed', 'Laboratory Test, Performed', 'Medication, Administered',			
'Physical Exam, Performed', 'Procedure, Performed', 'Substance Administered' to conform with QDM 5.3			
changes.			
Replaced 'Allergy, Intolerance' datatypes with 'Allergy/Intolerance' category to conform with QDM 5.3	Logic	Denominator Exceptions	Standards Update
changes.			
Added supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time	Logic	Multiple Sections	Standards Update
related information within CQL logic. Timing attributes now include a time interval, such as prevalence period			
or relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general			
method to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more			
accurately define onset and abatement times.			
Assigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM	Logic	Multiple Sections	Standards Update
data elements. Cardinality refers to the number of instances of the attribute that can be included in the	C	·	
measure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
have a cardinality of 0 * (i.e., can occur multiple times).			
CQL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or	Logic	Multiple Sections	Standards Update
population, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions	C	·	
will be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
population of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
expression with reference to a single patient. Context statements are not required, but one or more context			
statements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
context is the default if none is specified.			
Removed the 'Face-To-Face Interaction' data element and added relevant SNOMED codes to the Encounter	Logic	Multiple Sections	Measure Lead
Grouping value sets to better align between the SNOMED and CPT encounter codes.	-		
Replaced measure-defined definitions with similar definitions and functions from CQL shared libraries for	Logic	Multiple Sections	Standards Update
consistency across measures.	-		
Updated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based	Logic	Multiple Sections	Standards Update
ogic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql).	-	•	
Information about specific versions of the new standards in use for CMS reporting periods can be found at the	2		
eCQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL			
brings with it many changes, as well as enhanced expression capability, but only those changes with significant	t		
impact will be outlined in technical release notes. For example, in the case of timing operators, changes may			
only be summarized if those changes impact the measure calculation.			

CMS147v8 - Preventive Care and Screening: Influenza Immunization

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Value set Encounter-Influenza (2.16.840.1.113883.3.526.3.1252): Removed SNOMED extensional Face-to-	Value Set	QDM Data Elements	Annual Update
Face Interaction (2.16.840.1.113883.3.464.1003.101.11.1216). Added Office Visit SNOMED extensional			
(2.16.840.1.113883.3.464.1003.101.11.1264), Outpatient Consultation SNOMED extensional			
(2.16.840.1.113883.3.464.1003.101.11.1266), Nursing Facility Visit SNOMED extensional			
(2.16.840.1.113883.3.464.1003.101.11.1261), Care Services in Long-Term Residential Facility SNOMED			
extensional (2.16.840.1.113883.3.464.1003.101.11.1262), and Home Healthcare Services SNOMED			
extensional (2.16.840.1.113883.3.464.1003.101.11.1265).			
Value set Influenza Vaccine (2.16.840.1.113883.3.526.3.1254): Added 1 CVX code (186) and deleted 1 CVX	Value Set	QDM Data Elements	Annual Update
_code (153).			
Value set Influenza Vaccination (2.16.840.1.113883.3.526.3.402): Added 1 CPT code (90756).	Value Set	QDM Data Elements	Annual Update
Value set Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001): Added SNOMEDCT extensional value set	Value Set	QDM Data Elements	Annual Update
(2.16.840.1.113883.3.464.1003.101.11.1264) including 7 codes.			
Value set Outpatient Consultation (2.16.840.1.113883.3.464.1003.101.12.1008): Added SNOMEDCT	Value Set	QDM Data Elements	Annual Update
extensional value set (2.16.840.1.113883.3.464.1003.101.11.1266) including 3 codes.			
Value set Nursing Facility Visit (2.16.840.1.113883.3.464.1003.101.12.1012): Added SNOMEDCT extensional	Value Set	QDM Data Elements	Annual Update
value set (2.16.840.1.113883.3.464.1003.101.11.1261) including 2 codes.			
Value set Care Services in Long-Term Residential Facility (2.16.840.1.113883.3.464.1003.101.12.1014): Added	Value Set	QDM Data Elements	Annual Update
SNOMEDCT extensional value set (2.16.840.1.113883.3.464.1003.101.11.1262) including 2 codes.			
Value set Home Healthcare Services (2.16.840.1.113883.3.464.1003.101.12.1016): Added SNOMEDCT	Value Set	QDM Data Elements	Annual Update
extensional value set (2.16.840.1.113883.3.464.1003.101.11.1265) including 11 codes.			
Value set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614,	Value Set	QDM Data Elements	Annual Update
621, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).			
Value set Face-to-Face Interaction (2.16.840.1.113883.3.464.1003.101.12.1048): Removed Face-to-Face	Value Set	QDM Data Elements	Annual Update
Interaction.			
Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum

CMS149v7 - Dementia: Cognitive Assessment

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Updated Version Number.	Header	eMeasure Version number	Measure Lead
Updated Copyright.	Header	Copyright	Annual Update
Updated Disclaimer.	Header	Disclaimer	Measure Lead
Updated Clinical Recommendation Statement.	Header	Clinical Recommendation	Measure Lead
		Statement	
Updated References.	Header	Reference	Measure Lead
Updated Guidance statement regarding two or more visits to remove reference to QDM expression logic.	Header	Guidance	Measure Lead
Added 'AuthorDateTime' attribute to QDM datatypes that include negation rationale: 'Diagnostic, Performed',	, Logic	Denominator Exceptions	Standards Update
'Intervention Performed', 'Encounter, Performed', 'Laboratory Test, Performed', 'Medication, Administered',			
'Physical Exam, Performed', 'Procedure, Performed', 'Substance Administered' to conform with QDM 5.3			
changes.			
Added supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time	Logic	Multiple Sections	Standards Update
related information within CQL logic. Timing attributes now include a time interval, such as prevalence period			
or relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general			
method to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more			
accurately define onset and abatement times.			
Assigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM	Logic	Multiple Sections	Standards Update
data elements. Cardinality refers to the number of instances of the attribute that can be included in the			
measure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
have a cardinality of 0 * (i.e., can occur multiple times).			
CQL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or	Logic	Multiple Sections	Standards Update
population, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions			
will be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
population of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
expression with reference to a single patient. Context statements are not required, but one or more context			
statements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
context is the default if none is specified.			
Removed the 'Face-To-Face Interaction' data element and added relevant SNOMED codes to the Encounter	Logic	Multiple Sections	Measure Lead
Grouping value sets to better align between the SNOMED and CPT encounter codes.			
Updated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based	Logic	Multiple Sections	Standards Update
logic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql).			
Information about specific versions of the new standards in use for CMS reporting periods can be found at the	1		
eCQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL			
brings with it many changes, as well as enhanced expression capability, but only those changes with significant	t		
impact will be outlined in technical release notes. For example, in the case of timing operators, changes may			
only be summarized if those changes impact the measure calculation.			
Value set Dementia & Mental Degenerations (2.16.840.1.113883.3.526.3.1005): Deleted 1 SNOMEDCT code	Value Set	QDM Data Elements	Annual Update
(230290000).			
Value set Patient Reason (2.16.840.1.113883.3.526.3.1008): Deleted 1 SNOMEDCT code (385648002).	Value Set	QDM Data Elements	Annual Update
Value set Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001): Added SNOMEDCT extensional value set	Value Set	QDM Data Elements	Annual Update
(2.16.840.1.113883.3.464.1003.101.11.1264) including 7 codes.			

CMS149v7 - Dementia: Cognitive Assessment

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Value set Outpatient Consultation (2.16.840.1.113883.3.464.1003.101.12.1008): Added SNOMEDCT	Value Set	QDM Data Elements	Annual Update
extensional value set (2.16.840.1.113883.3.464.1003.101.11.1266) including 3 codes.			
Value set Nursing Facility Visit (2.16.840.1.113883.3.464.1003.101.12.1012): Added SNOMEDCT extensional	Value Set	QDM Data Elements	Annual Update
value set (2.16.840.1.113883.3.464.1003.101.11.1261) including 2 codes.			
Value set Care Services in Long-Term Residential Facility (2.16.840.1.113883.3.464.1003.101.12.1014): Added	Value Set	QDM Data Elements	Annual Update
SNOMEDCT extensional value set (2.16.840.1.113883.3.464.1003.101.11.1262) including 2 codes.			
Value set Home Healthcare Services (2.16.840.1.113883.3.464.1003.101.12.1016): Added SNOMEDCT	Value Set	QDM Data Elements	Annual Update
extensional value set (2.16.840.1.113883.3.464.1003.101.11.1265) including 11 codes.			
Value set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614,	Value Set	QDM Data Elements	Annual Update
621, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).			
Value set Face-to-Face Interaction (2.16.840.1.113883.3.464.1003.101.12.1048): Removed Face-to-Face	Value Set	QDM Data Elements	Annual Update
Interaction.			
Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum

CMS153v7 - Chlamydia Screening for Women

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Updated Version Number.	Header	eMeasure Version number	Measure Lead
Updated Copyright.	Header	Copyright	Annual Update
Updated measure header rationale to align with most recent literature.	Header	Rationale	Measure Lead
Updated clinical recommendation statement to align with current recommendations.	Header	Clinical Recommendation	Measure Lead
		Statement	
Updated header references to align with updated rationale and clinical recommendation statement.	Header	Reference	Measure Lead
Updated the Denominator Exclusion statement for patients in hospice care to better align with the logic.	Header	Denominator Exclusions	<u>JIRA (CQM-2815)</u>
Replaced 'Discharge status' attribute with 'Admission Source' and 'Discharge Disposition' attributes for	Logic	Denominator Exclusions	Standards Update
'Encounter, Performed' and 'Encounter, Active' datatypes to align with QDM 5.3 changes.			
Added supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time	Logic	Multiple Sections	Standards Update
related information within CQL logic. Timing attributes now include a time interval, such as prevalence period			
or relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general			
method to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more			
accurately define onset and abatement times.			
Assigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM	Logic	Multiple Sections	Standards Update
data elements. Cardinality refers to the number of instances of the attribute that can be included in the			
measure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
have a cardinality of 0 * (i.e., can occur multiple times).			
CQL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or	Logic	Multiple Sections	Standards Update
population, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions			
will be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
population of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
expression with reference to a single patient. Context statements are not required, but one or more context			
statements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
context is the default if none is specified.			
Removed the 'Face-To-Face Interaction' data element and added relevant SNOMED codes to the Encounter	Logic	Multiple Sections	Measure Lead
Grouping value sets to better align between the SNOMED and CPT encounter codes.	-	-	
Replaced measure-defined definitions with similar definitions and functions from CQL shared libraries for	Logic	Multiple Sections	Standards Update
consistency across measures.	-	-	
Updated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based	Logic	Multiple Sections	Standards Update
logic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql).	-		
Information about specific versions of the new standards in use for CMS reporting periods can be found at the			
eCQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL			
brings with it many changes, as well as enhanced expression capability, but only those changes with significant	t		
impact will be outlined in technical release notes. For example, in the case of timing operators, changes may			
only be summarized if those changes impact the measure calculation.			
Value set Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001): Added SNOMEDCT extensional value set	Value Set	QDM Data Elements	Annual Update
(2.16.840.1.113883.3.464.1003.101.11.1264) including 7 codes.			
Value set Home Healthcare Services (2.16.840.1.113883.3.464.1003.101.12.1016): Added SNOMEDCT	Value Set	QDM Data Elements	Annual Update
extensional value set (2.16.840.1.113883.3.464.1003.101.11.1265) including 11 codes.			

CMS153v7 - Chlamydia Screening for Women

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Value set Chlamydia Screening (2.16.840.1.113883.3.464.1003.110.12.1052): Added 11 LOINC codes (14467-	Value Set	QDM Data Elements	Annual Update
5, 14474-1, 14513-6, 21191-2, 31775-0, 42931-6, 43405-0, 44806-8, 53925-4, 6357-8, 80360-1) and deleted 4			
LOINC codes (45067-6, 45070-0, 45078-3, 45080-9).			
Value set Procedures During Pregnancy (2.16.840.1.113883.3.464.1003.111.12.1009): Added 3 CPT codes	Value Set	QDM Data Elements	Annual Update
(57022, 58600, 58605). Added 3 SNOMEDCT codes (725927001, 726556001, 732970000).			
Value set Gonococcal Infections and Venereal Diseases (2.16.840.1.113883.3.464.1003.112.12.1001): Added 1	Value Set	QDM Data Elements	Annual Update
SNOMEDCT code (186932009). Added 2 ICD10CM codes (A69.8, A69.9).			
Value set X-Ray Study (all inclusive) (2.16.840.1.113883.3.464.1003.198.12.1034): Added 1666 LOINC codes	Value Set	QDM Data Elements	Annual Update
and deleted 564 LOINC codes.			
Value set Complications of Pregnancy, Childbirth and the Puerperium	Value Set	QDM Data Elements	Annual Update
(2.16.840.1.113883.3.464.1003.111.12.1012): Deleted 3 SNOMEDCT codes (13010001, 1938002, 200117009)			
Added 3 ICD10CM codes (N96, Z64.0, Z64.1).			
Value set Contraceptive Medications (2.16.840.1.113883.3.464.1003.196.12.1080): Deleted 9 RXNORM codes	Value Set	QDM Data Elements	Annual Update
(1013626, 1050492, 1301016, 284207, 602598, 630734, 749854, 978944, 978946).			
Value set Carrier of Predominantly Sexually Transmitted Infection	Value Set	QDM Data Elements	Annual Update
(2.16.840.1.113883.3.464.1003.112.11.1023): Added Carrier of Predominantly Sexually Transmitted			
Infection.			
Value set Genital Herpes (2.16.840.1.113883.3.464.1003.110.12.1049): Deleted 4 ICD9CM codes (054.10,	Value Set	QDM Data Elements	Annual Update
054.11, 054.12, 054.19).			
Value set Other Female Reproductive Conditions (2.16.840.1.113883.3.464.1003.111.12.1006): Deleted 43	Value Set	QDM Data Elements	Annual Update
ICD9CM codes. Deleted 31 ICD10CM codes.			
Value set Chlamydia (2.16.840.1.113883.3.464.1003.112.12.1003): Deleted 3 ICD9CM codes (078.88, 079.88,	Value Set	QDM Data Elements	Annual Update
079.98).			
Value set Inflammatory Diseases of Female Reproductive Organs	Value Set	QDM Data Elements	Annual Update
(2.16.840.1.113883.3.464.1003.112.12.1004): Added 1 SNOMEDCT code (723736005).			
Value set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614,	Value Set	QDM Data Elements	Annual Update
621, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).			
Value set Face-to-Face Interaction (2.16.840.1.113883.3.464.1003.101.12.1048): Removed Face-to-Face	Value Set	QDM Data Elements	Annual Update
Interaction.			
Replaced SNOMEDCT single code value sets with direct referenced codes. A direct referenced code is a single	Value Set	QDM Data Elements	Standards Update
concept code that is used to describe a clinical element directly within the logic. The use of direct referenced			
codes replaces the need for single code value sets. Measures using other code systems in single value sets			
may optionally transition to direct referenced codes.			
Value set Chlamydia Screening (2.16.840.1.113883.3.464.1003.110.12.1052): Added 1 LOINC code (45075-9)	Value Set	QDM Data Elements	2019 Addendum
and deleted 7 LOINC codes (14470-9, 14471-7, 14509-4, 14510-2, 21189-6, 31771-9, 31772-7).			
Value set Procedures During Pregnancy (2.16.840.1.113883.3.464.1003.111.12.1009): Added 3 SNOMEDCT	Value Set	QDM Data Elements	2019 Addendum
codes (447771005, 480571000119102, 737099004).			
Value set Pregnancy Test (2.16.840.1.113883.3.464.1003.111.12.1011): Added 1 LOINC code (83086-9) and	Value Set	QDM Data Elements	2019 Addendum
deleted 1 LOINC code (80385-8).			
Value set Delivery Live Births (2.16.840.1.113883.3.464.1003.111.12.1015): Deleted 6 CPT codes (59412,	Value Set	QDM Data Elements	2019 Addendum
59414, 59430, 59525, 59425, 59426). Added 126 SNOMEDCT codes and deleted 21 SNOMEDCT codes.			

CMS153v7 - Chlamydia Screening for Women

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Value set Gonococcal Infections and Venereal Diseases (2.16.840.1.113883.3.464.1003.112.12.1001): Added	5 Value Set	QDM Data Elements	2019 Addendum
SNOMEDCT codes (1087021000119101, 1087041000119107, 114881000119108, 16217981000119107,			
762257007).			
Value set Syphilis (2.16.840.1.113883.3.464.1003.112.12.1002): Added 1 SNOMEDCT code (736686006).	Value Set	QDM Data Elements	2019 Addendum
Value set Complications of Pregnancy, Childbirth and the Puerperium	Value Set	QDM Data Elements	2019 Addendum
(2.16.840.1.113883.3.464.1003.111.12.1012): Added 707 SNOMEDCT codes and deleted 96 SNOMEDCT			
codes.			
Value set Contraceptive Medications (2.16.840.1.113883.3.464.1003.196.12.1080): Added 1 RXNORM code	Value Set	QDM Data Elements	2019 Addendum
(199568) and deleted 1 RXNORM code (1048440).			
Value set Inflammatory Diseases of Female Reproductive Organs	Value Set	QDM Data Elements	2019 Addendum
(2.16.840.1.113883.3.464.1003.112.12.1004): Added 13 SNOMEDCT codes.			
Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum
Value set X-Ray Study (all inclusive) (2.16.840.1.113883.3.464.1003.198.12.1034): Added 2093 LOINC codes	Value Set	QDM Data Elements	2019 Addendum
and deleted 6 LOINC codes (24717-1, 30761-1, 37159-1, 38113-7, 38792-8, 38873-6).			
Value set HIV (2.16.840.1.113883.3.464.1003.120.12.1003): Added 58 SNOMEDCT codes.	Value Set	QDM Data Elements	2019 Addendum

CMS154v7 - Appropriate Treatment for Children with Upper Respiratory Infection (URI)

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Updated Version Number.	Header	eMeasure Version number	Measure Lead
Updated Copyright.	Header	Copyright	Annual Update
Updated measure header rationale to align with most recent literature.	Header	Rationale	Measure Lead
Updated clinical recommendation statement to align with current recommendations.	Header	Clinical Recommendation	Measure Lead
		Statement	
Updated header references to align with updated rationale and clinical recommendation statement.	Header	Reference	Measure Lead
Updated the Denominator Exclusion statement for patients in hospice care to better align with the logic.	Header	Denominator Exclusions	<u>JIRA (CQM-2815)</u>
Replaced 'Discharge status' attribute with 'Admission Source' and 'Discharge Disposition' attributes for	Logic	Denominator Exclusions	Standards Update
'Encounter, Performed' and 'Encounter, Active' datatypes to align with QDM 5.3 changes.			
Added supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time	Logic	Multiple Sections	Standards Update
related information within CQL logic. Timing attributes now include a time interval, such as prevalence period			
or relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general			
method to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more			
accurately define onset and abatement times.			
Assigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM	Logic	Multiple Sections	Standards Update
data elements. Cardinality refers to the number of instances of the attribute that can be included in the			
measure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
have a cardinality of 0 * (i.e., can occur multiple times).			
CQL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or	Logic	Multiple Sections	Standards Update
population, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions			
will be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
population of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
expression with reference to a single patient. Context statements are not required, but one or more context			
statements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
context is the default if none is specified.			
Removed the 'Face-To-Face Interaction' data element and added relevant SNOMED codes to the Encounter	Logic	Multiple Sections	Measure Lead
Grouping value sets to better align between the SNOMED and CPT encounter codes.	-		
Replaced measure-defined definitions with similar definitions and functions from CQL shared libraries for	Logic	Multiple Sections	Standards Update
consistency across measures.	-		-
Updated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based	Logic	Multiple Sections	Standards Update
ogic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql).	-		
Information about specific versions of the new standards in use for CMS reporting periods can be found at the			
eCQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL			
prings with it many changes, as well as enhanced expression capability, but only those changes with significant			
mpact will be outlined in technical release notes. For example, in the case of timing operators, changes may			
only be summarized if those changes impact the measure calculation.			
Value set Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001): Added SNOMEDCT extensional value set	Value Set	QDM Data Elements	Annual Update
(2.16.840.1.113883.3.464.1003.101.11.1264) including 7 codes.			·
Value set Emergency Department Visit (2.16.840.1.113883.3.464.1003.101.12.1010): Added SNOMEDCT	Value Set	QDM Data Elements	Annual Update
extensional value set (2.16.840.1.113883.3.464.1003.101.11.1263) including 1 code.			·
Value set Upper Respiratory Infection (2.16.840.1.113883.3.464.1003.102.12.1022): Deleted 1 SNOMEDCT	Value Set	QDM Data Elements	Annual Update
code (54150009).			·

CMS154v7 - Appropriate Treatment for Children with Upper Respiratory Infection (URI)

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Value set Antibiotic Medications for Pharyngitis (2.16.840.1.113883.3.464.1003.196.12.1001): Deleted 5	Value Set	QDM Data Elements	Annual Update
RXNORM codes (1727174, 226633, 247673, 315209, 835341).			
Value set Carrier of Predominantly Sexually Transmitted Infection	Value Set	QDM Data Elements	Annual Update
(2.16.840.1.113883.3.464.1003.112.11.1023): Added Carrier of Predominantly Sexually Transmitted			
Infection.			
Value set Competing Conditions for Respiratory Conditions (2.16.840.1.113883.3.464.1003.102.12.1017):	Value Set	QDM Data Elements	Annual Update
Added 2 SNOMEDCT codes (186932009, 723736005) and deleted 10 SNOMEDCT codes (12366661000119100	,		
399095008, 123592004, 187042003, 396284006, 14255005, 197325003, 429553003, 200705000, 6136003).			
Added 16 ICD10CM codes and deleted 1 ICD10CM code (L08.0).			
Value set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614,	Value Set	QDM Data Elements	Annual Update
621, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).			
Value set Face-to-Face Interaction (2.16.840.1.113883.3.464.1003.101.12.1048): Removed Face-to-Face	Value Set	QDM Data Elements	Annual Update
Interaction.			
Replaced SNOMEDCT single code value sets with direct referenced codes. A direct referenced code is a single	Value Set	QDM Data Elements	Standards Update
concept code that is used to describe a clinical element directly within the logic. The use of direct referenced			
codes replaces the need for single code value sets. Measures using other code systems in single value sets			
may optionally transition to direct referenced codes.			
Value set Antibiotic Medications for Pharyngitis (2.16.840.1.113883.3.464.1003.196.12.1001): Added 8	Value Set	QDM Data Elements	2019 Addendum
RXNORM codes (199497, 1996246, 199710, 1998483, 2000127, 2000134, 245838, 310156) and deleted 1			
RXNORM code (1662283).			
Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum
Value set Competing Conditions for Respiratory Conditions (2.16.840.1.113883.3.464.1003.102.12.1017):	Value Set	QDM Data Elements	2019 Addendum
Added 80 SNOMEDCT codes and deleted 33 SNOMEDCT codes.			

CMS155v7 - Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Updated Version Number.	Header	eMeasure Version number	Measure Lead
Updated Copyright.	Header	Copyright	Annual Update
Updated clinical recommendation statement to align with current recommendations.	Header	Clinical Recommendation	Measure Lead
		Statement	
Updated header references to align with updated rationale and clinical recommendation statement.	Header	Reference	Measure Lead
Updated the Denominator Exclusion statement for patients in hospice care to better align with the logic.	Header	Denominator Exclusions	<u>JIRA (CQM-2815)</u>
Updated the numerator to indicate that counseling should be during the measurement year to align with the	Header	Numerator	Measure Lead
HEDIS parent measure.			
Replaced 'Discharge status' attribute with 'Admission Source' and 'Discharge Disposition' attributes for	Logic	Denominator Exclusions	Standards Update
'Encounter, Performed' and 'Encounter, Active' datatypes to align with QDM 5.3 changes.			
Updated the numerator to indicate that counseling should be during the measurement year to align with the	Logic	Numerator	Measure Lead
HEDIS parent measure.			
Added supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time	Logic	Multiple Sections	Standards Update
related information within CQL logic. Timing attributes now include a time interval, such as prevalence period			
or relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general			
method to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more			
accurately define onset and abatement times.			
Assigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM	Logic	Multiple Sections	Standards Update
data elements. Cardinality refers to the number of instances of the attribute that can be included in the			
measure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
have a cardinality of 0 * (i.e., can occur multiple times).			
CQL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or	Logic	Multiple Sections	Standards Update
population, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions			
will be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
population of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
expression with reference to a single patient. Context statements are not required, but one or more context			
statements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
context is the default if none is specified.			
Removed the 'Face-To-Face Interaction' data element and added relevant SNOMED codes to the Encounter	Logic	Multiple Sections	Measure Lead
Grouping value sets to better align between the SNOMED and CPT encounter codes.			
Replaced measure-defined definitions with similar definitions and functions from CQL shared libraries for	Logic	Multiple Sections	Standards Update
consistency across measures.			
Updated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based	Logic	Multiple Sections	Standards Update
logic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql).			
Information about specific versions of the new standards in use for CMS reporting periods can be found at the			
eCQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL			
brings with it many changes, as well as enhanced expression capability, but only those changes with significant			
impact will be outlined in technical release notes. For example, in the case of timing operators, changes may			
only be summarized if those changes impact the measure calculation.			
Value set Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001): Added SNOMEDCT extensional value set	Value Set	QDM Data Elements	Annual Update
(2.16.840.1.113883.3.464.1003.101.11.1264) including 7 codes.			

CMS155v7 - Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Value set Home Healthcare Services (2.16.840.1.113883.3.464.1003.101.12.1016): Added SNOMEDCT	Value Set	QDM Data Elements	Annual Update
extensional value set (2.16.840.1.113883.3.464.1003.101.11.1265) including 11 codes.			
Value set Counseling for Physical Activity (2.16.840.1.113883.3.464.1003.118.12.1035): Added 6 SNOMEDCT	Value Set	QDM Data Elements	Annual Update
_codes (171356009, 171357000, 171358005, 171359002, 171360007, 171361006).			
Value set Pregnancy (2.16.840.1.113883.3.526.3.378): Deleted 11 ICD10CM codes (000.1, 000.10, 000.11,	Value Set	QDM Data Elements	Annual Update
000.2, 000.20, 000.21, 000.8, 000.9, 033.7, 034.21, Z36).			
Value set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614,	Value Set	QDM Data Elements	Annual Update
621, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).			
Value set Face-to-Face Interaction (2.16.840.1.113883.3.464.1003.101.12.1048): Removed Face-to-Face	Value Set	QDM Data Elements	Annual Update
Interaction.			
Replaced SNOMEDCT single code value sets with direct referenced codes. A direct referenced code is a single	Value Set	QDM Data Elements	Standards Update
concept code that is used to describe a clinical element directly within the logic. The use of direct referenced			
codes replaces the need for single code value sets. Measures using other code systems in single value sets			
may optionally transition to direct referenced codes.			
Value set Counseling for Physical Activity (2.16.840.1.113883.3.464.1003.118.12.1035): Added 4 SNOMEDCT	Value Set	QDM Data Elements	2019 Addendum
codes (183073003, 429778002, 435551000124105, 710849009) and deleted 12 SNOMEDCT codes.			
Value set Counseling for Nutrition (2.16.840.1.113883.3.464.1003.195.12.1003): Added 46 SNOMEDCT codes	Value Set	QDM Data Elements	2019 Addendum
and deleted 23 SNOMEDCT codes.			
Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum

Fechnical Release Notes	Type of TRN	Measure Section	Source of Change
Jpdated Version Number.	Header	eMeasure Version number	Measure Lead
Jpdated Copyright.	Header	Copyright	Annual Update
Jpdated measure header rationale to align with most recent literature.	Header	Rationale	Measure Lead
Jpdated header references to align with updated rationale and clinical recommendation statement.	Header	Reference	Measure Lead
Added 'of the' to the last sentence of the first paragraph under guidance to more accurately reflect the	Header	Guidance	Measure Lead
numerator intent.			
Jpdated the Denominator Exclusion statement for patients in hospice care to better align with the logic.	Header	Denominator Exclusions	<u>JIRA (CQM-2815)</u>
Replaced 'Discharge status' attribute with 'Admission Source' and 'Discharge Disposition' attributes for	Logic	Denominator Exclusions	Standards Update
Encounter, Performed' and 'Encounter, Active' datatypes to align with QDM 5.3 changes.			
Removed 'Cumulative Medication Duration' datatype to conform with QDM 5.3 changes. The concept of	Logic	Numerator	Standards Update
cumulative medication duration can now be expressed using CQL logic.			
Added supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time	Logic	Multiple Sections	Standards Update
elated information within CQL logic. Timing attributes now include a time interval, such as prevalence period			
or relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general			
nethod to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more			
iccurately define onset and abatement times.			
Assigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM	Logic	Multiple Sections	Standards Update
ata elements. Cardinality refers to the number of instances of the attribute that can be included in the			
neasure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
ave a cardinality of 0 * (i.e., can occur multiple times).			
QL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or	Logic	Multiple Sections	Standards Update
opulation, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions			
vill be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
opulation of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
xpression with reference to a single patient. Context statements are not required, but one or more context			
tatements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
ontext is the default if none is specified.			
eplaced measure-defined definitions with similar definitions and functions from CQL shared libraries for	Logic	Multiple Sections	Standards Update
onsistency across measures.			
Ipdated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based	Logic	Multiple Sections	Standards Update
pgic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql).			
nformation about specific versions of the new standards in use for CMS reporting periods can be found at the			
CQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL			
rings with it many changes, as well as enhanced expression capability, but only those changes with significant			
npact will be outlined in technical release notes. For example, in the case of timing operators, changes may			
nly be summarized if those changes impact the measure calculation.			
alue set Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001): Added SNOMEDCT extensional value set	Value Set	QDM Data Elements	Annual Update
2.16.840.1.113883.3.464.1003.101.11.1264) including 7 codes.			
alue set Home Healthcare Services (2.16.840.1.113883.3.464.1003.101.12.1016): Added SNOMEDCT	Value Set	QDM Data Elements	Annual Update
xtensional value set (2.16.840.1.113883.3.464.1003.101.11.1265) including 11 codes.			
/alue set Acetaminophen / Dextromethorphan / Doxylamine / Phenylephrine	Value Set	QDM Data Elements	Annual Update
2.16.840.1.113883.3.464.1003.196.12.1287): Deleted 1 RXNORM code (1657147).			-

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Value set Acetaminophen / Chlorpheniramine / Dextromethorphan / Phenylephrine	Value Set	QDM Data Elements	Annual Update
(2.16.840.1.113883.3.464.1003.196.12.1310): Deleted 1 RXNORM code (1537029).			
Value set Brompheniramine / Dextromethorphan / Phenylephrine	Value Set	QDM Data Elements	Annual Update
(2.16.840.1.113883.3.464.1003.196.12.1325): Added 1 RXNORM code (1423702).			
Value set Acetaminophen / Diphenhydramine (2.16.840.1.113883.3.464.1003.196.12.1350): Deleted 1	Value Set	QDM Data Elements	Annual Update
RXNORM code (1294607).			
Value set Estradiol / Norgestimate Biphasic (2.16.840.1.113883.3.464.1003.196.12.1396): Removed Estradiol	Value Set	QDM Data Elements	Annual Update
/ Norgestimate Biphasic.			
Value set Dexbrompheniramine / Dextromethorphan / Phenylephrine	Value Set	QDM Data Elements	Annual Update
(2.16.840.1.113883.3.464.1003.196.12.1426): Added 2 RXNORM codes (1812101, 1946979).			
Value set Dexbrompheniramine / Pseudoephedrine (2.16.840.1.113883.3.464.1003.196.12.1430): Added 2	Value Set	QDM Data Elements	Annual Update
RXNORM codes (1299143, 1363513).			
Value set Chlorpheniramine / Dihydrocodeine / Phenylephrine (2.16.840.1.113883.3.464.1003.196.12.1434):	Value Set	QDM Data Elements	Annual Update
Removed Chlorpheniramine / Dihydrocodeine / Phenylephrine.			
Value set Brompheniramine / Codeine (2.16.840.1.113883.3.464.1003.196.12.1455): Removed	Value Set	QDM Data Elements	Annual Update
Brompheniramine / Codeine.			
Value set Estradiol / Levonorgestrel (2.16.840.1.113883.3.464.1003.196.12.1483): Removed Estradiol /	Value Set	QDM Data Elements	Annual Update
Levonorgestrel.			
Value set Conjugated Estrogens (2.16.840.1.113883.3.464.1003.196.12.1357): Deleted 2 RXNORM codes	Value Set	QDM Data Elements	Annual Update
(310205, 351228).			
Value set High Risk Medications for the Elderly (2.16.840.1.113883.3.464.1003.196.12.1253): Added RXNORM	Value Set	QDM Data Elements	Annual Update
extensional value set (2.16.840.1.113883.3.464.1003.196.11.1504) including 4 codes. Added 72 RXNORM			
codes and deleted 92 RXNORM codes.			
Value set List of Single RxNorm Code Concepts for High Risk Drugs for the Elderly	Value Set	QDM Data Elements	Annual Update
(2.16.840.1.113883.3.464.1003.196.12.1272): Added List of Single RxNorm Code Concepts for High Risk Drugs			
for the Elderly.			
Value set Atropine / Diphenoxylate (2.16.840.1.113883.3.464.1003.196.12.1274): Added Atropine /	Value Set	QDM Data Elements	Annual Update
Diphenoxylate.			
Value set Amoxapine (2.16.840.1.113883.3.464.1003.196.12.1273): Added Amoxapine.	Value Set	QDM Data Elements	Annual Update
Value set Cyproheptadine (2.16.840.1.113883.3.464.1003.196.12.1277): Added Cyproheptadine.	Value Set	QDM Data Elements	Annual Update
Value set Desipramine (2.16.840.1.113883.3.464.1003.196.12.1278): Added Desipramine.	Value Set	QDM Data Elements	Annual Update
Value set Dicyclomine (2.16.840.1.113883.3.464.1003.196.12.1279): Added Dicyclomine.	Value Set	QDM Data Elements	Annual Update
Value set Dimenhydrinate (2.16.840.1.113883.3.464.1003.196.12.1500): Added Dimenhydrinate.	Value Set	QDM Data Elements	Annual Update
Value set Hyoscyamine (2.16.840.1.113883.3.464.1003.196.12.1501): Added Hyoscyamine.	Value Set	QDM Data Elements	Annual Update
Value set Hyoscyamine / Methenamine / Mblue / Phenyl Salicyl (2.16.840.1.113883.3.464.1003.196.12.1503):	Value Set	QDM Data Elements	Annual Update
Added Hyoscyamine / Methenamine / Mblue / Phenyl Salicyl.			
Value set Hyoscyamine / Methenamine / Mblue / Phenyl Salicyl / Sodium Biphosphate	Value Set	QDM Data Elements	Annual Update
(2.16.840.1.113883.3.464.1003.196.12.1504): Added Hyoscyamine / Methenamine / Mblue / Phenyl Salicyl /			
Sodium Biphosphate.			
Value set Hyoscyamine / Methenamine / Mblue / Sodium Biphosphate	Value Set	QDM Data Elements	Annual Update
(2.16.840.1.113883.3.464.1003.196.12.1505): Added Hyoscyamine / Methenamine / Mblue / Sodium			
Biphosphate.			

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Value set Meclizine (2.16.840.1.113883.3.464.1003.196.12.1506): Added Meclizine.	Value Set	QDM Data Elements	Annual Update
Value set Nortriptyline (2.16.840.1.113883.3.464.1003.196.12.1507): Added Nortriptyline.	Value Set	QDM Data Elements	Annual Update
Value set Paroxetine (2.16.840.1.113883.3.464.1003.196.12.1508): Added Paroxetine.	Value Set	QDM Data Elements	Annual Update
Value set Protriptyline (2.16.840.1.113883.3.464.1003.196.12.1509): Added Protriptyline.	Value Set	QDM Data Elements	Annual Update
Value set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614,	Value Set	QDM Data Elements	Annual Update
621, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).			
Value set Face-to-Face Interaction (2.16.840.1.113883.3.464.1003.101.12.1048): Removed Face-to-Face	Value Set	QDM Data Elements	Annual Update
Interaction.			
Value set Thioridazine (2.16.840.1.113883.3.464.1003.196.12.1344): Removed Thioridazine.	Value Set	QDM Data Elements	Annual Update
Value set Acetaminophen / Dextromethorphan / Doxylamine / Pseudoephedrine	Value Set	QDM Data Elements	Annual Update
(2.16.840.1.113883.3.464.1003.196.12.1329): Removed Acetaminophen / Dextromethorphan / Doxylamine /			
Pseudoephedrine.			
Value set Brompheniramine / Chlophedianol / Phenylephrine (2.16.840.1.113883.3.464.1003.196.12.1445):	Value Set	QDM Data Elements	Annual Update
Removed Brompheniramine / Chlophedianol / Phenylephrine.		-	·
Value set Carbetapentane / Chlorpheniramine / Ephedrine / Phenylephrine	Value Set	QDM Data Elements	Annual Update
(2.16.840.1.113883.3.464.1003.196.12.1420): Removed Carbetapentane / Chlorpheniramine / Ephedrine /			·
Phenylephrine.			
Value set Carbetapentane / Chlorpheniramine / Phenylephrine (2.16.840.1.113883.3.464.1003.196.12.1472):	Value Set	QDM Data Elements	Annual Update
Removed Carbetapentane / Chlorpheniramine / Phenylephrine.			
Value set Chlorpheniramine / Codeine / Pseudoephedrine (2.16.840.1.113883.3.464.1003.196.12.1446):	Value Set	QDM Data Elements	Annual Update
Removed Chlorpheniramine / Codeine / Pseudoephedrine.			
Value set Chlorpheniramine / Dextromethorphan (2.16.840.1.113883.3.464.1003.196.12.1296): Removed	Value Set	QDM Data Elements	Annual Update
Chlorpheniramine / Dextromethorphan.			
Value set Codeine / Pseudoephedrine / Triprolidine (2.16.840.1.113883.3.464.1003.196.12.1431): Removed	Value Set	QDM Data Elements	Annual Update
Codeine / Pseudoephedrine / Triprolidine.			
Value set Dexchlorpheniramine (2.16.840.1.113883.3.464.1003.196.12.1391): Removed	Value Set	QDM Data Elements	Annual Update
Dexchlorpheniramine.	value set		A maar opdate
Value set Mephobarbital (2.16.840.1.113883.3.464.1003.196.12.1413): Removed Mephobarbital.	Value Set	QDM Data Elements	Annual Update
Value set Trimethobenzamide (2.16.840.1.113883.3.464.1003.196.12.1335): Removed Trimethobenzamide.	Value Set	QDM Data Elements	Annual Update
Value set Acetaminophen / Aspirin / Diphenhydramine (2.16.840.1.113883.3.464.1003.196.12.1388):	Value Set	QDM Data Elements	Annual Update
Removed Acetaminophen / Aspirin / Diphenhydramine.	value Set	QDW Data Liements	Annual Opuate
Value set Acetaminophen / Brompheniramine (2.16.840.1.113883.3.464.1003.196.12.1389): Removed	Value Set	QDM Data Elements	Annual Update
Acetaminophen / Brompheniramine.	value Set	QDW Data Liements	Annual Opuate
Value set Acetaminophen / Chlorpheniramine (2.16.840.1.113883.3.464.1003.196.12.1289): Removed	Value Set	QDM Data Elements	Annual Update
Acetaminophen / Chlorpheniramine.	value Set		Annual Opuate
Value set Acetaminophen / Chlorpheniramine / Dextromethorphan / Guaifenesin	Value Set	QDM Data Elements	Annual Lindata
(2.16.840.1.113883.3.464.1003.196.12.1383): Removed Acetaminophen / Chlorpheniramine /	value set		Annual Update
Dextromethorphan / Guaifenesin.	Value Cat	ODM Data Flags ante	Appual Ladata
Value set Acetaminophen / Dextromethorphan / Diphenhydramine	Value Set	QDM Data Elements	Annual Update
(2.16.840.1.113883.3.464.1003.196.12.1441): Removed Acetaminophen / Dextromethorphan /			
Diphenhydramine.			

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Value set Acetaminophen / Diphenhydramine / Pseudoephedrine	Value Set	QDM Data Elements	Annual Update
(2.16.840.1.113883.3.464.1003.196.12.1378): Removed Acetaminophen / Diphenhydramine /			
Pseudoephedrine.			
Value set Acetaminophen / Doxylamine / Phenylephrine (2.16.840.1.113883.3.464.1003.196.12.1400):	Value Set	QDM Data Elements	Annual Update
Removed Acetaminophen / Doxylamine / Phenylephrine.			
Value set Amobarbital (2.16.840.1.113883.3.464.1003.196.12.1297): Removed Amobarbital.	Value Set	QDM Data Elements	Annual Update
Value set Aspirin / Butalbital / Caffeine / Codeine (2.16.840.1.113883.3.464.1003.196.12.1322): Removed	Value Set	QDM Data Elements	Annual Update
Aspirin / Butalbital / Caffeine / Codeine.			
Value set Aspirin / Carisoprodol (2.16.840.1.113883.3.464.1003.196.12.1313): Removed Aspirin /	Value Set	QDM Data Elements	Annual Update
Carisoprodol.			
Value set Aspirin / Carisoprodol / Codeine (2.16.840.1.113883.3.464.1003.196.12.1305): Removed Aspirin /	Value Set	QDM Data Elements	Annual Update
Carisoprodol / Codeine.			
Value set Aspirin / Chlorpheniramine / Phenylephrine (2.16.840.1.113883.3.464.1003.196.12.1380): Removed	Value Set	QDM Data Elements	Annual Update
Aspirin / Chlorpheniramine / Phenylephrine.			
Value set Aspirin / Diphenhydramine Citrate (2.16.840.1.113883.3.464.1003.196.12.1376): Removed Aspirin /	Value Set	QDM Data Elements	Annual Update
Diphenhydramine Citrate.			
Value set Aspirin / Meprobamate (2.16.840.1.113883.3.464.1003.196.12.1394): Removed Aspirin /	Value Set	QDM Data Elements	Annual Update
Meprobamate.			
Value set Atropine / Chlorpheniramine / Hyoscyamine / Pseudoephedrine / Scopolamine	Value Set	QDM Data Elements	Annual Update
(2.16.840.1.113883.3.464.1003.196.12.1411): Removed Atropine / Chlorpheniramine / Hyoscyamine /			
Pseudoephedrine / Scopolamine.			
Value set Bazedoxifene / Conjugated Estrogens (2.16.840.1.113883.3.464.1003.196.12.1386): Removed	Value Set	QDM Data Elements	Annual Update
Bazedoxifene / Conjugated Estrogens.			
Value set Brompheniramine / Chlophedianol / Pseudoephedrine	Value Set	QDM Data Elements	Annual Update
(2.16.840.1.113883.3.464.1003.196.12.1443): Removed Brompheniramine / Chlophedianol /			
Pseudoephedrine.			
Value set Chlophedianol / Dexbrompheniramine / Pseudoephedrine	Value Set	QDM Data Elements	Annual Update
(2.16.840.1.113883.3.464.1003.196.12.1440): Removed Chlophedianol / Dexbrompheniramine /			
Pseudoephedrine.			
Value set Chlorpheniramine / Codeine / Phenylephrine (2.16.840.1.113883.3.464.1003.196.12.1439):	Value Set	QDM Data Elements	Annual Update
Removed Chlorpheniramine / Codeine / Phenylephrine.			
Value set Codeine / Dexbrompheniramine / Pseudoephedrine (2.16.840.1.113883.3.464.1003.196.12.1437):	Value Set	QDM Data Elements	Annual Update
Removed Codeine / Dexbrompheniramine / Pseudoephedrine.			
Value set Codeine / Dexchlorpheniramine / Phenylephrine (2.16.840.1.113883.3.464.1003.196.12.1433):	Value Set	QDM Data Elements	Annual Update
Removed Codeine / Dexchlorpheniramine / Phenylephrine.			
Value set Codeine / Phenylephrine / Promethazine (2.16.840.1.113883.3.464.1003.196.12.1291): Removed	Value Set	QDM Data Elements	Annual Update
Codeine / Phenylephrine / Promethazine.			
Value set Codeine / Promethazine (2.16.840.1.113883.3.464.1003.196.12.1340): Removed Codeine /	Value Set	QDM Data Elements	Annual Update
Promethazine.			
Value set Dexbrompheniramine / Dextromethorphan / Pseudoephedrine	Value Set	QDM Data Elements	Annual Update
(2.16.840.1.113883.3.464.1003.196.12.1438): Removed Dexbrompheniramine / Dextromethorphan /			
Pseudoephedrine.			

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Value set Dexbrompheniramine / Phenylephrine (2.16.840.1.113883.3.464.1003.196.12.1384): Removed	Value Set	QDM Data Elements	Annual Update
Dexbrompheniramine / Phenylephrine.			
Value set Dexchlorpheniramine / Phenylephrine (2.16.840.1.113883.3.464.1003.196.12.1403): Removed	Value Set	QDM Data Elements	Annual Update
Dexchlorpheniramine / Phenylephrine.			
Value set Dextromethorphan / Doxylamine / Pseudoephedrine (2.16.840.1.113883.3.464.1003.196.12.1444):	Value Set	QDM Data Elements	Annual Update
Removed Dextromethorphan / Doxylamine / Pseudoephedrine.			
Value set Dextromethorphan / Promethazine (2.16.840.1.113883.3.464.1003.196.12.1314): Removed	Value Set	QDM Data Elements	Annual Update
Dextromethorphan / Promethazine.			
Value set Diphenhydramine / Magnesium Salicylate (2.16.840.1.113883.3.464.1003.196.12.1395): Removed	Value Set	QDM Data Elements	Annual Update
Diphenhydramine / Magnesium Salicylate.			
Value set Diphenhydramine / Naproxen (2.16.840.1.113883.3.464.1003.196.12.1406): Removed	Value Set	QDM Data Elements	Annual Update
Diphenhydramine / Naproxen.			
Value set Diphenhydramine / Pseudoephedrine (2.16.840.1.113883.3.464.1003.196.12.1392): Removed	Value Set	QDM Data Elements	Annual Update
Diphenhydramine / Pseudoephedrine.			
Value set Doxylamine (2.16.840.1.113883.3.464.1003.196.12.1290): Removed Doxylamine.	Value Set	QDM Data Elements	Annual Update
Value set Doxylamine / Phenylephrine (2.16.840.1.113883.3.464.1003.196.12.1387): Removed Doxylamine /	Value Set	QDM Data Elements	Annual Update
Phenylephrine.			
Value set Doxylamine / Pseudoephedrine (2.16.840.1.113883.3.464.1003.196.12.1448): Removed Doxylamine	Value Set	QDM Data Elements	Annual Update
/ Pseudoephedrine.			
Value set Doxylamine / Pyridoxine (2.16.840.1.113883.3.464.1003.196.12.1379): Removed Doxylamine /	Value Set	QDM Data Elements	Annual Update
Pyridoxine.			
Value set Ergoloid Mesylates (2.16.840.1.113883.3.464.1003.196.12.1288): Removed Ergoloid Mesylates.	Value Set	QDM Data Elements	Annual Update
Value set Meperidine / Promethazine (2.16.840.1.113883.3.464.1003.196.12.1393): Removed Meperidine /	Value Set	QDM Data Elements	Annual Update
Promethazine.			
Value set Naloxone / Pentazocine (2.16.840.1.113883.3.464.1003.196.12.1346): Removed Naloxone /	Value Set	QDM Data Elements	Annual Update
Pentazocine.			
Value set Orphenadrine (2.16.840.1.113883.3.464.1003.196.12.1356): Removed Orphenadrine.	Value Set	QDM Data Elements	Annual Update
Value set Pentazocine (2.16.840.1.113883.3.464.1003.196.12.1407): Removed Pentazocine.	Value Set	QDM Data Elements	Annual Update
Value set Pentobarbital (2.16.840.1.113883.3.464.1003.196.12.1401): Removed Pentobarbital.	Value Set	QDM Data Elements	Annual Update
Value set Phenylephrine / Promethazine (2.16.840.1.113883.3.464.1003.196.12.1294): Removed	Value Set	QDM Data Elements	Annual Update
Phenylephrine / Promethazine.			
Value set Phenylephrine / Triprolidine (2.16.840.1.113883.3.464.1003.196.12.1385): Removed Phenylephrine	Value Set	QDM Data Elements	Annual Update
/ Triprolidine.			
Value set Secobarbital (2.16.840.1.113883.3.464.1003.196.12.1298): Removed Secobarbital.	Value Set	QDM Data Elements	Annual Update
Value set Ticlopidine (2.16.840.1.113883.3.464.1003.196.12.1304): Removed Ticlopidine.	Value Set	QDM Data Elements	Annual Update
Value set Nursing Facility Visit (2.16.840.1.113883.3.464.1003.101.12.1012): Added Nursing Facility Visit.	Value Set	QDM Data Elements	Annual Update
Value set Care Services in Long-Term Residential Facility (2.16.840.1.113883.3.464.1003.101.12.1014): Added	Value Set	QDM Data Elements	Annual Update
Care Services in Long-Term Residential Facility.			
Value set Discharge Services - Nursing Facility (2.16.840.1.113883.3.464.1003.101.12.1013): Added Discharge	Value Set	QDM Data Elements	Annual Update
Services - Nursing Facility.			

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Replaced SNOMEDCT single code value sets with direct referenced codes. A direct referenced code is a single	Value Set	QDM Data Elements	Standards Update
concept code that is used to describe a clinical element directly within the logic. The use of direct referenced			
codes replaces the need for single code value sets. Measures using other code systems in single value sets			
may optionally transition to direct referenced codes.			
Value set Acetaminophen / Dextromethorphan / Doxylamine / Phenylephrine	Value Set	QDM Data Elements	2019 Addendum
(2.16.840.1.113883.3.464.1003.196.12.1287): Added 1 RXNORM code (1492380).			
Value set Acetaminophen / Diphenhydramine / Phenylephrine (2.16.840.1.113883.3.464.1003.196.12.1318):	Value Set	QDM Data Elements	2019 Addendum
Added 1 RXNORM code (1804449).			
Value set Chlorpheniramine / Phenylephrine (2.16.840.1.113883.3.464.1003.196.12.1343): Added 1 RXNORM	Value Set	QDM Data Elements	2019 Addendum
code (1876117).			
Value set Phenobarbital (2.16.840.1.113883.3.464.1003.196.12.1348): Added 2 RXNORM codes (199407,	Value Set	QDM Data Elements	2019 Addendum
245385).			
Value set Indomethacin (2.16.840.1.113883.3.464.1003.196.12.1366): Added 1 RXNORM code (247069).	Value Set	QDM Data Elements	2019 Addendum
Value set Dextromethorphan / Diphenhydramine / Phenylephrine	Value Set	QDM Data Elements	2019 Addendum
(2.16.840.1.113883.3.464.1003.196.12.1397): Added 1 RXNORM code (1666116).			
Value set List of Single RxNorm Code Concepts for High Risk Drugs for the Elderly	Value Set	QDM Data Elements	2019 Addendum
(2.16.840.1.113883.3.464.1003.196.12.1272): Added 1 RXNORM code (1666116).			
Value set High Risk Medications for the Elderly (2.16.840.1.113883.3.464.1003.196.12.1253): Added 7	Value Set	QDM Data Elements	2019 Addendum
RXNORM codes (199407, 245385, 1492380, 1804449, 1876117, 247069, 1666116).			
Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum

CMS157v7 - Oncology: Medical and Radiation – Pain Intensity Quantified

echnical Release Notes	Type of TRN	Measure Section	Source of Change
Ipdated Version Number.	Header	eMeasure Version number	Measure Lead
Ipdated Copyright.	Header	Copyright	Annual Update
Ipdated Disclaimer.	Header	Disclaimer	Measure Lead
dded Rate Aggregation instruction to highlight the difference between the two populations, which includes	Header	Rate Aggregation	Measure Lead
uidance on calculating a single performance rate.			
Ipdated Rationale.	Header	Rationale	Measure Lead
pdated Clinical Recommendation Statement.	Header	Clinical Recommendation	Measure Lead
		Statement	
Ipdated Reference.	Header	Reference	Measure Lead
pdated Guidance to provide clarification on patients receiving chemotherapy.	Header	Guidance	Measure Lead
dded supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time	Logic	Multiple Sections	Standards Update
elated information within CQL logic. Timing attributes now include a time interval, such as prevalence period	-		-
r relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general			
nethod to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more			
ccurately define onset and abatement times.			
ssigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM	Logic	Multiple Sections	Standards Update
ata elements. Cardinality refers to the number of instances of the attribute that can be included in the	-		
easure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
ave a cardinality of 0 * (i.e., can occur multiple times).			
QL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or	Logic	Multiple Sections	Standards Update
opulation, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions	C	·	·
ill be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
opulation of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
xpression with reference to a single patient. Context statements are not required, but one or more context			
tatements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
ontext is the default if none is specified.			
emoved the 'Face-To-Face Interaction' data element and added relevant SNOMED codes to the Encounter	Logic	Multiple Sections	Measure Lead
rouping value sets to better align between the SNOMED and CPT encounter codes.	C	·	
pdated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based	Logic	Multiple Sections	Standards Update
gic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql).	-		·
formation about specific versions of the new standards in use for CMS reporting periods can be found at the			
CQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL			
rings with it many changes, as well as enhanced expression capability, but only those changes with significant			
npact will be outlined in technical release notes. For example, in the case of timing operators, changes may			
nly be summarized if those changes impact the measure calculation.			
plit population criteria into two separate populations: patients who are currently receiving chemotherapy,	Logic	Multiple Sections	Measure Lead
nd patients who are currently receiving radiation therapy. This will ensure measure performance is assessed	0	• • • •	
t the appropriate types of encounters.			
alue set Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001): Added SNOMEDCT extensional value set	Value Set	QDM Data Elements	Annual Update
2.16.840.1.113883.3.464.1003.101.11.1264) including 7 codes.			

CMS157v7 - Oncology: Medical and Radiation – Pain Intensity Quantified

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Value set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614,	Value Set	QDM Data Elements	Annual Update
621, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).			
Value set Face-to-Face Interaction (2.16.840.1.113883.3.464.1003.101.12.1048): Removed Face-to-Face	Value Set	QDM Data Elements	Annual Update
Interaction.			
Value set Cancer (2.16.840.1.113883.3.526.3.1010): Added 1 SNOMEDCT code (735332000) and deleted 1	Value Set	QDM Data Elements	2019 Addendum
SNOMEDCT code (86406008).			
Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum

CMS159v7 - Depression Remission at Twelve Months

Fechnical Release Notes	Type of TRN	Measure Section	Source of Change
Jpdated Version Number.	Header	eMeasure Version number	Measure Lead
Added an adolescent population (12 to 17 years of age) to the measure and stratification of the denominator	Header	Description	Measure Lead
oopulation (Strata 1: 12 to 17 years of age and Strata 2: 18 years of age and older) to better align with			
neasure intent.			
expanded the reassessment window to 12 months +/- 60 days due to the challenges in providing following up	Header	Description	Measure Lead
or patients with depression.			
Ipdated Copyright.	Header	Copyright	Annual Update
dded an adolescent population (12 to 17 years of age) to the measure and stratification of the denominator	Header	Stratification	Measure Lead
opulation (Strata 1: 12 to 17 years of age and Strata 2: 18 years of age and older) to better align with			
neasure intent.			
dded an adolescent population (12 to 17 years of age) to the measure and stratification of the denominator	Header	Rationale	Measure Lead
opulation (Strata 1: 12 to 17 years of age and Strata 2: 18 years of age and older) to better align with			
neasure intent.			
dded an adolescent population (12 to 17 years of age) to the measure and stratification of the denominator	Header	Clinical Recommendation	Measure Lead
opulation (Strata 1: 12 to 17 years of age and Strata 2: 18 years of age and older) to better align with		Statement	
neasure intent.			
dded an adolescent population (12 to 17 years of age) to the measure and stratification of the denominator	Header	Reference	Measure Lead
opulation (Strata 1: 12 to 17 years of age and Strata 2: 18 years of age and older) to better align with			
neasure intent.			
xpanded the reassessment window to 12 months +/- 60 days due to the challenges in providing following up	Header	Definition	Measure Lead
or patients with depression.			
dded an adolescent population (12 to 17 years of age) to the measure and stratification of the denominator	Header	Initial Population	Measure Lead
opulation (Strata 1: 12 to 17 years of age and Strata 2: 18 years of age and older) to better align with			
neasure intent.			
dded an adolescent population (12 to 17 years of age) to the measure and stratification of the denominator	Header	Numerator	Measure Lead
opulation (Strata 1: 12 to 17 years of age and Strata 2: 18 years of age and older) to better align with			
neasure intent.			
spanded the reassessment window to 12 months +/- 60 days due to the challenges in providing following up	Header	Numerator	Measure Lead
r patients with depression.			
emoved the use of the 'Principal Diagnosis' attribute for the Psychiatric Visit. Added diagnoses of	Logic	Initial Population	<u>JIRA (CQM-2578)</u>
chizophrenia or Psychotic Disorder and Pervasive Developmental Disorder to Denominator Exclusions. This			
nange allows more accurate identification of the patient population.			
eplaced the Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001), Psych Visit	Logic	Initial Population	Measure Lead
.16.840.113883.3.67.1.101.3.2445) and Face to Face Interaction – No ED (2.16.840.1.113762.1.4.1080.1)			
alue sets with the new Contact or Office Visit (2.16.840.1.113762.1.4.1080.5) value set to more accurately			
lentify encounters with patients being treated for depression.			
emoved the use of the 'Principal Diagnosis' attribute for the Psychiatric Visit. Added diagnoses of	Logic	Denominator	JIRA (CQM-2578)
chizophrenia or Psychotic Disorder and Pervasive Developmental Disorder to Denominator Exclusions. This			
hange allows more accurate identification of the patient population.			

CMS159v7 - Depression Remission at Twelve Months

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Replaced the Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001), Psych Visit	Logic	Denominator	Measure Lead
(2.16.840.113883.3.67.1.101.3.2445) and Face to Face Interaction – No ED (2.16.840.1.113762.1.4.1080.1)			
value sets with the new Contact or Office Visit (2.16.840.1.113762.1.4.1080.5) value set to more accurately			
identify encounters with patients being treated for depression.			
Expanded the reassessment window to 12 months +/- 60 days due to the challenges in providing following up	Logic	Denominator Exclusions	Measure Lead
for patients with depression.			
Removed the use of the 'Principal Diagnosis' attribute for the Psychiatric Visit. Added diagnoses of	Logic	Denominator Exclusions	<u>JIRA (CQM-2578)</u>
Schizophrenia or Psychotic Disorder and Pervasive Developmental Disorder to Denominator Exclusions. This			
change allows more accurate identification of the patient population.			
Replaced the Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001), Psych Visit	Logic	Denominator Exclusions	Measure Lead
(2.16.840.113883.3.67.1.101.3.2445) and Face to Face Interaction – No ED (2.16.840.1.113762.1.4.1080.1)			
value sets with the new Contact or Office Visit (2.16.840.1.113762.1.4.1080.5) value set to more accurately			
identify encounters with patients being treated for depression.			
Expanded the reassessment window to 12 months +/- 60 days due to the challenges in providing following up	Logic	Numerator	Measure Lead
for patients with depression.			
Added an adolescent population (12 to 17 years of age) to the measure and stratification of the denominator	Logic	Stratification	Measure Lead
population (Strata 1: 12 to 17 years of age and Strata 2: 18 years of age and older) to better align with			
measure intent.			
Removed the use of the 'Principal Diagnosis' attribute for the Psychiatric Visit. Added diagnoses of	Logic	Stratification	<u>JIRA (CQM-2578)</u>
Schizophrenia or Psychotic Disorder and Pervasive Developmental Disorder to Denominator Exclusions. This			
change allows more accurate identification of the patient population.			
Replaced the Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001), Psych Visit	Logic	Stratification	Measure Lead
(2.16.840.113883.3.67.1.101.3.2445) and Face to Face Interaction – No ED (2.16.840.1.113762.1.4.1080.1)			
value sets with the new Contact or Office Visit (2.16.840.1.113762.1.4.1080.5) value set to more accurately			
identify encounters with patients being treated for depression.			
Added supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time	Logic	Multiple Sections	Standards Update
related information within CQL logic. Timing attributes now include a time interval, such as prevalence period			
or relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general			
method to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more			
accurately define onset and abatement times.			
Assigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM	Logic	Multiple Sections	Standards Update
data elements. Cardinality refers to the number of instances of the attribute that can be included in the			
measure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
have a cardinality of 0 * (i.e., can occur multiple times).			
CQL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or	Logic	Multiple Sections	Standards Update
population, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions			
will be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
population of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
expression with reference to a single patient. Context statements are not required, but one or more context			
statements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
context is the default if none is specified.			

CMS159v7 - Depression Remission at Twelve Months

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Replaced measure-defined definitions with similar definitions and functions from CQL shared libraries for	Logic	Multiple Sections	Standards Update
consistency across measures.			
Updated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based	Logic	Multiple Sections	Standards Update
logic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql).			
Information about specific versions of the new standards in use for CMS reporting periods can be found at the			
eCQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL			
brings with it many changes, as well as enhanced expression capability, but only those changes with significant	t		
impact will be outlined in technical release notes. For example, in the case of timing operators, changes may			
only be summarized if those changes impact the measure calculation.			
Value set Care Services in Long-Term Residential Facility (2.16.840.1.113883.3.464.1003.101.12.1014): Added	Value Set	QDM Data Elements	Annual Update
SNOMEDCT extensional value set (2.16.840.1.113883.3.464.1003.101.11.1262) including 2 codes.			
Value set Major Depression Including Remission (2.16.840.113883.3.67.1.101.3.2444): Added 4 SNOMEDCT	Value Set	QDM Data Elements	Annual Update
codes (16265951000119109, 16266831000119100, 16266991000119108, 726772006).			
Value set Personality Disorder (2.16.840.1.113883.3.67.1.101.1.246): Deleted 17 ICD9CM codes. Deleted 10	Value Set	QDM Data Elements	Annual Update
ICD10CM codes (F21, F60.0, F60.1, F60.2, F60.5, F60.6, F60.7, F60.81, F60.89, F60.9). Deleted 24 SNOMEDCT			
codes, 17 ICD9 codes, and 10 ICD10 codes.			
Value set Contact or Office Visit (2.16.840.1.113762.1.4.1080.5): Added Contact or Office Visit.	Value Set	QDM Data Elements	Annual Update
Value set Schizophrenia or Psychotic Disorder (2.16.840.1.113883.3.464.1003.105.12.1104): Added	Value Set	QDM Data Elements	Annual Update
Schizophrenia or Psychotic Disorder.			
Value set Pervasive Developmental Disorder (2.16.840.1.113883.3.464.1003.105.12.1152): Added Pervasive	Value Set	QDM Data Elements	Annual Update
Developmental Disorder.			
Value set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614,	Value Set	QDM Data Elements	Annual Update
621, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).			
Replaced the Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001), Psych Visit	Value Set	QDM Data Elements	Measure Lead
(2.16.840.113883.3.67.1.101.3.2445) and Face to Face Interaction – No ED (2.16.840.1.113762.1.4.1080.1)			
value sets with the new Contact or Office Visit (2.16.840.1.113762.1.4.1080.5) value set to more accurately			
identify encounters with patients being treated for depression.			
Replaced LOINC single code value sets with direct referenced codes. A direct referenced code is a single	Value Set	QDM Data Elements	Standards Update
concept code that is used to describe a clinical element directly within the logic. The use of direct referenced			
codes replaces the need for single code value sets. Measures using other code systems in single value sets			
may optionally transition to direct referenced codes.			
Value set Schizophrenia or Psychotic Disorder (2.16.840.1.113883.3.464.1003.105.12.1104): Added 3	Value Set	QDM Data Elements	2019 Addendum
SNOMEDCT codes (191536002, 191537006, 191540006).			
Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum
Value set Major Depression Including Remission (2.16.840.113883.3.67.1.101.3.2444): Added 2 SNOMEDCT	Value Set	QDM Data Elements	2019 Addendum
codes (10811121000119102, 10811161000119107).			

CMS160v7 - Depression Utilization of the PHQ-9 Tool

echnical Release Notes	Type of TRN	Measure Section	Source of Change
Ipdated Version Number.	Header	eMeasure Version number	Measure Lead
eplaced qualifying visit, with qualifying depression encounter in the Measure Description to better align with	Header	Description	Measure Lead
neasure intent.			
dded an adolescent population (12 to 17 years of age) to the measure and stratification of the denominator	Header	Description	Measure Lead
opulation (Strata 1: 12 to 17 years of age and Strata 2: 18 years of age and older) to better align with			
neasure intent.			
pdated Copyright.	Header	Copyright	Annual Update
dded an adolescent population (12 to 17 years of age) to the measure and stratification of the denominator	Header	Stratification	Measure Lead
opulation (Strata 1: 12 to 17 years of age and Strata 2: 18 years of age and older) to better align with			
neasure intent.			
dded an adolescent population (12 to 17 years of age) to the measure and stratification of the denominator	Header	Rationale	Measure Lead
opulation (Strata 1: 12 to 17 years of age and Strata 2: 18 years of age and older) to better align with			
easure intent.			
dded an adolescent population (12 to 17 years of age) to the measure and stratification of the denominator	Header	Clinical Recommendation	Measure Lead
opulation (Strata 1: 12 to 17 years of age and Strata 2: 18 years of age and older) to better align with		Statement	
easure intent.			
dded an adolescent population (12 to 17 years of age) to the measure and stratification of the denominator	Header	Reference	Measure Lead
opulation (Strata 1: 12 to 17 years of age and Strata 2: 18 years of age and older) to better align with			
easure intent.			
dded an adolescent population (12 to 17 years of age) to the measure and stratification of the denominator	Header	Initial Population	Measure Lead
opulation (Strata 1: 12 to 17 years of age and Strata 2: 18 years of age and older) to better align with			
leasure intent.			
dded an adolescent population (12 to 17 years of age) to the measure and stratification of the denominator	Header	Numerator	Measure Lead
opulation (Strata 1: 12 to 17 years of age and Strata 2: 18 years of age and older) to better align with			
neasure intent.			
dded an adolescent population (12 to 17 years of age) to the measure and stratification of the denominator	Logic	Initial Population	Measure Lead
opulation (Strata 1: 12 to 17 years of age and Strata 2: 18 years of age and older) to better align with			
easure intent.			
emoved the use of the 'Principal Diagnosis' attribute for the Psychiatric Visit. Added diagnoses of	Logic	Initial Population	JIRA (CQM-2613)
hizophrenia or Psychotic Disorder and Pervasive Developmental Disorder to Denominator Exclusions. This			
nange allows more accurate identification of the patient population.			
eplaced the Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001), Psych Visit	Logic	Initial Population	Measure Lead
.16.840.113883.3.67.1.101.3.2445) and Face to Face Interaction – No ED (2.16.840.1.113762.1.4.1080.1)	-		
lue sets with the new Contact or Office Visit (2.16.840.1.113762.1.4.1080.5) value set to more accurately			
entify encounters with patients being treated for depression.			
emoved the use of the 'Principal Diagnosis' attribute for the Psychiatric Visit. Added diagnoses of	Logic	Denominator	JIRA (CQM-2613)
hizophrenia or Psychotic Disorder and Pervasive Developmental Disorder to Denominator Exclusions. This	-		
nange allows more accurate identification of the patient population.			
eplaced the Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001), Psych Visit	Logic	Denominator	Measure Lead
.16.840.113883.3.67.1.101.3.2445) and Face to Face Interaction – No ED (2.16.840.1.113762.1.4.1080.1)	-		
alue sets with the new Contact or Office Visit (2.16.840.1.113762.1.4.1080.5) value set to more accurately			
entify encounters with patients being treated for depression.			

CMS160v7 - Depression Utilization of the PHQ-9 Tool

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Modified the relationship logic of the denominator exclusions so they are associated with the respective	Logic	Denominator Exclusions	Measure Lead
encounter or 4-month assessment period to better align with measure intent.			
Removed the use of the 'Principal Diagnosis' attribute for the Psychiatric Visit. Added diagnoses of	Logic	Denominator Exclusions	<u>JIRA (CQM-2613)</u>
Schizophrenia or Psychotic Disorder and Pervasive Developmental Disorder to Denominator Exclusions. This			
change allows more accurate identification of the patient population.			
Replaced the Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001), Psych Visit	Logic	Denominator Exclusions	Measure Lead
(2.16.840.113883.3.67.1.101.3.2445) and Face to Face Interaction – No ED (2.16.840.1.113762.1.4.1080.1)			
value sets with the new Contact or Office Visit (2.16.840.1.113762.1.4.1080.5) value set to more accurately			
identify encounters with patients being treated for depression.			
Added an adolescent population (12 to 17 years of age) to the measure and stratification of the denominator	Logic	Stratification	Measure Lead
population (Strata 1: 12 to 17 years of age and Strata 2: 18 years of age and older) to better align with			
measure intent.			
Removed the use of the 'Principal Diagnosis' attribute for the Psychiatric Visit. Added diagnoses of	Logic	Stratification	JIRA (CQM-2613)
Schizophrenia or Psychotic Disorder and Pervasive Developmental Disorder to Denominator Exclusions. This			
change allows more accurate identification of the patient population.			
Replaced the Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001), Psych Visit	Logic	Stratification	Measure Lead
(2.16.840.113883.3.67.1.101.3.2445) and Face to Face Interaction – No ED (2.16.840.1.113762.1.4.1080.1)			
value sets with the new Contact or Office Visit (2.16.840.1.113762.1.4.1080.5) value set to more accurately			
identify encounters with patients being treated for depression.			
Added supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time	Logic	Multiple Sections	Standards Update
related information within CQL logic. Timing attributes now include a time interval, such as prevalence period			
or relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general			
method to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more			
accurately define onset and abatement times.			
Assigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM	Logic	Multiple Sections	Standards Update
data elements. Cardinality refers to the number of instances of the attribute that can be included in the			
measure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
have a cardinality of 0 * (i.e., can occur multiple times).			
CQL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or	Logic	Multiple Sections	Standards Update
population, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions			
will be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
population of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
expression with reference to a single patient. Context statements are not required, but one or more context			
statements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
context is the default if none is specified.			
Replaced measure-defined definitions with similar definitions and functions from CQL shared libraries for	Logic	Multiple Sections	Standards Update
consistency across measures.			

CMS160v7 - Depression Utilization of the PHQ-9 Tool

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Updated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based	Logic	Multiple Sections	Standards Update
logic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql).			
Information about specific versions of the new standards in use for CMS reporting periods can be found at the			
eCQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL			
brings with it many changes, as well as enhanced expression capability, but only those changes with significant	t		
impact will be outlined in technical release notes. For example, in the case of timing operators, changes may			
only be summarized if those changes impact the measure calculation.			
Value set Care Services in Long-Term Residential Facility (2.16.840.1.113883.3.464.1003.101.12.1014): Added	Value Set	QDM Data Elements	Annual Update
SNOMEDCT extensional value set (2.16.840.1.113883.3.464.1003.101.11.1262) including 2 codes.			
Value set Major Depression Including Remission (2.16.840.113883.3.67.1.101.3.2444): Added 4 SNOMEDCT	Value Set	QDM Data Elements	Annual Update
codes (16265951000119109, 16266831000119100, 16266991000119108, 726772006).			
Value set Personality Disorder (2.16.840.1.113883.3.67.1.101.1.246): Deleted 17 ICD9CM codes. Deleted 10	Value Set	QDM Data Elements	Annual Update
ICD10CM codes (F21, F60.0, F60.1, F60.2, F60.5, F60.6, F60.7, F60.81, F60.89, F60.9). Deleted 24 SNOMEDCT			
codes.			
Value set Contact or Office Visit (2.16.840.1.113762.1.4.1080.5): Added Contact or Office Visit.	Value Set	QDM Data Elements	Annual Update
Value set Schizophrenia or Psychotic Disorder (2.16.840.1.113883.3.464.1003.105.12.1104): Added	Value Set	QDM Data Elements	Annual Update
Schizophrenia or Psychotic Disorder.			
Value set Pervasive Developmental Disorder (2.16.840.1.113883.3.464.1003.105.12.1152): Added Pervasive	Value Set	QDM Data Elements	Annual Update
Developmental Disorder.			
Value set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614,	Value Set	QDM Data Elements	Annual Update
621, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).			
Replaced the Office Visit, Psych Visit and Face to Face Interaction – No ED value sets with the new Contact or	Value Set	QDM Data Elements	Measure Lead
Office Visit value set to more accurately identify encounters with patients being treated for depression.			
Replaced LOINC single code value sets with direct referenced codes. A direct referenced code is a single	Value Set	QDM Data Elements	Standards Update
concept code that is used to describe a clinical element directly within the logic. The use of direct referenced			
codes replaces the need for single code value sets. Measures using other code systems in single value sets			
may optionally transition to direct referenced codes.			
Value set Schizophrenia or Psychotic Disorder (2.16.840.1.113883.3.464.1003.105.12.1104): Added 3	Value Set	QDM Data Elements	2019 Addendum
SNOMEDCT codes (191536002, 191537006, 191540006).			
Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum
Value set Major Depression Including Remission (2.16.840.113883.3.67.1.101.3.2444): Added 2 SNOMEDCT	Value Set	QDM Data Elements	2019 Addendum
codes (10811121000119102, 10811161000119107).			

CMS161v7 - Adult Major Depressive Disorder (MDD): Suicide Risk Assessment

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Updated Version Number.	Header	eMeasure Version number	Measure Lead
Updated Copyright.	Header	Copyright	Annual Update
Updated Disclaimer.	Header	Disclaimer	Measure Lead
Updated Clinical Recommendation Statement.	Header	Clinical Recommendation	Measure Lead
		Statement	
Updated References.	Header	Reference	Measure Lead
Updated Guidance related to age requirement to remove reference to QDM expression logic.	Header	Guidance	Measure Lead
Replaced SNOMEDCT single code value sets with direct referenced codes. A direct referenced code is a single	Logic	Numerator	Standards Update
concept code that is used to describe a clinical element directly within the logic. The use of direct referenced			
codes replaces the need for single code value sets. Measures using other code systems in single value sets			
may optionally transition to direct referenced codes.			
Added supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time	Logic	Multiple Sections	Standards Update
related information within CQL logic. Timing attributes now include a time interval, such as prevalence period			
or relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general			
method to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more			
accurately define onset and abatement times.			
Assigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM	Logic	Multiple Sections	Standards Update
data elements. Cardinality refers to the number of instances of the attribute that can be included in the	-		
measure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
have a cardinality of 0 * (i.e., can occur multiple times).			
CQL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or	Logic	Multiple Sections	Standards Update
population, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions	-		
will be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
population of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
expression with reference to a single patient. Context statements are not required, but one or more context			
statements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
context is the default if none is specified.			
Removed the 'Face-To-Face Interaction' data element and added relevant SNOMED codes to the Encounter	Logic	Multiple Sections	Measure Lead
Grouping value sets to better align between the SNOMED and CPT encounter codes.			
Replaced measure-defined definitions with similar definitions and functions from CQL shared libraries for	Logic	Multiple Sections	Standards Update
consistency across measures.	-		-
Updated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based	Logic	Multiple Sections	Standards Update
logic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql).	-		
Information about specific versions of the new standards in use for CMS reporting periods can be found at the			
eCQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL			
brings with it many changes, as well as enhanced expression capability, but only those changes with significant			
impact will be outlined in technical release notes. For example, in the case of timing operators, changes may			
only be summarized if those changes impact the measure calculation.			
Replaced SNOMEDCT single code value sets with direct referenced codes. A direct referenced code is a single	Value Set	QDM Data Elements	Standards Update
concept code that is used to describe a clinical element directly within the logic. The use of direct referenced			
codes replaces the need for single code value sets. Measures using other code systems in single value sets			
may optionally transition to direct referenced codes.			

CMS161v7 - Adult Major Depressive Disorder (MDD): Suicide Risk Assessment

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Value set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614,	Value Set	QDM Data Elements	Annual Update
621, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).			
Value set Face-to-Face Interaction (2.16.840.1.113883.3.464.1003.101.12.1048): Removed Face-to-Face	Value Set	QDM Data Elements	Annual Update
Interaction.			
Value set Outpatient Consultation (2.16.840.1.113883.3.464.1003.101.12.1008): Added SNOMEDCT	Value Set	QDM Data Elements	Annual Update
extensional value set (2.16.840.1.113883.3.464.1003.101.11.1266) including 3 codes.			
Value set Emergency Department Visit (2.16.840.1.113883.3.464.1003.101.12.1010): Added SNOMEDCT	Value Set	QDM Data Elements	Annual Update
extensional value set (2.16.840.1.113883.3.464.1003.101.11.1263) including 1 code.			
Value set Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001): Added SNOMEDCT extensional value set	Value Set	QDM Data Elements	Annual Update
(2.16.840.1.113883.3.464.1003.101.11.1264) including 7 codes.			
Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum

CMS165v7 - Controlling High Blood Pressure

echnical Release Notes	Type of TRN	Measure Section	Source of Change
Ipdated Version Number.	Header	eMeasure Version number	Measure Lead
Ipdated Copyright.	Header	Copyright	Annual Update
hanged the Measure Type from Process to Intermediate Clinical Outcome to more accurately reflect the type	Header	Measure Type	Measure Lead
f measure.			
Ipdated the Denominator Exclusion statement for patients in hospice care to better align with the logic.	Header	Denominator Exclusions	<u>JIRA (CQM-2815)</u>
eplaced 'Discharge status' attribute with 'Admission Source' and 'Discharge Disposition' attributes for	Logic	Denominator Exclusions	Standards Update
Encounter, Performed' and 'Encounter, Active' datatypes to align with QDM 5.3 changes.			
dded supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time	Logic	Multiple Sections	Standards Update
elated information within CQL logic. Timing attributes now include a time interval, such as prevalence period			
r relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general			
nethod to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more			
ccurately define onset and abatement times.			
ssigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM	Logic	Multiple Sections	Standards Update
ata elements. Cardinality refers to the number of instances of the attribute that can be included in the			
neasure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
ave a cardinality of 0 * (i.e., can occur multiple times).			
QL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or	Logic	Multiple Sections	Standards Update
opulation, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions			
ill be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
opulation of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
pression with reference to a single patient. Context statements are not required, but one or more context			
atements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
ontext is the default if none is specified.			
emoved the 'Face-To-Face Interaction' data element and added relevant SNOMED codes to the Encounter	Logic	Multiple Sections	Measure Lead
rouping value sets to better align between the SNOMED and CPT encounter codes.			
eplaced measure-defined definitions with similar definitions and functions from CQL shared libraries for	Logic	Multiple Sections	Standards Update
onsistency across measures.			
pdated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based	Logic	Multiple Sections	Standards Update
gic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql).			
formation about specific versions of the new standards in use for CMS reporting periods can be found at the			
CQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL			
rings with it many changes, as well as enhanced expression capability, but only those changes with significant			
npact will be outlined in technical release notes. For example, in the case of timing operators, changes may			
nly be summarized if those changes impact the measure calculation.			
alue set Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001): Added SNOMEDCT extensional value set	Value Set	QDM Data Elements	Annual Update
2.16.840.1.113883.3.464.1003.101.11.1264) including 7 codes.			
alue set Home Healthcare Services (2.16.840.1.113883.3.464.1003.101.12.1016): Added SNOMEDCT	Value Set	QDM Data Elements	Annual Update
xtensional value set (2.16.840.1.113883.3.464.1003.101.11.1265) including 11 codes.			
alue set Pregnancy (2.16.840.1.113883.3.526.3.378): Deleted 11 ICD10CM codes (O00.1, O00.10, O00.11,	Value Set	QDM Data Elements	Annual Update
000.2, 000.20, 000.21, 000.8, 000.9, 033.7, 034.21, Z36).			
alue set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614,	Value Set	QDM Data Elements	Annual Update
21, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).			-

CMS165v7 - Controlling High Blood Pressure

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Value set Kidney Transplant Recipient (2.16.840.1.113883.3.464.1003.109.12.1029): Added Kidney Transplant	Value Set	QDM Data Elements	Annual Update
Recipient.			
Value set Face-to-Face Interaction (2.16.840.1.113883.3.464.1003.101.12.1048): Removed Face-to-Face	Value Set	QDM Data Elements	Annual Update
Interaction.			
Replaced LOINC single code value sets with direct referenced codes. A direct referenced code is a single	Value Set	QDM Data Elements	Standards Update
concept code that is used to describe a clinical element directly within the logic. The use of direct referenced			
codes replaces the need for single code value sets. Measures using other code systems in single value sets			
may optionally transition to direct referenced codes.			
Replaced SNOMEDCT single code value sets with direct referenced codes. A direct referenced code is a single	Value Set	QDM Data Elements	Standards Update
concept code that is used to describe a clinical element directly within the logic. The use of direct referenced			
codes replaces the need for single code value sets. Measures using other code systems in single value sets			
may optionally transition to direct referenced codes.			
Value set Vascular Access for Dialysis (2.16.840.1.113883.3.464.1003.109.12.1011): Added 2 SNOMEDCT	Value Set	QDM Data Elements	2019 Addendum
_codes (736919006, 736922008).			
Value set Kidney Transplant (2.16.840.1.113883.3.464.1003.109.12.1012): Added 35 SNOMEDCT codes and	Value Set	QDM Data Elements	2019 Addendum
deleted 8 SNOMEDCT codes (175899003, 175901007, 175902000, 236138007, 313030004, 52213001,			
88930008, 70536003). Added 2 CPT codes (50300, 50320).			
Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum

CMS177v7 - Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Updated Version Number.	Header	eMeasure Version number	Measure Lead
Updated Copyright.	Header	Copyright	Annual Update
Updated Disclaimer.	Header	Disclaimer	Measure Lead
Updated Rationale.	Header	Rationale	Measure Lead
Updated Clinical Recommendation Statement.	Header	Clinical Recommendation	Measure Lead
		Statement	
Updated Reference.	Header	Reference	Measure Lead
Replaced SNOMEDCT single code value sets with direct referenced codes. A direct referenced code is a single	Logic	Numerator	Standards Update
concept code that is used to describe a clinical element directly within the logic. The use of direct referenced			
codes replaces the need for single code value sets. Measures using other code systems in single value sets			
may optionally transition to direct referenced codes.			
Added supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time	Logic	Multiple Sections	Standards Update
related information within CQL logic. Timing attributes now include a time interval, such as prevalence period			
or relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general			
method to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more			
accurately define onset and abatement times.			
Assigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM	Logic	Multiple Sections	Standards Update
data elements. Cardinality refers to the number of instances of the attribute that can be included in the			
measure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
have a cardinality of 0 * (i.e., can occur multiple times).			
CQL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or	Logic	Multiple Sections	Standards Update
population, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions			
will be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
population of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
expression with reference to a single patient. Context statements are not required, but one or more context			
statements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
context is the default if none is specified.			
Removed the 'Face-To-Face Interaction' data element and added relevant SNOMED codes to the Encounter	Logic	Multiple Sections	Measure Lead
Grouping value sets to better align between the SNOMED and CPT encounter codes.			
Replaced measure-defined definitions with similar definitions and functions from CQL shared libraries for	Logic	Multiple Sections	Standards Update
consistency across measures.			
Jpdated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based	Logic	Multiple Sections	Standards Update
ogic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql).			
nformation about specific versions of the new standards in use for CMS reporting periods can be found at the			
eCQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL			
prings with it many changes, as well as enhanced expression capability, but only those changes with significant			
mpact will be outlined in technical release notes. For example, in the case of timing operators, changes may			
only be summarized if those changes impact the measure calculation.			
	Value Set	QDM Data Elements	Standards Update
concept code that is used to describe a clinical element directly within the logic. The use of direct referenced			·
codes replaces the need for single code value sets. Measures using other code systems in single value sets			
may optionally transition to direct referenced codes.			

CMS177v7 - Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Value set Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001): Added SNOMEDCT extensional value set	Value Set	QDM Data Elements	Annual Update
(2.16.840.1.113883.3.464.1003.101.11.1264) including 7 codes.			
Value set Outpatient Consultation (2.16.840.1.113883.3.464.1003.101.12.1008): Added SNOMEDCT	Value Set	QDM Data Elements	Annual Update
extensional value set (2.16.840.1.113883.3.464.1003.101.11.1266) including 3 codes.			
Value set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614,	Value Set	QDM Data Elements	Annual Update
621, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).			
Value set Face-to-Face Interaction (2.16.840.1.113883.3.464.1003.101.12.1048): Removed Face-to-Face	Value Set	QDM Data Elements	Annual Update
Interaction.			
Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum

CMS249v1 - Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Value set Chronic Liver Disease (2.16.840.1.113883.3.464.1003.199.12.1035): Added 1 SNOMEDCT code	Value Set	QDM Data Elements	2019 Addendum
(735733008).			
Value set Lupus (2.16.840.1.113883.3.464.1003.117.12.1010): Added 1 SNOMEDCT code (25380002).	Value Set	QDM Data Elements	2019 Addendum
Value set Malabsorption Syndromes (2.16.840.1.113883.3.464.1003.199.12.1050): Added 7 SNOMEDCT codes	s Value Set	QDM Data Elements	2019 Addendum
(197494007, 235724004, 735718000, 737195007, 762269004, 762270003, 762271004).			
Value set Marfan's Syndrome (2.16.840.1.113883.3.464.1003.113.12.1048): Added 3 SNOMEDCT codes	Value Set	QDM Data Elements	2019 Addendum
(15960021000119107, 15993551000119100, 16055631000119106).			
Value set Osteopenia (2.16.840.1.113883.3.464.1003.113.12.1049): Added 4 SNOMEDCT codes (735613004,	Value Set	QDM Data Elements	2019 Addendum
735614005, 735615006, 735616007).			
Value set Osteoporosis (2.16.840.1.113883.3.464.1003.113.12.1038): Added 3 SNOMEDCT codes (735617003,	, Value Set	QDM Data Elements	2019 Addendum
735618008, 739301006).			
Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum
Value set Rheumatoid Arthritis (2.16.840.1.113883.3.464.1003.113.12.1005): Added 15 SNOMEDCT codes	Value Set	QDM Data Elements	2019 Addendum
and deleted 5 SNOMEDCT codes (10713006, 19514005, 398726004, 239920006, 445345005).			
Value set Type 1 Diabetes (2.16.840.1.113883.3.464.1003.103.12.1020): Added 1 SNOMEDCT code	Value Set	QDM Data Elements	2019 Addendum
(368521000119107).			

CMS347v2 - Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

echnical Release Notes	Type of TRN	Measure Section	Source of Change
pdated Version Number.	Header	eMeasure Version number	Measure Lead
pdated Copyright.	Header	Copyright	Annual Update
pdated Disclaimer.	Header	Disclaimer	Measure Lead
pdated link to guideline reference with working link to full text article.	Header	Reference	Measure Lead
emoved [Ezetimibe/Atorvastatin] (Liptruzet) from definition of Statin Medication Therapy List since the	Header	Definition	Measure Lead
edication is no longer available to prescribe.			
eplaced 'Adverse Reaction' datatype with 'Adverse Event' category to conform with QDM 5.3 changes.	Logic	Denominator Exceptions	Standards Update
eplaced 'Allergy, Intolerance' datatypes with 'Allergy/Intolerance' category to conform with QDM 5.3	Logic	Denominator Exceptions	Standards Update
nanges.			
evised palliative care logic in Denominator Exceptions and replaced 'Intervention, Performed' with	Logic	Denominator Exceptions	Measure Lead
ntervention, Order' for palliative care to better align with the palliative care concept across measures.			
dded supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time	Logic	Multiple Sections	Standards Update
elated information within CQL logic. Timing attributes now include a time interval, such as prevalence period			
r relevant period, and/or actual time of documentation with Author Datetime. Relevant period is the general			
ethod to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more			
ccurately define onset and abatement times.			
ssigned cardinality to each attribute to be more explicit in guiding specification and implementation of QDM	Logic	Multiple Sections	Standards Update
ta elements. Cardinality refers to the number of instances of the attribute that can be included in the			
easure description. Cardinality for most attributes is 0 1 (i.e., can occur up to 1 time), but some attributes			
ave a cardinality of 0 * (i.e., can occur multiple times).			
QL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or	Logic	Multiple Sections	Standards Update
opulation, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions			
ill be interpreted. A 'Population' context will interpret the CQL expression with reference to the entire			
opulation of the item being counted, patients or encounters. A 'Patient' context will interpret the CQL			
pression with reference to a single patient. Context statements are not required, but one or more context			
atements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient			
ontext is the default if none is specified.			
eplaced measure-defined definitions with similar definitions and functions from CQL shared libraries for	Logic	Multiple Sections	Standards Update
onsistency across measures.			
pdated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based	Logic	Multiple Sections	Standards Update
gic. Information on CQL can be found at the eCQI Resource center (https://ecqi.healthit.gov/cql).			
formation about specific versions of the new standards in use for CMS reporting periods can be found at the			
QI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL			
ings with it many changes, as well as enhanced expression capability, but only those changes with significant			
pact will be outlined in technical release notes. For example, in the case of timing operators, changes may			
nly be summarized if those changes impact the measure calculation.			
alue set Palliative care encounter (2.16.840.1.113883.3.600.1.1575): Added Palliative care encounter.	Value Set	QDM Data Elements	Annual Update
alue set Payer (2.16.840.1.114222.4.11.3591): Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614,	Value Set	QDM Data Elements	Annual Update
21, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).			
alue set CABG Surgeries (2.16.840.1.113883.3.666.5.694): Added 163 ICD10PCS codes. Added 11 SNOMEDCT	Value Set	QDM Data Elements	Annual Update
odes (175066001, 419132001, 252427007, 438530000, 450506009, 440332008, 175036008, 175037004,			•
/5038009, 175039001, 175040004).			

CMS347v2 - Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Value set Diabetes (2.16.840.1.113883.3.464.1003.103.12.1001): Deleted 17 SNOMEDCT codes.	Value Set	QDM Data Elements	Annual Update
Value set Moderate intensity statin therapy (2.16.840.1.113762.1.4.1047.98): Added 2 RXNORM codes	Value Set	QDM Data Elements	2019 Addendum
(2001262, 2001266).			
Value set Low intensity statin therapy (2.16.840.1.113762.1.4.1047.107): Added 1 RXNORM code (2001254).	Value Set	QDM Data Elements	2019 Addendum
Value set Carotid Intervention (2.16.840.1.113883.3.117.1.7.1.204): Added 16 ICD10PCS codes.	Value Set	QDM Data Elements	2019 Addendum
Value set PCI (2.16.840.1.113762.1.4.1045.67): Added 1 SNOMEDCT code (737085003).	Value Set	QDM Data Elements	2019 Addendum
Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum
Value set Pregnancy Dx (2.16.840.1.113883.3.600.1.1623): Added 6 ICD10CM codes (086.00, 086.01, 086.02,	Value Set	QDM Data Elements	2019 Addendum
O86.03, O86.04, O86.09) and deleted 1 ICD10CM code (O86.0).			
Value set Cerebrovascular disease, Stroke, TIA (2.16.840.1.113762.1.4.1047.44): Added 2 ICD10CM codes	Value Set	QDM Data Elements	2019 Addendum
(I63.81, I63.89) and deleted 1 ICD10CM code (I63.8).			
Value set Diabetes (2.16.840.1.113883.3.464.1003.103.12.1001): Added 36 SNOMEDCT codes.	Value Set	QDM Data Elements	2019 Addendum
Value set CABG Surgeries (2.16.840.1.113883.3.666.5.694): Deleted 4 SNOMEDCT codes (175022003,	Value Set	QDM Data Elements	2019 Addendum
175024002, 175025001, 175026000).			

CMS349v1 - HIV Screening

Technical Release Notes	Type of TRN	Measure Section	Source of Change
Value set Payer (2.16.840.1.114222.4.11.3591): Deleted 1 SOP code (24).	Value Set	QDM Data Elements	2019 Addendum

CMS645v2 - Bone Density Evaluation for Patients with Prostate Cancer and Receiving Androgen Deprivation Therapy

pdated Copyright. Header Copyright Annual Update pdated Disclaimer. Copyright Annual Update pdated Disclaimer. Disclaimer Meader Disclaimer Meader Disclaimer Meader Disclaimer Meader Update dided supplemental timing attributes to most datatypes in QDM 5.3 to facilitate accurate retrieval of time Logic Multiple Sections Standards Update relevant periods the general tethod to describe start and stop times for datatypes. Prevalence period is used for some datatypes to more curately define onset and abatement times. Signed cardinality to each attribute to be more explicit in guiding specification and implementation of QDM Logic tata elements. Cardinality refers to the number of instances of the attribute that can be included in the easure description. Cardinality for most attributes is 0 1 (.e., can occur up to 1 time), but some attributes ave a cardinality of 0* (i.e., can occur multiple times). QL librarise contain sets of QL definitions, or CQL expression statements. A context statement, patient or LQ library to Cardinality refers to the number of instances of the attributes ave a cardinality of 0* (i.e., can occur up to 1 time), but some attributes ave a cardinality of 0* (i.e., can occur up to 1 time), but some attributes ave a cardinality of 0* (i.e., can occur up to 1 time), but some attributes ave a cardinality of 0* (i.e., can occur up to 1 time), but some attributes ave a cardinality of 0* (i.e., can occur up to 1 time), but some attributes ave a cardinality of 0* (i.e., can occur up to 1 time), but some attributes ave a cardinality of 0* (i.e., can occur up to 1 time), but some attributes ave a cardinality of 0* (i.e., can occur up to 1 time), but some attributes ave a cardinality of 0* (i.e., can occur up to 1 time), but some attributes ave a cardinality of 0* (i.e., can occur up to 1 time), but some attributes ave a cardinality of 0* (i.e., can occur up to 0.1 time (CQL) ave ave averign on the time being councel, patients or encounters. A	Technical Release Notes	Type of TRN	Measure Section	Source of Change
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