

**TABLE E: 2017 Finalized MIPS Specialty Measure Sets**

[Discussion of CMS'S approach to adding previously identified cross-cutting measures to specialty measure sets.]

MIPS ID Number	NQF/PCRS	CMS Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description <sup>y</sup>	Measure Steward
<b>1. Allergy/Immunology</b>							
	0041/110	147v6	Claims, Web Interface, Registry, EHR	Process	Community / Population Health	Preventive Care and Screening: Influenza Immunization  Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization	Physician Consortium for Performance Improvement Foundation (PCPIF)
	0043/111	127v5	Claims, Web Interface, Registry, EHR	Process	Community / Population Health	Pneumonia Vaccination Status for Older Adults  Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine	National Committee for Quality Assurance
	0419/130	68v6	Claims, Registry, EHR	Process	Patient Safety	Documentation of Current Medications in the Medical Record  Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	Centers for Medicare & Medicaid Services
* §	0405/160	52v5	EHR	Process	Effective Clinical Care	HIV/AIDS Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis  Percentage of patients aged 6 weeks and older with a diagnosis of HIV/AIDS who were prescribed Pneumocystis Jiroveci Pneumonia (PCP) prophylaxis	National Committee for Quality Assurance
	0028/226	138v5	Claims, Registry, EHR, Web Interface	Process	Community / Population Health	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention  Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.	Physician Consortium for Performance Improvement Foundation (PCPIF)
*	N/A/317	22v5	Claims, Registry, EHR	Process	Community / Population Health	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented:  Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.	Centers for Medicare & Medicaid Services

MIPS ID Number	NOF FORS	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description*	Measure Seward
<b>1. Allergy/Immunology</b>							
!!	N/A/331	N/A	Registry	Process	Efficiency and Cost Reduction	<p><b>Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis (Overuse)</b></p> <p>Percentage of patients, aged 18 years and older, with a diagnosis of acute sinusitis who were prescribed an antibiotic within 10 days after onset of symptoms</p>	American Academy of Otolaryngology-Head and Neck Surgery
!!	N/A/332	N/A	Registry	Process	Efficiency and Cost Reduction	<p><b>Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin With or Without Clavulanate Prescribed for Patients with Acute Bacterial Sinusitis (Appropriate Use)</b></p> <p>Percentage of patients aged 18 years and older with a diagnosis of acute bacterial sinusitis that were prescribed amoxicillin, with or without clavulanate, as a first line antibiotic at the time of diagnosis</p>	American Academy of Otolaryngology-Head and Neck Surgery
!!	N/A/333	N/A	Registry	Efficiency	Efficiency and Cost Reduction	<p><b>Adult Sinusitis: Computerized Tomography (CT) for Acute Sinusitis (Overuse)</b></p> <p>Percentage of patients aged 18 years and older with a diagnosis of acute sinusitis who had a computerized tomography (CT) scan of the paranasal sinuses ordered at the time of diagnosis or received within 28 days after date of diagnosis</p>	American Academy of Otolaryngology-Head and Neck Surgery
!!	N/A/334	N/A	Registry	Efficiency	Efficiency and Cost Reduction	<p><b>Adult Sinusitis: More than One Computerized Tomography (CT) Scan Within 90 Days for Chronic Sinusitis (Overuse)</b></p> <p>Percentage of patients aged 18 years and older with a diagnosis of chronic sinusitis who had more than one CT scan of the paranasal sinuses ordered or received within 90 days after the date of diagnosis</p>	American Academy of Otolaryngology-Head and Neck Surgery
	NA/374	50v5	EHR	Process	Communication and Care Coordination	<p><b>Closing the Referral Loop: Receipt of Specialist Report</b></p> <p>Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.</p>	Centers for Medicare & Medicaid Services
!	N/A/398	N/A	Registry	Outcome	Effective Clinical Care	<p><b>Optimal Asthma Control</b></p> <p>Composite measure of the percentage of pediatric and adult patients whose asthma is well-controlled as demonstrated by one of three age appropriate patient reported outcome tools</p>	Minnesota Community Measurement
	NA/402	NA	Registry	Process	Community / Population Health	<p><b>Tobacco Use and Help with Quitting Among Adolescents</b></p> <p>The percentage of adolescents 12 to 20 years of age with a primary care visit during the measurement year for whom tobacco use status was documented and received help with quitting if identified as a tobacco user</p>	National Committee for Quality Assurance
+ \$ !	1799/444	NA	Registry	Process	Efficiency and Cost Reduction	<p><b>Medication Management for People with Asthma (MMA):</b></p> <p>The percentage of patients 5-64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on for at least 75% of their treatment period.</p>	National Committee for Quality Assurance

MIPS ID Number	NQF PCFS	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description*	Measure Steward
<b>1. Allergy/Immunology</b>							
<p>Comment: We received multiple comments requesting CMS separate Rheumatology into a different specialty measure set as these two specialties are not similar and the measures do not align across.</p> <p>Response: Based on the comments and the references within each comment, CMS agrees that these specialties should not share a specialty measure set. Therefore, CMS is finalizing Allergy and Immunology as a separate set from Rheumatology. Additionally, CMS has revised the measure set from the proposed set per the following changes: 1) Addition of previously identified cross-cutting measures that are relevant for the specialty set (#128, #130, #226, #317, #374, #402) and 2) Removal of rheumatoid arthritis measures that are not appropriate for the revised measure set (#176, #177, #178, #179, #337). CMS believes the finalized specialty set reflects the relevant measures appropriate for Allergy and Immunology specialties.</p> <p>Final Decision: CMS is finalizing the Allergy/Immunology Specialty measure set as indicated in the table above.</p>							

MIPS ID Number	NQF PCFS	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description*	Measure Steward
<b>2. Anesthesiology</b>							
	0236 /044	N/A	Registry	Process	Effective Clinical Care	<p>Coronary Artery Bypass Graft (CABG): Preoperative Beta-Blocker in Patients with Isolated CABG Surgery</p> <p>Percentage of isolated Coronary Artery Bypass Graft (CABG) surgeries for patients aged 18 years and older who received a beta-blocker within 24 hours prior to surgical incision</p>	Centers for Medicare & Medicaid Services
I	N/A /076	N/A	Claims, Registry	Process	Patient Safety	<p>Prevention of Central Venous Catheter (CVC)-Related Bloodstream Infections</p> <p>Percentage of patients, regardless of age, who undergo central venous catheter (CVC) insertion for whom CVC was inserted with all elements of maximal sterile barrier technique, hand hygiene, skin preparation and, if ultrasound is used, sterile ultrasound techniques followed</p>	American Society of Anesthesiologists
	0419 /130	68v6	Claims, Registry, BHR	Process	Patient Safety	<p>Documentation of Current Medications in the Medical Record</p> <p>Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.</p>	Centers for Medicare & Medicaid Services
	NA/ 317	22v5	Claims, Registry, BHR	Process	Community/ Population Health	<p>Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented</p> <p>Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood</p>	Centers for Medicare & Medicaid Services

MIPS ID Number	NOF POPS	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description*	Measure Seward
<b>2. Anesthesiology</b>							
						pressure (BP) reading as indicated.	
1	N/A/ 404	N/A	Registry	Intermedi ate Outcome	Effective Clinical Care	Anesthesiology Smoking Abstinence  The percentage of current smokers who abstain from cigarettes prior to anesthesia on the day of elective surgery or procedure.	American Society of Anesthesiologi sts
1	2681 /424	N/A	Registry	Outcome	Patient Safety	Perioperative Temperature Management  Percentage of patients, regardless of age, who undergo surgical or therapeutic procedures under general or neuraxial anesthesia of 60 minutes duration or longer for whom at least one body temperature greater than or equal to 35.5 degrees Celsius (or 95.9 degrees Fahrenheit) was recorded within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time	American Society of Anesthesiologi sts
1	N/A/ 426	N/A	Registry	Process	Communication and Care Coordination	Post-Anesthetic Transfer of Care Measure: Procedure Room to a Post Anesthesia Care Unit (PACU)  Percentage of patients, regardless of age, who are under the care of an anesthesia practitioner and are admitted to a PACU in which a post-anesthetic formal transfer of care protocol or checklist which includes the key transfer of care elements is utilized	American Society of Anesthesiologi sts
1	N/A/ 427	N/A	Registry	Process	Communication and Care Coordination	Post-Anesthetic Transfer of Care: Use of Checklist or Protocol for Direct Transfer of Care from Procedure Room to Intensive Care Unit (ICU)  Percentage of patients, regardless of age, who undergo a procedure under anesthesia and are admitted to an Intensive Care Unit (ICU) directly from the anesthetizing location, who have a documented use of a checklist or protocol for the transfer of care from the responsible anesthesia practitioner to the responsible ICU team or team member	American Society of Anesthesiologi sts
1	N/A/ 430	N/A	Registry	Process	Patient Safety	Prevention of Post-Operative Nausea and Vomiting (PONV) – Combination Therapy  Percentage of patients, aged 18 years and older, who undergo a procedure under an inhalational general anesthetic, AND who have three or more risk factors for post-operative nausea and vomiting (PONV), who receive combination therapy consisting of at least two prophylactic pharmacologic antiemetic agents of different classes preoperatively or intraoperatively	American Society of Anesthesiologi sts

MIPS ID Number	NOF PCPS	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description*	Measure Steward
<b>2. Anesthesiology</b>							
<p>Comment: Although CMS did not receive specific comments regarding changes to the Anesthesiology specialty measure set, we did receive comments that supported CMS's decision to add the Anesthesiology measure set.</p> <p>Response: We thank the commenters for their support. Additionally, CMS has revised the measure set from the proposed set per the following changes: 1) Addition of previously identified cross-cutting measures that are relevant for the specialty set (#128, #130, #317, #321) CMS believes the finalized specialty set reflects the relevant measures appropriate for the Anesthesiology specialty.</p> <p>Final Decision: CMS is finalizing the Anesthesiology specialty measure set as indicated in the table above.</p>							

MIPS ID Number	NOF PCPS	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description*	Measure Steward
<b>3. Cardiology</b>							
§	0081/005	135v5	Registry, EHR	Process	Effective Clinical Care	<p>Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)</p> <p>Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) &lt; 40% who were prescribed ACE inhibitor or ARB therapy either within a 12-month period when seen in the outpatient setting OR at each hospital discharge</p>	Physician Consortium for Performance Improvement (PCPI®) Foundation
* §	0067/006	N/A	Registry	Process	Effective Clinical Care	<p>Chronic Stable Coronary Artery Disease: Antiplatelet Therapy</p> <p>Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease (CAD) seen within a 12-month period who were prescribed aspirin or clopidogrel</p>	American Heart Association
§	0070/007	145v5	Registry, EHR	Process	Effective Clinical Care	<p>Coronary Artery Disease (CAD): Beta-Blocker Therapy—Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF &lt; 40%)</p> <p>Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12-month period who also have prior MI OR a current or prior LVEF &lt; 40% who were prescribed beta-blocker therapy</p>	Physician Consortium for Performance Improvement Foundation (PCPI®)
* §	0083/008	144v5	Registry, EHR	Process	Effective Clinical Care	<p>Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)</p> <p>Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) &lt; 40% who were prescribed beta-blocker therapy either within a 12-month period when seen in the outpatient setting OR at each hospital discharge</p>	Physician Consortium for Performance Improvement Foundation (PCPI®)

MIPS ID Number	NCP FOIIS	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description*	Measure Seward
<b>3. Cardiology</b>							
	0326 / 047	N/A	Claims, Registry	Process	Communication and Care Coordination	Care Plan  Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.	National Committee for Quality Assurance
* §	0066 /118	N/A	Registry	Process	Effective Clinical Care	Chronic Stable Coronary Artery Disease: ACE Inhibitor or ARB Therapy--Diabetes or Left Ventricular Systolic Dysfunction (LVEF <40%)  Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12-month period who also have diabetes OR a current or prior Left Ventricular Ejection Fraction (LVEF) < 40% who were prescribed ACEinhibitor or ARB therapy	American Heart Association
	0421 /128	69v5	Claims, Registry, BHR, Web Interface	Process	Community/ Population Health	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan  Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous six months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the current encounter	Centers for Medicare & Medicaid Services
	0419 /130	68v6	Claims, Registry, BHR	Process	Patient Safety	Documentation of Current Medications in the Medical Record  Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	Centers for Medicare & Medicaid Services
* §	0068 /204	164v5	Claims, Web Interface, Registry, BHR	Process	Effective Clinical Care	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet  Percentage of patients 18 years of age and older who were diagnosed with acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had documentation of use of aspirin or another antiplatelet during the measurement period.	National Committee for Quality Assurance

MIPS ID Number	NOF POFS	OMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description*	Measure Steward
<b>3. Cardiology</b>							
	0028 / 226	138v5	Claims, Registry, EHR, Web Interface	Process	Community/Population Health	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention  Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.	Physician Consortium for Performance Improvement Foundation (PCPIF)
	0018 / 236	165v5	Claims, Registry, EHR, Web Interface	Intermediate Outcome	Effective Clinical Care	Controlling High Blood Pressure  Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mmHg) during the measurement period	National Committee for Quality Assurance
	NA/ 317	22v5	Claims, Registry, EHR	Process	Community/Population Health	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented  Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.	Centers for Medicare & Medicaid Services
!!	N/A/ 322	N/A	Registry	Efficiency	Efficiency and Cost Reduction	Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low-Risk Surgery Patients  Percentage of stress single-photon emission computed tomography (SPECT) myocardial perfusion imaging (MPI), stress echocardiogram (ECHO), cardiac computed tomography angiography (CCTA), or cardiac magnetic resonance (CMR) performed in low risk surgery patients 18 years or older for preoperative evaluation during the 12-month reporting period	American College of Cardiology
!!	N/A/ 323	N/A	Registry	Efficiency	Efficiency and Cost Reduction	Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Routine Testing After Percutaneous Coronary Intervention (PCI)  Percentage of all stress single-photon emission computed tomography (SPECT) myocardial perfusion imaging (MPI), stress echocardiogram (ECHO), cardiac computed tomography angiography (CCTA), and cardiovascular magnetic resonance (CMR) performed in patients aged 18 years and older routinely after percutaneous coronary intervention (PCI), with reference to timing of test after PCI and symptom status	American College of Cardiology

MIPS ID Number	NC/ FORS	CMS EMeasure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description <sup>v</sup>	Measure Seward
<b>3. Cardiology</b>							
!!	N/A /324	N/A	Registry	Efficiency	Efficiency and Cost Reduction	<p>Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Testing in Asymptomatic, Low-Risk Patients</p> <p>Percentage of all stress single-photon emission computed tomography (SPECT) myocardial perfusion imaging (MPI), stress echocardiogram (ECHO), cardiac computed tomography angiography (CCTA), and cardiovascular magnetic resonance (CMR) performed in asymptomatic, low coronary heart disease (CHD) risk patients 18 years and older for initial detection and risk assessment</p>	American College of Cardiology
S	1525 /326	N/A	Claims, Registry	Process	Effective Clinical Care	<p>Chronic Anticoagulation Therapy</p> <p>Percentage of patients aged 18 years and older with a diagnosis of nonvalvular atrial fibrillation (AF) or atrial flutter whose assessment of the specified thromboembolic risk factors indicate one or more high-risk factors or more than one moderate risk factor, as determined by CHADS2 risk stratification, who are prescribed warfarin OR another oral anticoagulant drug that is FDA approved for the prevention of thromboembolism</p>	American College of Cardiology
	NA/ 374	50v5	EHR	Process	Communication and Care Coordination	<p>Closing the Referral Loop: Receipt of Specialist Report</p> <p>Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.</p>	Centers for Medicare & Medicaid Services
	NA/ 402	NA	Registry	Process	Community/ Population Health	<p>Tobacco Use and Help with Quitting Among Adolescents</p> <p>The percentage of adolescents 12 to 20 years of age with a primary care visit during the measurement year for whom tobacco use status was documented and received help with quitting if identified as a tobacco user</p>	National Committee for Quality Assurance
	2152 / 431	NA	Registry	Process	Community/ Population Health	<p>Preventive Care and Screening: Unhealthy Alcohol Use: Screening &amp; Brief Counseling</p> <p>Percentage of patients aged 18 years and older who were screened for unhealthy alcohol use using a systematic screening method at least once within the last 24 months AND who received brief counseling if identified as an unhealthy alcohol user.</p>	Physician Consortium for Performance Improvement Foundation (PCPI®)
	N/A /438	N/A	Web Interface, Registry	Process	Effective Clinical Care	<p>Statin Therapy for the Prevention and Treatment of Cardiovascular Disease</p> <p>Percentage of the following patients—all considered at high risk of cardiovascular events—who were prescribed or were on statin therapy during the measurement period:</p> <ul style="list-style-type: none"> <li>Adults aged ≥ 21 years who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD); OR</li> <li>Adults aged ≥ 21 years with a fasting or direct low-</li> </ul>	Centers for Medicare & Medicaid Services

MIPS ID Number	NQF/PCPS	OMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description*	Measure Steward
<b>3. Cardiology</b>							
						density lipoprotein cholesterol (LDL-C) level $\geq$ 190 mg/dL; OR • Adults aged 40-75 years with a diagnosis of diabetes with a fasting or direct LDL-C level of 70-189 mg/dL	
<b>3a. Electrophysiology/ Cardiac Specialist</b>							
!	N/A/348	N/A	Registry	Outcome	Patient Safety	HRS3: Implantable Cardioverter-Defibrillator (ICD) Complications Rate  Patients with physician-specific risk-standardized rates of procedural complications following the first time implantation of an ICD	The Heart Rhythm Society
!	2474/392	N/A	Registry	Outcome	Patient Safety	HRS12: Cardiac Tamponade and/or Pericardiocentesis Following Atrial Fibrillation Ablation  Rate of cardiac tamponade and/or pericardiocentesis following atrial fibrillation ablation  This measure is reported as four rates stratified by age and gender: • Reporting Age Criteria 1: Females less than 65 years of age • Reporting Age Criteria 2: Males less than 65 years of age • Reporting Age Criteria 3: Females 65 years of age and older • Reporting Age Criteria 4: Males 65 years of age and older	The Heart Rhythm Society
!	N/A/393	N/A	Registry	Outcome	Patient Safety	HRS9: Infection within 180 Days of Cardiac Implantable Electronic Device (CIED) Implantation, Replacement, or Revision  Infection rate following CIED device implantation, replacement, or revision	The Heart Rhythm Society

OMS did not receive specific comments regarding changes to the Cardiology specialty measure set.

Response: We have revised the measure set from the proposed set by adding previously identified cross-cutting measures that are relevant for the specialty set (#047, #128, #130, #226, #236, #317, #374, #402, and #431). OMS believes the finalized specialty set reflects the relevant measures appropriate for the Cardiology specialty.

Final Decision: OMS is finalizing the Cardiology specialty measure set as indicated in the table above.

MIPSID Number	NQF POS	QMS EMeasure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description*	Measure Seward
4. Gastroenterology							

MIPS ID Number	NQF POP#	QMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description <sup>v</sup>	Measure Seward
<b>4. Gastroenterology</b>							
	0326 / 047	N/A	Claims, Registry	Process	Communi- cation and Care Coordinati- on	Care Plan  Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.	National Committee for Quality Assurance
	0421 / 128	69v5	Claims, Registry, EHR, Web Interface	Process	Communit- y/ Populatio- n Health	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan  Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous six months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the current encounter	Centers for Medicare & Medicaid Services
	0419 / 130	68v6	Claims, Registry, EHR	Process	Patient Safety	Documentation of Current Medications in the Medical Record  Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	Centers for Medicare & Medicaid Services
§ !!	0659 / 185	N/A	Claims, Registry	Process	Communi- cation and Care Coordinati- on	Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use  Percentage of patients aged 18 years and older receiving a surveillance colonoscopy, with a history of a prior adenomatous polyp(s) in previous colonoscopy findings, who had an interval of 3 or more years since their last colonoscopy	Gastroenterolo- gical Association/ American Society for Gastrointestinal Endoscopy/ American College of Gastroenterolo- gy
	0028 / 226	138v5	Claims, Registry, EHR, Web Interface	Process	Communit- y/ Populatio- n Health	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention  Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.	Physician Consortium for Performance Improvement Foundation (PCPI®)
§	N/A/ 271	N/A	Registry	Process	Effective Clinical Care	Inflammatory Bowel Disease (IBD): Preventive Care: Corticosteroid Related Iatrogenic Injury – Bone Loss Assessment:  Percentage of patients aged 18 years and older with an inflammatory bowel disease encounter who were prescribed prednisone equivalents greater than or equal to 10 mg/day for 60 or greater consecutive days or a single prescription equating to 600mg prednisone or greater for all fills and were documented for risk of bone loss once during the reporting year or the previous	American Gastroenterolo- gical Association

MIPS ID Number	NQF PCPS	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description*	Measure Steward
<b>4. Gastroenterology</b>							
						calendar year.	
	N/A/ 275	N/A	Registry	Process	Effective Clinical Care	Inflammatory Bowel Disease (IBD): Assessment of Hepatitis B Virus (HBV) Status Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy: Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease (IBD) who had Hepatitis B Virus (HBV) status assessed and results interpreted within one year prior to receiving a first course of anti-TNF (tumor necrosis factor) therapy.	American Gastroenterological Association
*	N/A/ 317	22v5	Claims, Registry, EHR	Process	Communit y/ Populati on Health	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented: Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.	Centers for Medicare & Medicaid Services
§ !!	0658 /320	N/A	Claims, Registry	Process	Communi cation and Care Coordinati on	Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients  Percentage of patients aged 50 to 75 years of age receiving a screening colonoscopy without biopsy or polypectomy who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report	American Gastroenterological Association/ American Society for Gastrointestinal Endoscopy/ American College of Gastroenterology
§ !	N/A/ 343	N/A	Registry	Outcome	Effective Clinical Care	Screening Colonoscopy Adenoma Detection Rate Measure  The percentage of patients age 50 years or older with at least one conventional adenoma or colorectal cancer detected during screening colonoscopy	American College of Gastroenterology
	NA/ 374	50v5	EHR	Process	Communi cation and Care Coordinati on	Closing the Referral Loop: Receipt of Specialist Report  Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.	Centers for Medicare & Medicaid Services

MIPS ID Number	NQF FOFS	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description <sup>v</sup>	Measure Steward
<b>4. Gastroenterology</b>							
!	N/A/ 390	N/A	Registry	Process	Person and Caregiver- Centered Experienc e and Outcomes	<p>Hepatitis C Discussion and Shared Decision Making Surrounding Treatment Options</p> <p>Percentage of patients aged 18 years and older with a diagnosis of hepatitis C with whom a physician or other qualified healthcare professional reviewed the range of treatment options appropriate to their genotype and demonstrated a shared decision making approach with the patient</p> <p>To meet the measure, there must be documentation in the patient record of a discussion between the physician or other qualified healthcare professional and the patient that includes all of the following: treatment choices appropriate to genotype, risks and benefits, evidence of effectiveness, and patient preferences toward treatment</p>	American Gastroenterological Association/ American Society for Gastrointestinal Endoscopy/ American College of Gastroenterology
§	N/A/ 401	N/A	Registry	Process	Effective Clinical Care	<p>Hepatitis C Screening for Hepatocellular Carcinoma (HCC) in Patients with Cirrhosis</p> <p>Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C cirrhosis who underwent imaging with either ultrasound, contrast enhanced CT or MRI for hepatocellular carcinoma (HCC) at least once within the 12 month reporting period</p>	American Gastroenterological Association/ American Society for Gastrointestinal Endoscopy/ American College of Gastroenterology
	NA/ 402	NA	Registry	Process	Communit y/ Populatio n Health	<p>Tobacco Use and Help with Quitting Among Adolescents</p> <p>The percentage of adolescents 12 to 20 years of age with a primary care visit during the measurement year for whom tobacco use status was documented and received help with quitting if identified as a tobacco user</p>	National Committee for Quality Assurance
	2152 /431	NA	Registry	Process	Communit y/ Populatio n Health	<p>Preventive Care and Screening: Unhealthy Alcohol Use: Screening &amp; Brief Counseling</p> <p>Percentage of patients aged 18 years and older who were screened for unhealthy alcohol use using a systematic screening method at least once within the last 24 months AND who received brief counseling if identified as an unhealthy alcohol user.</p>	Physician Consortium for Performance Improvement Foundation (PFP®)
§ !!	N/A/ 439	N/A	Registry	Efficiency	Efficiency and Cost Reduction	<p>Age Appropriate Screening Colonoscopy</p> <p>The percentage of patients greater than 85 years of age who received a screening colonoscopy from January 1 to December 31</p>	American Gastroenterological Association/ American Society for Gastrointestinal Endoscopy/ American College of Gastroenterology

MIPS ID Number	NQF/ PCPS	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description*	Measure Steward
<b>4. Gastroenterology</b>							
<p>Comment: CMS received several specific comments regarding changes to the Gastroenterology specialty measure set. For instance, several commenters requested that Inflammatory Bowel Disease (IBD) measures (#271, #275) be added to the measure set because they are applicable to gastroenterology specialty. Another commenter recommended removal of #113 as these patients are usually screened by the primary care provider and referred to the specialist after screening.</p> <p>Response: In response to the comments, CMS has revised the measure set from the proposed set with the following changes: 1) addition of previously identified cross-cutting measures that are relevant for the specialty set (#047, #128, #130, #226, #317, #374, #402, #431), 2) removal of #113 per the commenter's recommendation as we agree with their assessment, and 3) addition of IBD measures per the commenters' recommendation as they are applicable to the Gastroenterology specialty (#271, #275). CMS believes the finalized specialty set reflects the relevant measures appropriate for the Gastroenterology specialty.</p> <p>Final Decision: CMS is finalizing the Gastroenterology specialty measure set as indicated in the table above.</p>							

MIPS ID Number	NQF/ PCPS	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description*	Measure Steward
<b>5. Dermatology</b>							
	0419/ 130	68v6	Claims, Registry, EHR	Process	Patient Safety	<p>Documentation of Current Medications in the Medical Record</p> <p>Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.</p>	Centers for Medicare & Medicaid Services
!	0650/ 137	N/A	Registry	Structure	Communi- cation and Care Coordinati- on	<p>Melanoma: Continuity of Care – Recall System</p> <p>Percentage of patients, regardless of age, with a current diagnosis of melanoma or a history of melanoma whose information was entered, at least once within a 12-month period, into a recall system that includes:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A target date for the next complete physical skin exam, AND</li> <li><input type="checkbox"/> A process to follow up with patients who either did not make an appointment within the specified timeframe or who missed a scheduled appointment</li> </ul>	American Academy of Dermatology
!	N/A/ 138	N/A	Registry	Process	Communi- cation and Care Coordinati- on	<p>Melanoma: Coordination of Care</p> <p>Percentage of patients visits, regardless of age, with a new occurrence of melanoma, who have a treatment plan documented in the chart that was communicated to the physician(s) providing continuing care within one month of diagnosis</p>	American Academy of Dermatology

MIPS ID Number	NCP/PCRS	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description <sup>y</sup>	Measure Steward
<b>5. Dermatology</b>							
!!	0562/224	N/A	Registry	Process	Efficiency and Cost Reduction	<p><b>Melanoma: Overutilization of Imaging Studies in Melanoma</b></p> <p>Percentage of patients, regardless of age, with a current diagnosis of stage 0 through IIC melanoma or a history of melanoma of any stage, without signs or symptoms suggesting systemic spread, seen for an office visit during the one-year measurement period, for whom no diagnostic imaging studies were ordered.</p>	American Academy of Dermatology
	0028/226	138v5	Claims, Registry, B-HR, Web Interface	Process	Community/Population Health	<p><b>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</b></p> <p>Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.</p>	Physician Consortium for Performance Improvement Foundation (PCPI®)
!	N/A/265	N/A	Registry	Process	Communication and Care Coordination	<p><b>Biopsy Follow-Up</b></p> <p>Percentage of new patients whose biopsy results have been reviewed and communicated to the primary care/referring physician and patient by the performing physician</p>	American Academy of Dermatology
*	N/A/317	22v5	Claims, Registry, B-HR	Process	Community/Population Health	<p><b>Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented</b></p> <p>Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.</p>	Centers for Medicare & Medicaid Services
	N/A/337	N/A	Registry	Process	Effective Clinical Care	<p><b>Tuberculosis (TB) Prevention for Psoriasis, Psoriatic Arthritis and Rheumatoid Arthritis Patients on a Biological Immune Response Modifier</b></p> <p>Percentage of patients whose providers are ensuring active tuberculosis prevention either through yearly negative standard tuberculosis screening tests or are reviewing the patient's history to determine if they have had appropriate management for a recent or prior positive test</p>	American Academy of Dermatology
	N/A/374	50v5	B-HR	Process	Communication and Care Coordination	<p><b>Closing the Referral Loop: Receipt of Specialist Report</b></p> <p>Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.</p>	Centers for Medicare & Medicaid Services
	N/A/402	NA	Registry	Process	Community/Population Health	<p><b>Tobacco Use and Help with Quitting Among Adolescents</b></p> <p>The percentage of adolescents 12 to 20 years of age with a primary care visit during the measurement year for whom tobacco use status was documented and received help with quitting if identified as a tobacco user</p>	National Committee for Quality Assurance

MIPS ID Number	NQF/ PQRS	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description <sup>v</sup>	Measure Steward
<b>5. Dermatology</b>							
!	N/A/ 410		Registry	Outcome	Person and Caregiver Centered Experience and Outcomes	<p>Psoriasis: Clinical Response to Oral Systemic or Biologic Medications</p> <p>Percentage of psoriasis patients receiving oral systemic or biologic therapy who meet minimal physician- or patient-reported disease activity levels. It is implied that establishment and maintenance of an established minimum level of disease control as measured by physician- and/or patient-reported outcomes will increase patient satisfaction with and adherence to treatment.</p>	American Academy of Dermatology
<p>Comment: Although CMS received a comment requesting that CMS remove two measures from the specialty measure set, the commenter did not specifically identify which two measures were inappropriate for the Dermatology specialty measure set.</p> <p>Response: CMS reviewed the measure set for its relevance to dermatology. CMS has revised the measure set from the proposed set by adding previously identified cross-cutting measures that are relevant for the specialty set (#130, #226, #317, #374, #402). CMS believes the finalized specialty set reflects the relevant measures appropriate for the dermatology specialty.</p> <p>Final Decision: CMS is finalizing the Dermatology specialty measure set as indicated in the table above.</p>							

MIPS ID Number	NQF/ PQRS	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description <sup>v</sup>	Measure Steward
<b>6. Emergency Medicine</b>							
	0326/ 047	N/A	Claims, Registry	Process	Communication and Care Coordination	<p>Care Plan</p> <p>Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.</p>	National Committee for Quality Assurance
* !!	N/A/ 066	146v5	Registry, EHR	Process	Efficiency and Cost Reduction	<p>Appropriate Testing for Children with Pharyngitis</p> <p>Percentage of children 3-18 years of age who were diagnosed with pharyngitis, ordered an antibiotic and received a group A streptococcus (strep) test for the episode</p>	National Committee for Quality Assurance
!!	0653/ 091	N/A	Claims, Registry	Process	Effective Clinical Care	<p>Acute Otitis Externa (AOE): Topical Therapy</p> <p>Percentage of patients aged 2 years and older with a diagnosis of AOE who were prescribed topical preparations</p>	American Academy of Otolaryngology-Head and Neck Surgery

MIPS ID Number	NOF FOFS	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description <sup>v</sup>	Measure Seward
<b>6. Emergency Medicine</b>							
!!	0654/ 093	N/A	Claims, Registry	Process	Efficiency and Cost Reduction	Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use  Percentage of patients aged 2 years and older with a diagnosis of AOE who were not prescribed systemic antimicrobial therapy	American Academy of Otolaryngology-Head and Neck Surgery
§ !!	0058/ 116	N/A	Registry	Process	Efficiency and Cost Reduction	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis: Percentage of adults 18-64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription	National Committee for Quality Assurance
	0419/ 130	68v6	Claims, Registry, BHR	Process	Patient Safety	Documentation of Current Medications in the Medical Record  Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	Centers for Medicare & Medicaid Services
	0028/ 226	138v5	Claims, Registry, BHR, Web Interface	Process	Community/ Po pulation Health	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention  Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.	Physician Consortium for Performance Improvement Foundation (PCPIF)
	0651/ 254	N/A	Claims, Registry	Process	Effective Clinical Care	Ultrasound Determination of Pregnancy Location for Pregnant Patients with Abdominal Pain  Percentage of pregnant female patients aged 14 to 50 who present to the emergency department (ED) with a chief complaint of abdominal pain or vaginal bleeding who receive a trans-abdominal or trans-vaginal ultrasound to determine pregnancy location	American College of Emergency Physicians
	N/A/ 255	N/A	Claims, Registry	Process	Effective Clinical Care	Rh Immunoglobulin (Rhogam) for Rh-Negative Pregnant Women at Risk of Fetal Blood Exposure  Percentage of Rh-negative pregnant women aged 14-50 years at risk of fetal blood exposure who receive Rh-Immunoglobulin (Rhogam) in the emergency department (ED)	American College of Emergency Physicians
*	N/A/3 17	22v5	Claims, Registry, BHR	Process	Community/ Po pulation Health	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented  Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood	Centers for Medicare & Medicaid Services

[illegible]

MIPS ID Number	NQF PCPS	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description*	Measure Seward
<b>6. Emergency Medicine</b>							
Finally, CMS also removed measure #414 from the measure set as this measure is not reflective of emergency medicine routine service and the measure does not include ED codes within the denominator. CMS believes the finalized specialty set reflects the relevant measures appropriate for the emergency medicine specialty.							
Final Decision: CMS is finalizing the Emergency specialty measure set as indicated in the table above.							

MIPS ID Number	NQF PCPS	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description*	Measure Seward
<b>7. General Practice/ Family Medicine</b>							
* §	0059 /001	122v5	Claims, Web Interface, Registry, EHR	Intermediat e Outcome	Effective Clinical Care	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period	National Committee for Quality Assurance
§	0081 /005	135v5	Registry, EHR	Process	Effective Clinical Care	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)  Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed ACE inhibitor or ARB therapy either within a 12-month period when seen in the outpatient setting OR at each hospital discharge	Physician Consortium for Performance Improvement (PCPI®) Foundation
§	0070 /007	145v5	Registry, EHR	Process	Effective Clinical Care	Coronary Artery Disease (CAD): Beta-Blocker Therapy—Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)  Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12-month period who also have prior MI OR a current or prior LVEF < 40% who were prescribed beta-blocker therapy	Physician Consortium for Performance Improvement Foundation (PCPI®)
* §	0083 /008	144v5	Registry, EHR	Process	Effective Clinical Care	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)  Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed beta-blocker therapy either within a 12-month period when seen in the outpatient setting OR at each hospital discharge	Physician Consortium for Performance Improvement Foundation (PCPI®)

MIPS ID Number	NQF FOFS	QMS EMeasure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description <sup>v</sup>	Measure Steward
<b>7. General Practice/ Family Medicine</b>							
	105/ 009	128v5	EHR	Process	Effective Clinical Care	<p>Anti-Depressant Medication Management</p> <p>Percentage of patients 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on antidepressant medication treatment. Two rates are reported</p> <p>a. Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks)</p> <p>b. Percentage of patients who remained on an antidepressant medication for at least 180 days (6 months)</p>	National Committee for Quality Assurance
	0326 / 047	N/A	Claims, Registry	Process	Communication and Care Coordination	<p>Care Plan</p> <p>Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.</p>	National Committee for Quality Assurance
!	N/A/ 050	N/A	Claims, Registry	Process	Person and Caregiver-Centered Experience and Outcomes	<p>Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older</p> <p>Percentage of female patients aged 65 years and older with a diagnosis of urinary incontinence with a documented plan of care for urinary incontinence at least once within 12 months</p>	National Committee for Quality Assurance
!!	0069 /065	154v5	Registry, EHR	Process	Efficiency and Cost Reduction	<p>Appropriate Treatment for Children with Upper Respiratory Infection (URI)</p> <p>Percentage of children 3 months through 18 years of age who were diagnosed with upper respiratory infection (URI) and were not dispensed an antibiotic prescription on or three days after the episode</p>	National Committee for Quality Assurance
* !!	N/A/ 066	146v5	Registry, EHR	Process	Efficiency and Cost Reduction	<p>Appropriate Testing for Children with Pharyngitis</p> <p>Percentage of children 3-18 years of age who were diagnosed with pharyngitis, ordered an antibiotic and received a group A streptococcus (strep) test for the episode</p>	National Committee for Quality Assurance
!!	0654 /093	N/A	Claims, Registry	Process	Efficiency and Cost Reduction	<p>Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use</p> <p>Percentage of patients aged 2 years and older with a diagnosis of AOE who were not prescribed systemic antimicrobial therapy</p>	American Academy of Otolaryngology-Head and Neck Surgery

MIPS ID Number	NQF PQRS	QMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description*	Measure Seward
<b>7. General Practice/ Family Medicine</b>							
!	N/A /109	N/A	Claims, Registry	Process	Person and Caregiver- Centered Experience and Outcomes	Osteoarthritis (OA): Function and Pain Assessment  Percentage of patient visits for patients aged 21 years and older with a diagnosis of osteoarthritis (OA) with assessment for function and pain	American Academy of Orthopedic Surgeons
	0041 /110	147v6	Claims, Web Interface, Registry, EHR	Process	Community/ Population Health	Preventive Care and Screening: Influenza Immunization  Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization	Physician Consortium for Performance Improvement Foundation (PCPI®)
* §	2372 /112	125v5	Claims, Web Interface, Registry, EHR	Process	Effective Clinical Care	Breast Cancer Screening  Percentage of women 50 -74 years of age who had a mammogram to screen for breast cancer	National Committee for Quality Assurance
§	0034 /113	130v5	Claims, Web Interface, Registry, EHR	Process	Effective Clinical Care	Colorectal Cancer Screening  Percentage of patients 50 - 75 years of age who had appropriate screening for colorectal cancer	National Committee for Quality Assurance
§ !!	0058 /116	N/A	Registry	Process	Efficiency and Cost Reduction	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis: Percentage of adults 18-64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription	National Committee for Quality Assurance
§	0055 /117	131v5	Claims, Web Interface, Registry, EHR	Process	Effective Clinical Care	Diabetes: Eye Exam  Percentage of patients 18 - 75 years of age with diabetes who had a retinal or dilated eye exam by an eye care professional during the measurement period or a negative retinal exam (no evidence of retinopathy) in the 12 months prior to the measurement period	National Committee for Quality Assurance
* §	0062 /119	134v4	Registry, EHR	Process	Effective Clinical Care	Diabetes: Medical Attention for Nephropathy: The percentage of patients 18-75 years of age with diabetes who had a nephropathy screening test or evidence of nephropathy during the measurement period  Rationale: OMS is finalizing MIPS#119 for 2017 Performance Period.	National Committee for Quality Assurance
	0421 /128	69v5	Claims, Registry, EHR, Web Interface	Process	Community/ Population Health	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan  Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous six months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the current encounter	Centers for Medicare & Medicaid Services

MIPS ID Number	NQF PCFS	OMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description <sup>y</sup>	Measure Steward
<b>7. General Practice/ Family Medicine</b>							
	0419 /130	68v6	Claims, Registry, EHR	Process	Patient Safety	<p>Documentation of Current Medications in the Medical Record</p> <p>Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.</p>	Centers for Medicare & Medicaid Services
*	0418 /134	2v6	Claims, Web Interface, Registry, EHR	Process	Community/ Population Health	<p>Preventive Care and Screening: Screening for Depression and Follow-Up Plan</p> <p>Percentage of patients aged 12 years and older screened for depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen</p>	Centers for Medicare & Medicaid Services
!	0101 /154	N/A	Claims, Registry	Process	Patient Safety	<p>Falls: Risk Assessment</p> <p>Percentage of patients aged 65 years and older with a history of falls who had a risk assessment for falls completed within 12 months</p>	National Committee for Quality Assurance
!	0101 /155	N/A	Claims, Registry	Process	Communication and Care Coordination	<p>Falls: Plan of Care</p> <p>Percentage of patients aged 65 years and older with a history of falls who had a plan of care for falls documented within 12 months</p>	National Committee for Quality Assurance
* §	0056 /163	123v5	EHR	Process	Effective Clinical Care	<p>Comprehensive Diabetes Care: Foot Exam</p> <p>The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) who received a foot exam (visual inspection and sensory exam with mono filament and a pulse exam) during the measurement year</p>	National Committee for Quality Assurance
!	NA/ 181	N/A	Claims, Registry	Process	Patient Safety	<p>Elder Maltreatment Screen and Follow-Up Plan</p> <p>Percentage of patients aged 65 years and older with a documented elder maltreatment screen using an Elder Maltreatment Screening Tool on the date of encounter AND a documented follow-up plan on the date of the positive screen</p>	Centers for Medicare & Medicaid Services

MIPS ID Number	NQF/PCFS	CMS Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description*	Measure Seward
<b>7. General Practice/ Family Medicine</b>							
* §	0068 /204	164v5	Claims, Web Interface, Registry, EHR	Process	Effective Clinical Care	<p>Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet</p> <p>Percentage of patients 18 years of age and older who were diagnosed with acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had documentation of use of aspirin or another antiplatelet during the measurement period</p>	National Committee for Quality Assurance
	0028 / 226	138v5	Claims, Registry, EHR, Web Interface	Process	Community/P opulation Health	<p>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</p> <p>Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.</p>	Physician Consortium for Performance Improvement Foundation (PCPI®)
	0018 / 236	165v5	Claims, Registry, EHR, Web Interface	Intermediate Outcome	Effective Clinical Care	<p>Controlling High Blood Pressure</p> <p>Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (&lt;140/90 mmHg) during the measurement period</p>	National Committee for Quality Assurance
* §	0032 /309	124v5	EHR	Process	Effective Clinical Care	<p>Cervical Cancer Screening</p> <p>Percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria:</p> <ul style="list-style-type: none"> <li>• Women age 21-64 who had cervical cytology performed every 3 years</li> <li>• Women age 30-64 who had cervical cytology/ human papillomavirus (HPV) co-testing performed every 5 years</li> </ul>	National Committee for Quality Assurance
§ !!	0052 /312	166v6	EHR	Process	Efficiency and Cost Reduction	<p>Use of Imaging Studies for Low Back Pain</p> <p>Percentage of patients 18-50 years of age with a diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis</p>	National Committee for Quality Assurance
*	N/A /317	22v5	Claims, Registry, EHR	Process	Community/P opulation Health	<p>Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented</p> <p>Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.</p>	Centers for Medicare & Medicaid Services
§ !	0005 & 0006 /321	N/A	CMS approved Survey Vendor	Patient Engagement /Experience	Person and Caregiver-Centered Experience	<p>CAHPS for MIPS Clinician/ Group Survey:</p> <p><u>Summary Survey Measures may include:</u></p> <ul style="list-style-type: none"> <li>• Getting Timely Care, Appointments, and</li> </ul>	

MIPSID Number	NQF FOR	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description*	Measure Steward
<b>7. General Practice/ Family Medicine</b>							
					and Outcomes	Information; <ul style="list-style-type: none"> <li>• How well Providers Communicate;</li> <li>• Patient's Rating of Provider;</li> <li>• Access to Specialists;</li> <li>• Health Promotion and Education;</li> <li>• Shared Decision-Making;</li> <li>• Health Status and Functional Status;</li> <li>• Courteous and Helpful Office Staff;</li> <li>• Care Coordination;</li> <li>• Between Visit Communication;</li> <li>• Helping You to Take Medication as Directed; and</li> <li>• Stewardship of Patient Resources.</li> </ul>	
§	1525 /326	N/A	Claims, Registry	Process	Effective Clinical Care	Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy  Percentage of patients aged 18 years and older with a diagnosis of nonvalvular atrial fibrillation (AF) or atrial flutter whose assessment of the specified thromboembolic risk factors indicate one or more high-risk factors or more than one moderate risk factor, as determined by CHADS <sub>2</sub> risk stratification, who are prescribed warfarin OR another oral anticoagulant drug that is FDA approved for the prevention of thromboembolism	American College of Cardiology
!!	N/A/ 331	N/A	Registry	Process	Efficiency and Cost Reduction	Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis (Overuse)  Percentage of patients, aged 18 years and older, with a diagnosis of acute sinusitis who were prescribed an antibiotic within 10 days after onset of symptoms	American Academy of Otolaryngology-Head and Neck Surgery
!!	N/A/ 332	N/A	Registry	Process	Efficiency and Cost Reduction	Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin With or Without Clavulanate Prescribed for Patients with Acute Bacterial Sinusitis (Appropriate Use)  Percentage of patients aged 18 years and older with a diagnosis of acute bacterial sinusitis that were prescribed amoxicillin, with or without clavulanate, as a first line antibiotic at the time of diagnosis	American Academy of Otolaryngology-Head and Neck Surgery
!!	N/A/ 333	N/A	Registry	Efficiency	Efficiency and Cost Reduction	Adult Sinusitis: Computerized Tomography (CT) for Acute Sinusitis (Overuse)  Percentage of patients aged 18 years and older with a diagnosis of acute sinusitis who had a computerized tomography (CT) scan of the paranasal sinuses ordered at the time of diagnosis or received within 28 days after date of diagnosis	American Academy of Otolaryngology-Head and Neck Surgery

MIPS ID Number	NOF POFS	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description*	Measure Seward
<b>7. General Practice/ Family Medicine</b>							
!!	N/A/ 334	N/A	Registry	Efficiency	Efficiency and Cost Reduction	<p>Adult Sinusitis: More than One Computerized Tomography (CT) Scan Within 90 Days for Chronic Sinusitis (Overuse)</p> <p>Percentage of patients aged 18 years and older with a diagnosis of chronic sinusitis who had more than one CT scan of the paranasal sinuses ordered or received within 90 days after the date of diagnosis</p>	American Academy of Otolaryngology-Head and Neck Surgery
	N/A/ 337	N/A	Registry	Process	Effective Clinical Care	<p>Tuberculosis (TB) Prevention for Psoriasis, Psoriatic Arthritis and Rheumatoid Arthritis Patients on a Biological Immune Response Modifier</p> <p>Percentage of patients whose providers are ensuring active tuberculosis prevention either through yearly negative standard tuberculosis screening tests or are reviewing the patient's history to determine if they have had appropriate management for a recent or prior positive test</p>	American Academy of Dermatology
* § !	2082 /338	N/A	Registry	Outcome	Effective Clinical Care	<p>HIV Viral Load Suppression</p> <p>The percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year</p>	Health Resources and Services Administration
!	N/A/ 342	N/A	Registry	Outcome	Person and Caregiver- Centered Experience and Outcomes	<p>Pain Brought Under Control Within 48 Hours</p> <p>Patients aged 18 and older who report being uncomfortable because of pain at the initial assessment (after admission to palliative care services) who report pain was brought to a comfortable level within 48 hours</p>	National Hospice and Palliative Care Organization
* § !	0710 /370	159v5	Web Interface, Registry, EHR	Outcome	Effective Clinical Care	<p>Depression Remission at Twelve Months</p> <p>Patients age 18 and older with major depression or dysthymia and an initial Patient Health Questionnaire (PHQ-9) score greater than nine who demonstrate remission at twelve months (+/- 30 days after an index visit) defined as a PHQ-9 score less than five. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment.</p>	Minnesota Community Measurement
	N/A/ 387	N/A	Registry	Process	Effective Clinical Care	<p>Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users</p> <p>Percentage of patients regardless of age who are active injection drug users who received screening for HCV infection within the 12 month reporting period</p>	Physician Consortium for Performance Improvement Foundation (PCPI®)

MIPSID Number	NQF FOR	OMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description <sup>y</sup>	Measure Seward
<b>7. General Practice/ Family Medicine</b>							
	1407 /394	N/A	Registry	Process	Community/ Population Health	Immunizations for Adolescents  The percentage of adolescents 13 years of age who had the recommended immunizations by their 13th birthday	National Committee for Quality Assurance
!	N/A/ 398	N/A	Registry	Outcome	Effective Clinical Care	Optimal Asthma Control  Composite measure of the percentage of pediatric and adult patients whose asthma is well-controlled as demonstrated by one of three age appropriate patient reported outcome tools	Minnesota Community Measurement
§	N/A/ 400	N/A	Registry	Process	Effective Clinical Care	One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk  Percentage of patients aged 18 years and older with one or more of the following: a history of injection drug use, receipt of a blood transfusion prior to 1992, receiving maintenance hemodialysis OR birthdate in the years 1945-1965 who received one-time screening for hepatitis C virus (HCV) infection	Physician Consortium for Performance Improvement Foundation (PCPI®)
§	N/A/ 401	N/A	Registry	Process	Effective Clinical Care	Hepatitis C: Screening for Hepatocellular Carcinoma (HCC) in Patients with Cirrhosis  Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C cirrhosis who underwent imaging with either ultrasound, contrast enhanced CT or MRI for hepatocellular carcinoma (HCC) at least once within the 12 month reporting period	American Gastroenterol ogical Association/ American Society for Gastrointestin al Endoscopy/ A merican College of Gastroenterol ogy
	NA/ 402	NA	Registry	Process	Community/ Population Health	Tobacco Use and Help with Quitting Among Adolescents  The percentage of adolescents 12 to 20 years of age with a primary care visit during the measurement year for whom tobacco use status was documented and received help with quitting if identified as a tobacco user	National Committee for Quality Assurance
	N/A/ 408	N/A	Registry	Process	Effective Clinical Care	Opioid Therapy Follow-up Evaluation  All patients 18 and older prescribed opiates for longer than six weeks duration who had a follow-up evaluation conducted at least every three months during Opioid Therapy documented in the medical record	American Academy of Neurology

MIPS ID Number	NQF PCPS	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description*	Measure Seward
<b>7. General Practice/ Family Medicine</b>							
	N/A/ 412	N/A	Registry	Process	Effective Clinical Care	Documentation of Signed Opioid Treatment Agreement  All patients 18 and older prescribed opiates for longer than six weeks duration who signed an opioid treatment agreement at least once during Opioid Therapy documented in the medical record	American Academy of Neurology
	N/A/ 414	N/A	Registry	Process	Effective Clinical Care	Evaluation or Interview for Risk of Opioid Misuse  All patients 18 and older prescribed opiates for longer than six weeks duration evaluated for risk of opioid misuse using a brief validated instrument (e.g. Opioid Risk Tool, <u>SOAAP-R</u> ) or patient interview documented at least once during Opioid Therapy in the medical record	American Academy of Neurology
	0053 /418	N/A	Claims, Registry	Process	Effective Clinical Care	Osteoporosis Management in Women Who Had a Fracture  The percentage of women age 50-85 who suffered a fracture and who either had a bone mineral density test or received a prescription for a drug to treat osteoporosis in the six months after the fracture	National Committee for Quality Assurance
	2152 /431	NA	Registry	Process	Community/ Population Health	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling  Percentage of patients aged 18 years and older who were screened for unhealthy alcohol use using a systematic screening method at least once within the last 24 months AND who received brief counseling if identified as an unhealthy alcohol user.	Physician Consortium for Performance Improvement Foundation (PCPIF)
	N/A/ 438	N/A	Web Interface, Registry	Process	Effective Clinical Care	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease  Percentage of the following patients—all considered at high risk of cardiovascular events—who were prescribed or were on statin therapy during the measurement period: • Adults aged ≥ 21 <u>years</u> who were previously <u>diagnosed</u> with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD); OR • Adults aged ≥21 <u>years</u> with a fasting or direct low-density lipoprotein cholesterol (LDL-C) level ≥ 190 mg/dL; OR • Adults aged 40-75 years with a diagnosis of diabetes with a fasting or direct LDL-C level of 70-189 mg/dL	Centers for Medicare & Medicaid Services
<b>+ S</b>	0071 /442	N/A	Registry	Process	Effective Clinical Care	Persistent Beta Blocker Treatment After a Heart Attack  The percentage of patients 18 years of age and older during the measurement year who were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of acute myocardial infarction	National Committee for Quality Assurance

MIPS ID Number	NQF PCF6	CMS EMeasure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description <sup>v</sup>	Measure Steward
<b>7. General Practice/Family Medicine</b>							
						(AMI) and who received were prescribed persistent beta-blocker treatment for six months after discharge	
+ § !!	N/A/ 443	N/A	Registry	Process	Patient Safety	Non-Recommended Cervical Cancer Screening in Adolescent Females  The percentage of adolescent females 16–20 years of age screened unnecessarily for cervical cancer	National Committee for Quality Assurance
+ § !	1799 /444	NA	Registry	Process	Efficiency and Cost Reduction	Medication Management for People with Asthma (MMA):  The percentage of patients 5–64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on for at least 75% of their treatment period.	National Committee for Quality Assurance
<p>Comment: CMS received specific comments to add several individual measures and cross-cutting measures to the measure set because the commenters believed the additional measures were appropriate for providers within the general practice and family medicine specialties. Commenters specifically asked that measures #007, #008, #046, #047, #110, #119, #163, #204, #226, #236, #309, #321, #370, #442, #443 and #444 be added to the measure set.</p> <p>Response: Upon further review of the recommendations provided by commenters, CMS has revised the measure set from the proposed set by adding these relevant measures to the measures set (#007, #008, #047, #110, #119, #163, #204, #226, #309, #321, #370, #442, #443, and #444). CMS did not include measure #46 in the General Practice measure set because we are including measure #130, a cross-cutting measure, which is closely related to this measure, to the set. In addition, CMS has added previously identified cross-cutting measures that are relevant for the specialty set (#047, #128, #130, #226, #317, #402, and #431). CMS believes the finalized specialty set reflects the relevant measures appropriate for the family medicine/general practice specialty.</p> <p>Final Decision: CMS is finalizing the general practice and family medicine specialty measure set as indicated in the table above.</p>							

MIPS ID Number	NQF PCF6	CMS EMeasure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description <sup>v</sup>	Measure Steward
<b>8. Internal Medicine</b>							
* § !	0059 /001	122v5	Claims, Web Interface, Registry, BHR	Intermediate Outcome	Effective Clinical Care	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) Percentage of patients 18–75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period	National Committee for Quality Assurance
§	0081 /005	135v5	Registry, BHR	Process	Effective Clinical Care	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)  Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left	Physician Consortium for Performance Improvement (PCPI®)

MIPS ID Number	NOF PQRS	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description*	Measure Seward
<b>8. Internal Medicine</b>							
						ventricular ejection fraction (LVEF) < 40% who were prescribed ACE inhibitor or ARB therapy either within a 12-month period when seen in the outpatient setting OR at each hospital discharge	Foundation
	105/ 009	128v5	EHR	Process	Effective Clinical Care	<p>Anti-Depressant Medication Management</p> <p>Percentage of patients 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on antidepressant medication treatment.</p> <p>Two rates are reported</p> <p>a. Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks)</p> <p>b. Percentage of patients who remained on an antidepressant medication for at least 180 days (6 months)</p>	National Committee for Quality Assurance
	0326 / 047	N/A	Claims, Registry	Process	Communicatio n and Care Coordination	<p>Care Plan</p> <p>Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.</p>	National Committee for Quality Assurance
!	N/A/ 050	N/A	Claims, Registry	Process	Person and Caregiver Centered Experience and Outcomes	<p>Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older</p> <p>Percentage of female patients aged 65 years and older with a diagnosis of urinary incontinence with a documented plan of care for urinary incontinence at least once within 12 months</p>	National Committee for Quality Assurance
!	N/A/ 109	N/A	Claims, Registry	Process	Person and Caregiver Centered Experience and Outcomes	<p>Osteoarthritis (OA): Function and Pain Assessment</p> <p>Percentage of patient visits for patients aged 21 years and older with a diagnosis of osteoarthritis (OA) with assessment for function and pain</p>	American Academy of Orthopedic Surgeons
	0041 / 110	147v6	Claims, Web Interface, Registry, EHR	Process	Community/ Population Health	<p>Preventive Care and Screening: Influenza Immunization</p> <p>Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization</p>	Physician Consortium for Performance Improvement Foundation (PCPI®)
* §	2372 / 112	125v5	Claims, Web Interface, Registry, EHR	Process	Effective Clinical Care	<p>Breast Cancer Screening</p> <p>Percentage of women 50 - 74 years of age who had a mammogram to screen for breast cancer</p>	National Committee for Quality Assurance
§	0034 / 113	130v5	Claims, Web Interface, Registry, EHR	Process	Effective Clinical Care	<p>Colorectal Cancer Screening</p> <p>Percentage of patients 50 - 75 years of age who had appropriate screening for colorectal cancer</p>	National Committee for Quality Assurance

MIPS ID Number	NQF FOFS	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description*	Measure Steward
<b>8. Internal Medicine</b>							
§ !!	0058 /116	N/A	Registry	Process	Efficiency and Cost Reduction	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis: Percentage of adults 18-64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription	National Committee for Quality Assurance
§	0055 /117	131v5	Claims, Web Interface, Registry, B-IR	Process	Effective Clinical Care	Diabetes: Eye Exam  Percentage of patients 18 - 75 years of age with diabetes who had a retinal or dilated eye exam by an eye care professional during the measurement period or a negative retinal exam (no evidence of retinopathy) in the 12 months prior to the measurement period	National Committee for Quality Assurance
	0421 /128	69v5	Claims, Registry, B-IR, Web Interface	Process	Community/ Population Health	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan  Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous six months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the current encounter	Centers for Medicare & Medicaid Services
	0419 /130	68v6	Claims, Registry, B-IR	Process	Patient Safety	Documentation of Current Medications in the Medical Record  Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency, and route of administration.	Centers for Medicare & Medicaid Services
*	0418 /134	2v6	Claims, Web Interface, Registry, B-IR	Process	Community/ Population Health	Preventive Care and Screening: Screening for Depression and Follow-Up Plan  Percentage of patients aged 12 years and older screened for depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen	Centers for Medicare & Medicaid Services
!	0101 /154	N/A	Claims, Registry	Process	Patient Safety	Falls: Risk Assessment  Percentage of patients aged 65 years and older with a history of falls who had a risk assessment for falls completed within 12 months	National Committee for Quality Assurance
!	0101 /155	N/A	Claims, Registry	Process	Communication and Care Coordination	Falls: Plan of Care  Percentage of patients aged 65 years and older with a history of falls who had a plan of care for falls documented within 12 months	National Committee for Quality Assurance

MIPSID Number	NQF PQRS	OMS EMeasure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description*	Measure Seward
<b>8. Internal Medicine</b>							
* §	0056 /163	123v5	BHR	Process	Effective Clinical Care	<p>Comprehensive Diabetes Care: Foot Exam</p> <p>The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) who received a foot exam (visual inspection and sensory exam with mono filament and a pulse exam) during the measurement year</p>	National Committee for Quality Assurance
!	N/A /181	N/A	Claims, Registry	Process	Patient Safety	<p>Elder Maltreatment Screen and Follow-Up Plan</p> <p>Percentage of patients aged 65 years and older with a documented elder maltreatment screen using an Elder Maltreatment Screening Tool on the date of encounter AND a documented follow-up plan on the date of the positive screen</p>	Centers for Medicare & Medicaid Services
* §	0068 /204	164v5	Claims, Web Interface, Registry, BHR	Process	Effective Clinical Care	<p>Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet</p> <p>Percentage of patients 18 years of age and older who were diagnosed with acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had documentation of use of aspirin or another antiplatelet during the measurement period</p>	National Committee for Quality Assurance
	0028 / 226	138v5	Claims, Registry, BHR, Web Interface	Process	Community/P opulation Health	<p>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</p> <p>Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.</p>	Physician Consortium for Performance Improvement Foundation (PCPI®)
	0018 / 236	165v5	Claims, Registry, BHR, Web Interface	Intermediate Outcome	Effective Clinical Care	<p>Controlling High Blood Pressure</p> <p>Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (&lt;140/90 mmHg) during the measurement period</p>	National Committee for Quality Assurance
*	N/A /317	22v5	Claims, Registry, BHR	Process	Community/P opulation Health	<p>Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented</p> <p>Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.</p>	Centers for Medicare & Medicaid Services
§	1525 /326	N/A	Claims, Registry	Process	Effective Clinical Care	<p>Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy</p> <p>Percentage of patients aged 18 years and older with a diagnosis of nonvalvular atrial fibrillation (AF) or atrial flutter whose assessment of the specified thromboembolic risk factors indicate one or more high-risk factors or more than one moderate risk factor, as</p>	American College of Cardiology

MIPSID Number	NCF FOR	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description <sup>y</sup>	Measure Steward
<b>8. Internal Medicine</b>							
						determined by CHADS <sub>2</sub> risk stratification, who are prescribed warfarin OR another oral anticoagulant drug that is FDA approved for the prevention of thromboembolism	
!!	N/A/ 331	N/A	Registry	Process	Efficiency and Cost Reduction	Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis (Overuse)  Percentage of patients, aged 18 years and older, with a diagnosis of acute sinusitis who were prescribed an antibiotic within 10 days after onset of symptoms	American Academy of Otolaryngology-Head and Neck Surgery
!!	N/A/ 332	N/A	Registry	Process	Efficiency and Cost Reduction	Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin With or Without Clavulanate Prescribed for Patients with Acute Bacterial Sinusitis (Appropriate Use)  Percentage of patients aged 18 years and older with a diagnosis of acute bacterial sinusitis that were prescribed amoxicillin, with or without clavulanate, as a first line antibiotic at the time of diagnosis	American Academy of Otolaryngology-Head and Neck Surgery
!!	N/A/ 333	N/A	Registry	Efficiency	Efficiency and Cost Reduction	Adult Sinusitis: Computerized Tomography (CT) for Acute Sinusitis (Overuse)  Percentage of patients aged 18 years and older with a diagnosis of acute sinusitis who had a computerized tomography (CT) scan of the paranasal sinuses ordered at the time of diagnosis or received within 28 days after date of diagnosis	American Academy of Otolaryngology-Head and Neck Surgery
!!	N/A/ 334	N/A	Registry	Efficiency	Efficiency and Cost Reduction	Adult Sinusitis: More than One Computerized Tomography (CT) Scan Within 90 Days for Chronic Sinusitis (Overuse)  Percentage of patients aged 18 years and older with a diagnosis of chronic sinusitis who had more than one CT scan of the paranasal sinuses ordered or received within 90 days after the date of diagnosis	American Academy of Otolaryngology-Head and Neck Surgery
	N/A/ 387	N/A	Registry	Process	Effective Clinical Care	Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users  Percentage of patients regardless of age who are active injection drug users who received screening for HCV infection within the 12 month reporting period	Physician Consortium for Performance Improvement Foundation (PCPI®)
§	N/A/ 400	N/A	Registry	Process	Effective Clinical Care	One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk  Percentage of patients aged 18 years and older with one or more of the following: a history of injection drug use, receipt of a blood transfusion prior to 1992, receiving maintenance hemodialysis OR birthdate in the years 1945-1965 who received one-time screening for hepatitis C virus (HCV) infection	Physician Consortium for Performance Improvement Foundation (PCPI®)

MIPS ID Number	NQF PCFS	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description*	Measure Seward
<b>8. Internal Medicine</b>							
§	N/A/ 401	N/A	Registry	Process	Effective Clinical Care	<p>Hepatitis C Screening for Hepatocellular Carcinoma (HCC) in Patients with Cirrhosis</p> <p>Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C cirrhosis who underwent imaging with either ultrasound, contrast enhanced CT or MRI for hepatocellular carcinoma (HCC) at least once within the 12 month reporting period</p>	American Gastroenterological Association/ American Society for Gastrointestinal Endoscopy/ American College of Gastroenterology
	N/A/ 402	NA	Registry	Process	Community/ Population Health	<p>Tobacco Use and Help with Quitting Among Adolescents</p> <p>The percentage of adolescents 12 to 20 years of age with a primary care visit during the measurement year for whom tobacco use status was documented and received help with quitting if identified as a tobacco user</p>	National Committee for Quality Assurance
	N/A/ 408	N/A	Registry	Process	Effective Clinical Care	<p>Opioid Therapy Follow-up Evaluation</p> <p>All patients 18 and older prescribed opiates for longer than six weeks duration who had a follow-up evaluation conducted at least every three months during Opioid Therapy documented in the medical record</p>	American Academy of Neurology
	N/A/ 412	N/A	Registry	Process	Effective Clinical Care	<p>Documentation of Signed Opioid Treatment Agreement</p> <p>All patients 18 and older prescribed opiates for longer than six weeks duration who signed an opioid treatment agreement at least once during Opioid Therapy documented in the medical record</p>	American Academy of Neurology
	N/A/ 414	N/A	Registry	Process	Effective Clinical Care	<p>Evaluation or Interview for Risk of Opioid Misuse</p> <p>All patients 18 and older prescribed opiates for longer than six weeks duration evaluated for risk of opioid misuse using a brief validated instrument (e.g. Opioid Risk Tool, SOAAP-R) or patient interview documented at least once during Opioid Therapy in the medical record</p>	American Academy of Neurology
	0053 /418	N/A	Claims, Registry	Process	Effective Clinical Care	<p>Osteoporosis Management in Women Who Had a Fracture</p> <p>The percentage of women age 50-85 who suffered a fracture and who either had a bone mineral density test or received a prescription for a drug to treat osteoporosis in the six months after the fracture</p>	National Committee for Quality Assurance
	2152 /431	NA	Registry	Process	Community/ Population Health	<p>Preventive Care and Screening: Unhealthy Alcohol Use: Screening &amp; Brief Counseling</p> <p>Percentage of patients aged 18 years and older who were screened for unhealthy alcohol use using a systematic screening method at least once within the last 24 months AND who received brief counseling if</p>	Physician Consortium for Performance Improvement Foundation (PCPIF)

MIPSID Number	NQF FOR	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description <sup>v</sup>	Measure Steward
<b>8. Internal Medicine</b>							
						identified as an unhealthy alcohol user.	
	N/A/ 438	N/A	Web Interface, Registry	Process	Effective Clinical Care	<p><b>Statin Therapy for the Prevention and Treatment of Cardiovascular Disease</b></p> <p>Percentage of the following patients—all considered at high risk of cardiovascular events—who were prescribed or were on statin therapy during the measurement period:</p> <ul style="list-style-type: none"> <li>Adults aged ≥ 21 years who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD); OR</li> <li>Adults aged ≥ 21 years with a fasting or direct low-density lipoprotein cholesterol (LDL-C) level ≥ 190 mg/dL; OR</li> <li>Adults aged 40-75 years with a diagnosis of diabetes with a fasting or direct LDL-C level of 70-189 mg/dL</li> </ul>	Centers for Medicare & Medicaid Services
<p><b>Comment:</b> CMS received several comments to add specific measures to the measure set because the commenters believed the additional measures were appropriate for providers within the internal medicine specialty. For instance, commenters requested that measures #110 and #438 be added to the Internal Medicine specialty set.</p> <p><b>Response:</b> Upon further review of the recommendations provided by commenters, CMS has revised the measure set from the proposed set by adding these relevant measures to the measures set (#110, #438). In addition, CMS has added previously identified cross-cutting measures that are relevant for the specialty set (#047, #128, #130, #226, #236, #317, #402, and #431). CMS believes the finalized specialty set reflects the relevant measures appropriate for the internal medicine specialty.</p> <p><b>Final Decision:</b> CMS is finalizing the internal medicine specialty measure set as indicated in the table above.</p>							

MIPSID Number	NQF FOR	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description <sup>v</sup>	Measure Steward
<b>9. Obstetrics/ Gynecology</b>							
	0326 / 047	N/A	Claims, Registry	Process	Communication and Care Coordination	<p><b>Care Plan</b></p> <p>Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.</p>	National Committee for Quality Assurance
	N/A/ 048	N/A	Claims, Registry	Process	Effective Clinical Care	<p><b>Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older</b></p> <p>Percentage of female patients aged 65 years and older who were assessed for the presence or absence of urinary incontinence within 12 months</p>	National Committee for Quality Assurance

MIPSID Number	NQF/ PQRS	CMS EMeasure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description <sup>y</sup>	Measure Seward
<b>9. Obstetrics/Gynecology</b>							
!	N/A/ 050	N/A	Claims, Registry	Process	Person and Caregiver- Centered Experience and Outcomes	Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older  Percentage of female patients aged 65 years and older with a diagnosis of urinary incontinence with a documented plan of care for urinary incontinence at least once within 12 months	National Committee for Quality Assurance
	0041 /110	147v6	Claims, Web Interface, Registry, EHR	Process	Communit y/ Population Health	Preventive Care and Screening: Influenza Immunization  Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization	Physician Consortium for Performance Improvement Foundation (PCPI®)
* §	2372 /112	125v5	Claims, Web Interface, Registry, EHR	Process	Effective Clinical Care	Breast Cancer Screening  Percentage of women 50 - 74 years of age who had a mammogram to screen for breast cancer	National Committee for Quality Assurance
	0421 /128	69v5	Claims, Registry, EHR, Web Interface	Process	Communit y/ Population Health	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan  Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous six months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the current encounter	Centers for Medicare & Medicaid Services
	0419 /130	68v6	Claims, Registry, EHR	Process	Patient Safety	Documentation of Current Medications in the Medical Record  Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	Centers for Medicare & Medicaid Services
	0028 /226	138v5	Claims, Registry, EHR, Web Interface	Process	Communit y/Populati on Health	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention  Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.	Physician Consortium for Performance Improvement Foundation (PCPI®)
	0018 /236	165v5	Claims, Registry, EHR, Web Interface	Intermedia te Outcome	Effective Clinical Care	Controlling High Blood Pressure  Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mmHg) during the measurement period	National Committee for Quality Assurance

MIPSID Number	NQF FOFS	OMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description <sup>v</sup>	Measure Steward
<b>9. Obstetrics/ Gynecology</b>							
!	N/A/ 265	N/A	Registry	Process	Communication and Care Coordination	Biopsy Follow-Up  Percentage of new patients whose biopsy results have been reviewed and communicated to the primary care/referring physician and patient by the performing physician	American Academy of Dermatology
* §	0032 /309	124v5	BHR	Process	Effective Clinical Care	Cervical Cancer Screening  Percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria: • Women age 21–64 who had cervical cytology performed every 3 years • Women age 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years	National Committee for Quality Assurance
	0033 /310	153v5	BHR	Process	Community/ Population Health	Chlamydia Screening for Women  Percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement period	National Committee for Quality Assurance
*	N/A/ 317	22v5	Claims, Registry, BHR	Process	Community/ Population Health	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented  Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.	Centers for Medicare & Medicaid Services
	NA/ 374	50v5	BHR	Process	Communication and Care Coordination	Closing the Referral Loop: Receipt of Specialist Report  Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.	Centers for Medicare & Medicaid Services
	NA/ 402	NA	Registry	Process	Community/ Population Health	Tobacco Use and Help with Quitting Among Adolescents  The percentage of adolescents 12 to 20 years of age with a primary care visit during the measurement year for whom tobacco use status was documented and received help with quitting if identified as a tobacco user	National Committee for Quality Assurance
	0053 /418	N/A	Claims, Registry	Process	Effective Clinical Care	Osteoporosis Management in Women Who Had a Fracture  The percentage of women age 50–85 who suffered a fracture and who either had a bone mineral density test or received a prescription for a drug to treat osteoporosis in the six months after the fracture	National Committee for Quality Assurance
!	2063 /422	N/A	Claims, Registry	Process	Patient Safety	Performing Cystoscopy at the Time of Hysterectomy for Pelvic Organ Prolapse to Detect Lower Urinary Tract Injury  Percentage of patients who undergo cystoscopy to evaluate for lower urinary tract injury at the time of hysterectomy for pelvic organ prolapse	American Urogynecological Society
	2152 /431	NA	Registry	Process	Community/ Population	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling	Physician Consortium for

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MIPS ID Number	NQF PCRS	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description*	Measure Seward
<b>10. Ophthalmology</b>							
	0086 /012	143v5	Claims, Registry, BHR	Process	Effective Clinical Care	<p>Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation</p> <p>Percentage of patients aged 18 years and older with a diagnosis of primary open-angle glaucoma (POAG) who have an optic nerve head evaluation during one or more office visits within 12 months</p>	Physician Consortium for Performance Improvement (PCPI®) Foundation
	0087 /014	N/A	Claims, Registry	Process	Effective Clinical Care	<p>Age-Related Macular Degeneration (AMD): Dilated Macular Examination</p> <p>Percentage of patients aged 50 years and older with a diagnosis of age-related macular degeneration (AMD) who had a dilated macular examination performed which included documentation of the presence or absence of macular thickening or hemorrhage AND the level of macular degeneration severity during one or more office visits within 12 months</p>	American Academy of Ophthalmology
	0088 /018	167v5	BHR	Process	Effective Clinical Care	<p>Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy</p> <p>Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months</p>	Physician Consortium for Performance Improvement (PCPI®) Foundation
!	0089 /019	142v5	Claims, Registry, BHR	Process	Communic ation and Care Coordinati on	<p>Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care</p> <p>Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months</p>	Physician Consortium for Performance Improvement (PCPI®) Foundation
	0326 /047	N/A	Claims, Registry	Process	Communic ation and Care Coordinati on	<p>Care Plan</p> <p>Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.</p>	National Committee for Quality Assurance
§	0055 /117	131v5	Claims, Web Interface, Registry, BHR	Process	Effective Clinical Care	<p>Diabetes: Eye Exam</p> <p>Percentage of patients 18 - 75 years of age with diabetes who had a retinal or dilated eye exam by an eye care professional during the measurement period or a negative retinal exam (no evidence of retinopathy) in the 12 months prior to the measurement period</p>	National Committee for Quality Assurance

MIPS ID Number	NOF PQRS	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description*	Measure Seward
<b>10. Ophthalmology</b>							
	0419 /130	68v6	Claims, Registry, EHR	Process	Patient Safety	<p>Documentation of Current Medications in the Medical Record</p> <p>Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.</p>	Centers for Medicare & Medicaid Services
	0566 /140	N/A	Claims, Registry	Process	Effective Clinical Care	<p>Age-Related Macular Degeneration (AMD): Counseling on Antioxidant Supplement</p> <p>Percentage of patients aged 50 years and older with a diagnosis of age-related macular degeneration (AMD) or their caregiver(s) who were counseled within 12 months on the benefits and/or risks of the Age-Related Eye Disease Study (AREDS) formulation for preventing progression of AMD</p>	American Academy of Ophthalmology
!	0563 /141	N/A	Claims, Registry	Outcome	Communication and Care Coordination	<p>Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care</p> <p>Percentage of patients aged 18 years and older with a diagnosis of primary open-angle glaucoma (POAG) whose glaucoma treatment has not failed (the most recent IOP was reduced by at least 15% from the pre-intervention level) OR if the most recent IOP was not reduced by at least 15% from the pre-intervention level, a plan of care was documented within 12 months</p>	American Academy of Ophthalmology
!	0565 /191	133v5	Registry, EHR	Outcome	Effective Clinical Care	<p>Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery</p> <p>Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and no significant ocular conditions impacting the visual outcome of surgery and had best-corrected visual acuity of 20/40 or better (distance or near) achieved within 90 days following the cataract surgery</p>	Physician Consortium for Performance Improvement Foundation (PCPI®)
!	0564 /192	132v5	Registry, EHR	Outcome	Patient Safety	<p>Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures</p> <p>Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and had any of a specified list of surgical procedures in the 30 days following cataract surgery which would indicate the occurrence of any of the following major complications: retained nuclear fragments, endophthalmitis, dislocated or wrong power IOL, retinal detachment, or wound dehiscence</p>	Physician Consortium for Performance Improvement Foundation (PCPI®)

MIPSID Number	NCP POPS	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description <sup>v</sup>	Measure Seward
<b>10. Ophthalmology</b>							
	0028 / 226	138v5	Claims, Registry, EHR, Web Interface	Process	Communit y/Populati on Health	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention  Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.	Physician Consortium for Performance Improvement Foundation (PCPI®)
!	1536 /303	N/A	Registry	Outcome	Person Caregiver- Centered Experience and Outcomes	Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery  Percentage of patients aged 18 years and older who had cataract surgery and had improvement in visual function achieved within 90 days following the cataract surgery, based on completing a pre-operative and post-operative visual function survey	American Academy of Ophthalmolog y
!	N/A/ 304	N/A	Registry	Outcome	Person Caregiver- Centered Experience and Outcomes	Cataracts: Patient Satisfaction within 90 Days Following Cataract Surgery  Percentage of patients aged 18 years and older who had cataract surgery and were satisfied with their care within 90 days following the cataract surgery, based on completion of the Consumer Assessment of Healthcare Providers and Systems Surgical Care Survey	American Academy of Ophthalmolog y
*	N/A/ 317	22v5	Claims, Registry, EHR	Process	Communit y/Populati on Health	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented  Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.	Centers for Medicare & Medicaid Services
	N/A/ 374	50v5	EHR	Process	Communica tion and Care Coordination	Closing the Referral Loop: Receipt of Specialist Report  Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.	Centers for Medicare & Medicaid Services
!	N/A/ 384	N/A	Registry	Outcome	Effective Clinical Care	Adult Primary Rhegmatogenous Retinal Detachment Surgery: No Return to the Operating Room Within 90 Days of Surgery  Patients aged 18 years and older who had surgery for primary rhegmatogenous retinal detachment who did not require a return to the operating room within 90 days of surgery.	American Academy of Ophthalmolog y
!	N/A/ 385	N/A	Registry	Outcome	Effective Clinical Care	Adult Primary Rhegmatogenous Retinal Detachment Surgery: Visual Acuity Improvement Within 90 Days of Surgery  Patients aged 18 years and older who had surgery for primary rhegmatogenous retinal detachment and achieved an improvement in their visual acuity, from their preoperative level, within 90 days of surgery in the operative eye	American Academy of Ophthalmolog y

MIPS ID Number	NOF PCRS	OMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description*	Measure Seward
<b>10. Ophthalmology</b>							
!	N/A/ 388	N/A	Registry	Outcome	Patient Safety	Cataract Surgery with Intra-Operative Complications (Unplanned Rupture of Posterior Capsule Requiring Unplanned Vitrectomy)  Percentage of patients aged 18 years and older who had cataract surgery performed and had an unplanned rupture of the posterior capsule requiring vitrectomy	American Academy of Ophthalmolog y
!	N/A/ 389	N/A	Registry	Outcome	Effective Clinical Care	Cataract Surgery: Difference Between Planned and Final Refraction  Percentage of patients aged 18 years and older who had cataract surgery performed and who achieved a final refraction within +/- 0.5 diopters of their planned (target) refraction.	American Academy of Ophthalmolog y
	NA/ 402	NA	Registry	Process	Communit y/ Population Health	Tobacco Use and Help with Quitting Among Adolescents  The percentage of adolescents 12 to 20 years of age with a primary care visit during the measurement year for whom tobacco use status was documented and received help with quitting if identified as a tobacco user	National Committee for Quality Assurance
<p>OMSDid not receive specific comments regarding changes to the measure set.</p> <p>Response: OMS has added previously identified cross-cutting measures that are relevant for the specialty set (#047, #130, #226, #317, #374, and #402). OMS believes the finalized specialty set reflects the relevant measures appropriate for the Ophthalmology specialty.</p> <p>Final Decision: OMS is finalizing the Ophthalmology specialty measure set as indicated in the table above.</p>							

MIPS ID Number	NOF PCRS	OMS E-Measure ID	Data Submissi on Method	Measure Type	National Quality Strategy Domain	Measure Title and Description*	Measure Seward
<b>11. Orthopedic Surgery</b>							
!!	0268/ 021	N/A	Claims, Registry	Process	Patient Safety	Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin  Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for a first OR second generation cephalosporin prophylactic antibiotic, who had an order for a first OR second generation cephalosporin for antimicrobial prophylaxis	American Society of Plastic Surgeons
!	0239/ 023	N/A	Claims, Registry	Process	Patient Safety	Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients)  Percentage of surgical patients aged 18 years and older undergoing procedures for which venous thromboembolism (VTE) prophylaxis is indicated in all patients, who had an order for Low Molecular Weight Heparin (LMWH), Low-Dose Unfractionated Heparin	American Society of Plastic Surgeons

MIPSID Number	NOF FOFS	CMS E-Measure ID	Data Submissi on Method	Measure Type	National Quality Strategy Domain	Measure Title and Description <sup>y</sup>	Measure Steward
<b>11. Orthopedic Surgery</b>							
						(LDUH), adjusted-dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end time	
	0326/ 047	N/A	Claims, Registry	Process	Communi cation and Care Coordinati on	Care Plan  Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.	National Committee for Quality Assurance
!	N/A/ 109	N/A	Claims, Registry	Process	Person and Caregiver- Centered Experienc e and Outcomes	Osteoarthritis (OA): Function and Pain Assessment  Percentage of patient visits for patients aged 21 years and older with a diagnosis of osteoarthritis (OA) with assessment for function and pain	American Academy of Orthopedic Surgeons
	0421/ 128	69v5	Claims, Registry, BHR Web Interface	Process	Communit y/ Populatio n Health	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan  Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous six months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the current encounter	Centers for Medicare & Medicaid Services
	0419/ 130	68v6	Claims, Registry, BHR	Process	Patient Safety	Documentation of Current Medications in the Medical Record  Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	Centers for Medicare & Medicaid Services
	N/A/ 178	N/A	Registry	Process	Effective Clinical Care	Rheumatoid Arthritis (RA): Functional Status Assessment  Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) for whom a functional status assessment was performed at least once within 12 months	American College of Rheumatology
*	N/A/ 179	N/A	Registry	Process	Effective Clinical Care	Rheumatoid Arthritis (RA): Assessment and Classification of Disease Prognosis  Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have an assessment and classification of disease prognosis at least once within 12 months	American College of Rheumatology

MIPS ID Number	NQF/PCFS	CMS Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description*	Measure Seward
<b>11. Orthopedic Surgery</b>							
*	N/A/180	N/A	Registry	Process	Effective Clinical Care	<b>Rheumatoid Arthritis (RA): Glucocorticoid Management</b>  Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have been assessed for glucocorticoid use and, for those on prolonged doses of prednisone $\geq 10$ mg daily (or equivalent) with improvement or no change in disease activity, documentation of glucocorticoid management plan within 12 months	American College of Rheumatology
	0028/226	138v5	Claims, Registry, EHR, Web Interface	Process	Community/Population Health	<b>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</b>  Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.	Physician Consortium for Performance Improvement Foundation (PCPI®)
§ !!	0052/312	166v6	EHR	Process	Efficiency and Cost Reduction	<b>Use of Imaging Studies for Low Back Pain</b>  Percentage of patients 18-50 years of age with a diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis	National Committee for Quality Assurance
*	N/A/317	22v5	Claims, Registry, EHR	Process	Community/Population Health	<b>Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented</b>  Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.	Centers for Medicare & Medicaid Services
* !	N/A/350	N/A	Registry	Process	Communication and Care Coordination	<b>Total Knee Replacement: Shared Decision-Making: Trial of Conservative (Non-surgical) Therapy</b>  Percentage of patients regardless of age undergoing a total knee replacement with documented shared decision-making with discussion of conservative (non-surgical) therapy (e.g. nonsteroidal anti-inflammatory drugs (NSAIDs), analgesics, weight loss, exercise, injections) prior to the procedure	American Association of Hip and Knee Surgeons
* !	N/A/351	N/A	Registry	Process	Patient Safety	<b>Total Knee Replacement: Venous Thromboembolic and Cardiovascular Risk Evaluation</b>  Percentage of patients regardless of age undergoing a total knee replacement who are evaluated for the presence or absence of venous thromboembolic and cardiovascular risk factors within 30 days prior to the procedure (e.g. history of Deep Vein Thrombosis (DVT), Pulmonary Embolism (PE), Myocardial Infarction (MI), Arrhythmia and Stroke)	American Association of Hip and Knee Surgeons

MIPSID Number	NOF FOFS	CMS E-Measure ID	Data Submissi on Method	Measure Type	National Quality Strategy Domain	Measure Title and Description <sup>y</sup>	Measure Seward
<b>11. Orthopedic Surgery</b>							
* !	N/A/ 352	N/A	Registry	Process	Patient Safety	Total Knee Replacement: Preoperative Antibiotic Infusion with Proximal Tourniquet  Percentage of patients regardless of age undergoing a total knee replacement who had the prophylactic antibiotic completely infused prior to the inflation of the proximal tourniquet	American Association of Hip and Knee Surgeons
* !	N/A/ 353	N/A	Registry	Process	Patient Safety	Total Knee Replacement: Identification of Implanted Prosthesis in Operative Report  Percentage of patients regardless of age undergoing a total knee replacement whose operative report identifies the prosthetic implant specifications including the prosthetic implant manufacturer, the brand name of the prosthetic implant and the size of each prosthetic implant	American Association of Hip and Knee Surgeons
!	N/A/ 358	N/A	Registry	Process	Person and Caregiver- Centered Experienc e and Outcomes	Patient-Centered Surgical Risk Assessment and Communication  Percentage of patients who underwent a non-emergency surgery who had their personalized risks of postoperative complications assessed by their surgical team prior to surgery using a clinical data-based, patient-specific risk calculator and who received personal discussion of those risks with the surgeon	American Association of Hip and Knee Surgeons
	NA/ 374	50v5	B-HR	Process	Communic ation and Care Coordinati on	Closing the Referral Loop: Receipt of Specialist Report  Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.	Centers for Medicare & Medicaid Services
* !	N/A/ 375	66v 5	B-HR	Process	Person and Caregiver- Centered Experienc e and Outcomes	Functional Status Assessment for Total Knee Replacement  Percentage of patients 18 years of age and older with primary total knee arthroplasty (TKA) who completed baseline and follow-up patient-reported functional status assessments	Centers for Medicare & Medicaid Services
* !	N/A/ 376	56v5	B-HR	Process	Person and Caregiver- Centered Experienc e and Outcomes	Functional Status Assessment for Total Hip Replacement  Percentage of patients 18 years of age and older with primary total hip arthroplasty (THA) who completed baseline and follow-up (patient-reported) functional status assessments	Centers for Medicare & Medicaid Services
	NA/ 402	NA	Registry	Process	Communit y/ Populatio n Health	Tobacco Use and Help with Quitting Among Adolescents  The percentage of adolescents 12 to 20 years of age with a primary care visit during the measurement year for whom tobacco use status was documented and received help with quitting if identified as a tobacco user	National Committee for Quality Assurance

MIPS ID Number	NQF/ PCRS	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description*	Measure Seward
<b>11. Orthopedic Surgery</b>							
CMS did not receive specific comments regarding changes to the measure set.							
Response: CMS has added previously identified cross-cutting measures that are relevant for the specialty set (#047, #128, #130, #226, #317, #374, and #402). CMS believes the finalized specialty set reflects the relevant measures appropriate for the Orthopedic Surgery specialty.							
Final Decision: CMS is finalizing the Orthopedic Surgery specialty measure set as indicated in the table above.							

MIPS ID Number	NQF/ PCRS	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description*	Measure Seward
<b>12. Otolaryngology</b>							
!!	0268/ 021	N/A	Claims, Registry	Process	Patient Safety	<p>Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin</p> <p>Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for a first OR second generation cephalosporin prophylactic antibiotic, who had an order for a first OR second generation cephalosporin for antimicrobial prophylaxis</p>	American Society of Plastic Surgeons
!	0239/ 023	N/A	Claims, Registry	Process	Patient Safety	<p>Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients)</p> <p>Percentage of surgical patients aged 18 years and older undergoing procedures for which venous thromboembolism (VTE) prophylaxis is indicated in all patients, who had an order for Low Molecular Weight Heparin (LMWH), Low-Dose Unfractionated Heparin (LDUH), adjusted-dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end time</p>	American Society of Plastic Surgeons
	0326/ 047	N/A	Claims, Registry	Process	Communi- cation and Care Coordinati on	<p>Care Plan</p> <p>Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.</p>	National Committee for Quality Assurance
!!	0653/ 091	N/A	Claims, Registry	Process	Effective Clinical Care	<p>Acute Otitis Externa (AOE): Topical Therapy</p> <p>Percentage of patients aged 2 years and older with a diagnosis of AOE who were prescribed topical preparations</p>	American Academy of Otolaryngology-Head and Neck Surgery

MIPS ID Number	NOF/FOFS	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description <sup>y</sup>	Measure Steward
<b>12. Otolaryngology</b>							
!!	0654/093	N/A	Claims, Registry	Process	Efficiency and Cost Reduction	<p>Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use</p> <p>Percentage of patients aged 2 years and older with a diagnosis of AOE who were not prescribed systemic antimicrobial therapy</p>	American Academy of Otolaryngology-Head and Neck Surgery
	0421/128	69v5	Claims, Registry, EHR, Web Interface	Process	Community/Population Health	<p>Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan</p> <p>Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous six months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the current encounter</p>	Centers for Medicare & Medicaid Services
	0419/130	68v6	Claims, Registry, EHR	Process	Patient Safety	<p>Documentation of Current Medications in the Medical Record</p> <p>Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counter, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.</p>	Centers for Medicare & Medicaid Services
	0028/226	138v5	Claims, Registry, EHR, Web Interface	Process	Community/Population Health	<p>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</p> <p>Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.</p>	Physician Consortium for Performance Improvement Foundation (PCPIF)
*	N/A/317	22v5	Claims, Registry, EHR	Process	Community/Population Health	<p>Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented</p> <p>Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.</p>	Centers for Medicare & Medicaid Services
!!	N/A/331	N/A	Registry	Process	Efficiency and Cost Reduction	<p>Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis (Overuse)</p> <p>Percentage of patients, aged 18 years and older, with a diagnosis of acute sinusitis who were prescribed an antibiotic within 10 days after onset of symptoms</p>	American Academy of Otolaryngology-Head and Neck Surgery
!!	N/A/332	N/A	Registry	Process	Efficiency and Cost Reduction	<p>Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin With or Without Clavulanate Prescribed for Patients with Acute Bacterial Sinusitis (Appropriate Use)</p> <p>Percentage of patients aged 18 years and older with a diagnosis of acute bacterial sinusitis that were prescribed amoxicillin, with or without clavulanate, as a first line antibiotic at the time of diagnosis</p>	American Academy of Otolaryngology-Head and Neck Surgery

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MIPS ID Number	NQF PCFS	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description*	Measure Steward
<b>13. Pathology</b>							
	0391 /099	N/A	Claims, Registry	Process	Effective Clinical Care	Breast Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade  Percentage of breast cancer resection pathology reports that include the pT category (primary tumor), the pN category (regional lymph nodes), and the histologic grade	College of American Pathologists
	0392 /100	N/A	Claims, Registry	Process	Effective Clinical Care	Colorectal Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade  Percentage of colon and rectum cancer resection pathology reports that include the pT category (primary tumor), the pN category (regional lymph nodes) and the histologic grade	College of American Pathologists
	1854 /249	N/A	Claims, Registry	Process	Effective Clinical Care	Barrett's Esophagus  Percentage of esophageal biopsy reports that document the presence of Barrett's mucosa that also include a statement about dysplasia	College of American Pathologists
§	1853 /250	N/A	Claims, Registry	Process	Effective Clinical Care	Radical Prostatectomy Pathology Reporting  Percentage of radical prostatectomy pathology reports that include the pT category, the pN category, the Gleason score and a statement about margin status	College of American Pathologists
	1855 /251	N/A	Claims, Registry	Structure	Effective Clinical Care	Quantitative Immunohistochemical (IHC) Evaluation of Human Epidermal Growth Factor Receptor 2 Testing (HER2) for Breast Cancer Patients  This is a measure based on whether quantitative evaluation of Human Epidermal Growth Factor Receptor 2 Testing (HER2) by immunohistochemistry (IHC) uses the system recommended in the current ASCO/CAP Guidelines for Human Epidermal Growth Factor Receptor 2 Testing in breast cancer	College of American Pathologists
!	N/A/ 395	N/A	Claims, Registry	Process	Communica tion and Care Coordination	Lung Cancer Reporting (Biopsy/ Cytology Specimens)  Pathology reports based on biopsy and/or cytology specimens with a diagnosis of primary nonsmall cell lung cancer classified into specific histologic type or classified as NSCLC-NOS with an explanation included in the pathology report	College of American Pathologists
!	N/A/ 396	N/A	Claims, Registry	Process	Communica tion and Care Coordination	Lung Cancer Reporting (Resection Specimens)  Pathology reports based on resection specimens with a diagnosis of primary lung carcinoma that include the pT category, pN category and for non-small cell lung cancer, histologic type	College of American Pathologists

MIPSID Number	NQF POFS	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description*	Measure Seward
<b>13. Pathology</b>							
!	N/A/ 397	N/A	Claims, Registry	Process	Communica- tion and Care Coordination	<b>Melanoma Reporting</b>  Pathology reports for primary malignant cutaneous melanoma that include the pT category and a statement on thickness and ulceration and for pT1, mitotic rate	College of American Pathologists
<p>Comment: Although CMS received comments regarding changes to the measure set that specified the development of additional Pathology measures, CMS did not receive specific comments on current measures that should be added or removed from the specialty measure set. CMS also received general comments supporting the proposal of the Pathology specialty measure set.</p> <p>Response: CMS has not changed the specialty measure set from the proposed set and believes the finalized specialty set reflects the relevant measures appropriate for the Pathology specialty.</p> <p>Final Decision: CMS is finalizing the Pathology specialty measure set as indicated in the table above.</p>							

MIPSID Number	NQF POFS	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description*	Measure Seward
<b>14. Pediatrics</b>							
!!	0069 /065	154v5	Registry, EHR	Process	Efficiency and Cost Reduction	<b>Appropriate Treatment for Children with Upper Respiratory Infection (URI)</b>  Percentage of children 3 months through 18 years of age who were diagnosed with upper respiratory infection (URI) and were not dispensed an antibiotic prescription on or three days after the episode.	National Committee for Quality Assurance
* !!	N/A/ 066	146v5	Registry, EHR	Process	Efficiency and Cost Reduction	<b>Appropriate Testing for Children with Pharyngitis</b>  Percentage of children 3-18 years of age who were diagnosed with pharyngitis, ordered an antibiotic and received a group A streptococcus (strep) test for the episode.	National Committee for Quality Assurance
!!	0653 /091	N/A	Claims, Registry	Process	Effective Clinical Care	<b>Acute Otitis External (AOE): Topical Therapy</b>  Percentage of patients aged 2 years and older with a diagnosis of AOE who were prescribed topical preparations	American Academy of Otolaryngolog- y-Head and Neck Surgery
!!	0654 /093	N/A	Claims, Registry	Process	Efficiency and Cost Reduction	<b>Acute Otitis External (AOE): Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use</b>  Percentage of patients aged 2 years and older with a diagnosis of AOE who were not prescribed systemic antimicrobial therapy	American Academy of Otolaryngolog- y-Head and Neck Surgery
	0041 /110	147v6	Claims, Web Interface, Registry, EHR	Process	Community / Population Health	<b>Preventive Care and Screening: Influenza Immunization</b>  Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization	Physician Consortium for Performance Improvement Foundation (PCPI®)

MIPS ID Number	NQF FOR	CMS Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description <sup>v</sup>	Measure Steward
<b>14. Pediatrics</b>							
*	0418 /134	2v6	Claims, Web Interface, Registry, EHR	Process	Community / Population Health	Preventive Care and Screening: Screening for Depression and Follow-Up Plan  Percentage of patients aged 12 years and older screened for depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen	Centers for Medicare & Medicaid Services
* §	0405 /160	52v5	EHR	Process	Effective Clinical Care	HIV/AIDS Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis  Percentage of patients aged 6 weeks and older with a diagnosis of HIV/AIDS who were prescribed Pneumocystis Jiroveci Pneumonia (PCP) prophylaxis	National Committee for Quality Assurance
§	0409 /205	N/A	Registry	Process	Effective Clinical Care	HIV/AIDS Sexually Transmitted Disease Screening for Chlamydia, Gonorrhea, and Syphilis  Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS for whom chlamydia, gonorrhea and syphilis screenings were performed at least once since the diagnosis of HIV infection	National Committee for Quality Assurance
	0024 /239	155v5	EHR	Process	Community / Population Health	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents  Percentage of patients 3-17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or Obstetrician/Gynecologist (OB/GYN) and who had evidence of the following during the measurement period. Three rates are reported. - Percentage of patients with height, weight, and body mass index (BMI) percentile documentation - Percentage of patients with counseling for nutrition - Percentage of patients with counseling for physical activity	National Committee for Quality Assurance
	0038 /240	117v5	EHR	Process	Community / Population Health	Childhood Immunization Status  Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three H influenza type B (HIB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday	National Committee for Quality Assurance
	0033 /310	153v5	EHR	Process	Community / Population Health	Chlamydia Screening for Women:  Percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement period	National Committee for Quality Assurance
	0108 /366	136v6	EHR	Process	Effective Clinical Care	ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication:  Percentage of children 6-12 years of age and newly dispensed a medication for attention-deficit/hyperactivity disorder (ADHD) who had	National Committee for Quality Assurance

MIPS ID Number	NOF PQRS	OMS EMeasure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description <sup>a</sup>	Measure Seward
<b>14. Pediatrics</b>							
						appropriate follow-up care. Two rates are reported. a. Percentage of children who had one follow-up visit with a practitioner with prescribing authority during the 30-Day Initiation Phase. b. Percentage of children who remained on ADHD medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two additional follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended	
	N/A/ 379	74v6	EHR	Process	Effective Clinical Care	Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists  Percentage of children, age 0-20 years, who received a fluoride varnish application during the measurement period	Centers for Medicare & Medicaid Services
!	1365 /382	177v5	EHR	Process	Patient Safety	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment:  Percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk	Physician Consortium for Performance Improvement Foundation (PCPIF)
!	0576 /391	N/A	Registry	Process	Communication/ Care Coordination	Follow-up After Hospitalization for Mental Illness (FUH)  The percentage of discharges for patients 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. Two rates are reported: - The percentage of discharges for which the patient received follow-up within 30 days of discharge  - The percentage of discharges for which the patient received follow-up within 7 days of discharge	National Committee for Quality Assurance
	1407 /394	N/A	Registry	Process	Community /Population Health	Immunizations for Adolescents: The percentage of adolescents 13 years of age who had the recommended immunizations by their 13th birthday	National Committee for Quality Assurance
	N/A/ 402	NA	Registry	Process	Community / Population Health	Tobacco Use and Help with Quitting Among Adolescents  The percentage of adolescents 12 to 20 years of age with a primary care visit during the measurement year for whom tobacco use status was documented and received help with quitting if identified as a tobacco user	National Committee for Quality Assurance
+ \$ !	1799 /444	NA	Registry	Process	Efficiency and Cost Reduction	Medication Management for People with Asthma (MMA):  The percentage of patients 5-64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on for at least 75% of their treatment period.	National Committee for Quality Assurance

MIPS ID Number	NQF FOR POS	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description <sup>v</sup>	Measure Steward
<b>14. Pediatrics</b>							
<p>Comment: CMS received several comments that suggested the pediatrics measure set align with the Children's Health Insurance Program Reauthorization Act (CHIPRA) Core Measure Set <a href="https://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/downloads/2016-child-core-set.pdf">https://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/downloads/2016-child-core-set.pdf</a>.</p> <p>Response: CMS agrees that pediatrics specialty set should, where practicable, align with the CHIPRA core measures that already exist in the program. As such, CMS added measures #239, #240, #310, #366, #379, #382, #391, #394, #444. Measures not added to the Pediatric specialty measure set for 2017 may be considered for future rulemaking once these measures have been added to the MIPS Quality measure set. Additionally, CMS added measures previously identified as cross-cutting to the measure set that are relevant for pediatrics (, , #402,). CMS believes the finalized specialty set reflects the relevant measures appropriate for the pediatrics specialty.</p> <p>Final Decision: CMS is finalizing the pediatrics specialty measure set as indicated in the table above.</p>							

MIPS ID Number	NQF FOR POS	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description <sup>v</sup>	Measure Steward
<b>15. Physical Medicine</b>							
	0326 / 047	N/A	Claims, Registry	Process	Communication and Care Coordination	<p>Care Plan</p> <p>Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.</p>	National Committee for Quality Assurance
!	N/A / 109	N/A	Claims, Registry	Process	Person and Caregiver- Centered Experience and Outcomes	<p>Osteoarthritis (OA): Function and Pain Assessment</p> <p>Percentage of patient visits for patients aged 21 years and older with a diagnosis of osteoarthritis (OA) with assessment for function and pain</p>	American Academy of Orthopedic Surgeons
	0421 / 128	69v5	Claims, Registry, BHR, Web Interface	Process	Community/ Population Health	<p>Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan</p> <p>Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous six months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the current encounter</p>	Centers for Medicare & Medicaid Services
	0419 / 130	68v6	Claims, Registry, BHR	Process	Patient Safety	<p>Documentation of Current Medications in the Medical Record</p> <p>Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counter, herbals, and vitamin/mineral/ dietary (nutritional) supplements AND must contain the medications' name,</p>	Centers for Medicare & Medicaid Services

MIPSID Number	NQF PQRS	OMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description*	Measure Seward
<b>15. Physical Medicine</b>							
						dosage, frequency and route of administration.	
!	0420 / 131	N/A	Claims, Registry	Process	Communication and Care Coordination	Pain Assessment and Follow-Up  Percentage of visits for patients aged 18 years and older with documentation of a pain assessment using a standardized tool(s) on each visit AND documentation of a follow-up plan when pain is present	Centers for Medicare & Medicaid Services
!	2624 / 182	N/A	Claims, Registry	Process	Communication and Care Coordination	Functional Outcome Assessment  Percentage of visits for patients aged 18 years and older with documentation of a current functional outcome assessment using a standardized functional outcome assessment tool on the date of encounter AND documentation of a care plan based on identified functional outcome deficiencies on the date of the identified deficiencies	Centers for Medicare & Medicaid Services
	0028 / 226	138v5	Claims, Registry, EHR, Web Interface	Process	Community/Population Health	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention  Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.	Physician Consortium for Performance Improvement Foundation (PCPIF)
§ !!	0052 / 312	166v6	EHR	Process	Efficiency and Cost Reduction	Use of Imaging Studies for Low Back Pain  Percentage of patients 18-50 years of age with a diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis	National Committee for Quality Assurance
*	N/A/ 317	22v5	Claims, Registry, EHR	Process	Community/Population Health	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented  Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.	Centers for Medicare & Medicaid Services
	NA/ 374	50v5	EHR	Process	Communication and Care Coordination	Closing the Referral Loop: Receipt of Specialist Report  Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.	Centers for Medicare & Medicaid Services
	NA/ 402	NA	Registry	Process	Community/ Population Health	Tobacco Use and Help with Quitting Among Adolescents  The percentage of adolescents 12 to 20 years of age with a primary care visit during the measurement year for whom tobacco use status was documented and received help with quitting if identified as a tobacco user	National Committee for Quality Assurance

MIPSID Number	NOF PQRS	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description <sup>y</sup>	Measure Steward
<b>15. Physical Medicine</b>							
	N/A/ 408	N/A	Registry	Process	Effective Clinical Care	Opioid Therapy Follow-up Evaluation  All patients 18 and older prescribed opiates for longer than six weeks duration who had a follow-up evaluation conducted at least every three months during Opioid Therapy documented in the medical record	American Academy of Neurology
	N/A/ 412	N/A	Registry	Process	Effective Clinical Care	Documentation of Signed Opioid Treatment Agreement  All patients 18 and older prescribed opiates for longer than six weeks duration who signed an opioid treatment agreement at least once during Opioid Therapy documented in the medical record	American Academy of Neurology
	N/A/ 414	N/A	Registry	Process	Effective Clinical Care	Evaluation or Interview for Risk of Opioid Misuse  All patients 18 and older prescribed opiates for longer than six weeks duration evaluated for risk of opioid misuse using a brief validated instrument (e.g. Opioid Risk Tool, SOAAP-R) or patient interview documented at least once during Opioid Therapy in the medical record	American Academy of Neurology
	2152 /431	NA	Registry	Process	Community / Population Health	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling  Percentage of patients aged 18 years and older who were screened for unhealthy alcohol use using a systematic screening method at least once within the last 24 months AND who received brief counseling if identified as an unhealthy alcohol user.	Physician Consortium for Performance Improvement Foundation (PCPI®)
<p>Comment: CMS received support for development of the physical medicine measure set. CMS also received a specific request to remove the measure set because the commenter believed the measures are irrelevant and not applicable to physical medicine. The commenter also believed that psychiatrists would need to find a cross-cutting measure to report in addition to the set.</p> <p>Response: CMS will continue to work with specialty groups on measures relevant to specialists and would like to reiterate that specialists should work closely with specialty groups to find appropriate measures to report. Additionally, CMS has added previously identified cross-cutting measures that are relevant for the specialty set (#047, #128, #130, #226, #317, #374, #402, and #431). CMS also notes that we will not finalize the cross-cutting measure requirement as detailed in section II.E.5.b of this final rule with comment. CMS believes the finalized specialty set reflects the relevant measures appropriate for the physical medicine specialty.</p> <p>Final Decision: CMS is finalizing the physical medicine specialty measure set as indicated in the table above.</p>							

MIPSID Number	NOF PQRS	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description <sup>y</sup>	Measure Steward
<b>16. Plastic Surgery</b>							
!!	0268 /021	N/A	Claims, Registry	Process	Patient Safety	Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin  Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for a first OR second generation cephalosporin prophylactic antibiotic, who had an order for a first OR second generation	American Society of Plastic Surgeons

MIPS ID Number	NQF / PQRS	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description*	Measure Seward
<b>16. Plastic Surgery</b>							
						cephalosporin for antimicrobial prophylaxis	
!	0239 / 023	N/A	Claims, Registry	Process	Patient Safety	<p>Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients)</p> <p>Percentage of surgical patients aged 18 years and older undergoing procedures for which venous thromboembolism (VTE) prophylaxis is indicated in all patients, who had an order for Low Molecular Weight Heparin (LMWH), Low-Dose Unfractionated Heparin (LDUH), adjusted-dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end time</p>	American Society of Plastic Surgeons
	0326 / 047	N/A	Claims, Registry	Process	Communication and Care Coordination	<p>Care Plan</p> <p>Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.</p>	National Committee for Quality Assurance
	0421 / 128	69v5	Claims, Registry, EHR, Web Interface	Process	Community/Population Health	<p>Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan</p> <p>Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous six months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the current encounter</p>	Centers for Medicare & Medicaid Services
	0419 / 130	68v6	Claims, Registry, EHR	Process	Patient Safety	<p>Documentation of Current Medications in the Medical Record</p> <p>Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.</p>	Centers for Medicare & Medicaid Services
	0028 / 226	138v5	Claims, Registry, EHR, Web Interface	Process	Community/Population Health	<p>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</p> <p>Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.</p>	Physician Consortium for Performance Improvement Foundation (PCPI®)
*	N/A / 317	22v5	Claims, Registry, EHR	Process	Community/Population Health	<p>Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented</p> <p>Percentage of patients aged 18 years and older seen during the reporting period who were screened for high</p>	Centers for Medicare & Medicaid Services

MIPSID Number	NOF/ PQRS	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description*	Measure Steward
<b>16. Plastic Surgery</b>							
						blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.	
* !	N/A/ 357	N/A	Registry	Outcome	Effective Clinical Care	Surgical Site Infection (SSI)  Percentage of patients aged 18 years and older who had a surgical site infection (SSI)	American College of Surgeons
!	N/A/ 358	N/A	Registry	Process	Person and Caregiver-Centered Experience and Outcomes	Patient-Centered Surgical Risk Assessment and Communication  Percentage of patients who underwent a non-emergency surgery who had their personalized risks of postoperative complications assessed by their surgical team prior to surgery using a clinical data-based, patient-specific risk calculator and who received personal discussion of those risks with the surgeon	American College of Surgeons
	NA/ 374	50v5	BHR	Process	Communication and Care Coordination	Closing the Referral Loop: Receipt of Specialist Report  Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.	Centers for Medicare & Medicaid Services
	NA/ 402	NA	Registry	Process	Community/ Population Health	Tobacco Use and Help with Quitting Among Adolescents  The percentage of adolescents 12 to 20 years of age with a primary care visit during the measurement year for whom tobacco use status was documented and received help with quitting if identified as a tobacco user	National Committee for Quality Assurance
<p>Comment: CMS received a specific comment to add measure #357: Surgical Site Infection to the measure set.</p> <p>Response: CMS agrees that measure #357 is applicable for plastic surgeon specialists. CMS has also added previously identified cross-cutting measures that are relevant for the specialty set (#047, #128, #130, #226, #317, #374, and #402). CMS believes the finalized specialty set reflects the relevant measures appropriate for the plastic surgery specialty.</p> <p>Final Decision: CMS is finalizing the plastic surgery specialty measure set as indicated in the table above.</p>							

MIPSID Number	NOF/ PQRS	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description*	Measure Steward
<b>17. Preventive Medicine</b>							
* \$ !	0059/ 001	122v5	Claims, Web Interface, Registry, BHR	Intermediate Outcome	Effective Clinical Care	Diabetes: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)  Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period	National Committee for Quality Assurance

MIPS ID Number	NOF/PCPS	OMS E Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description <sup>v</sup>	Measure Steward
<b>17. Preventive Medicine</b>							
!	0045 / 024	N/A	Claims, Registry	Process	Communication and Care Coordination	<p>Communication with the Physician or Other Clinician Managing On-going Care Post-Fracture for Men and Women Aged 50 Years and Older</p> <p>Percentage of patients aged 50 years and older treated for a fracture with documentation of communication, between the physician treating the fracture and the physician or other clinician managing the patient's on-going care, that a fracture occurred and that the patient was or should be considered for osteoporosis treatment or testing. This measure is reported by the physician who treats the fracture and who therefore is held accountable for the communication</p>	National Committee for Quality Assurance
	0046 / 039	N/A	Claims, Registry	Process	Effective Clinical Care	<p>Screening for Osteoporosis for Women Aged 65-85 Years of Age</p> <p>Percentage of female patients aged 65-85 years of age who ever had a central dual-energy X-ray absorptiometry (DXA) to check for osteoporosis</p>	National Committee for Quality Assurance
	0326 / 047	N/A	Claims, Registry	Process	Communication and Care Coordination	<p>Care Plan</p> <p>Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.</p>	National Committee for Quality Assurance
	N/A / 048	N/A	Claims, Registry	Process	Effective Clinical Care	<p>Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older</p> <p>Percentage of female patients aged 65 years and older who were assessed for the presence or absence of urinary incontinence within 12 months</p>	National Committee for Quality Assurance
!	N/A / 109	N/A	Claims, Registry	Process	Person and Caregiver-Centered Experience and Outcomes	<p>Osteoarthritis (OA): Function and Pain Assessment</p> <p>Percentage of patient visits for patients aged 21 years and older with a diagnosis of osteoarthritis (OA) with assessment for function and pain</p>	American Academy of Orthopedic Surgeons
	0041 / 110	147v6	Claims, Web Interface, Registry, EHR	Process	Community/Population Health	<p>Preventive Care and Screening: Influenza Immunization</p> <p>Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization</p>	Physician Consortium for Performance Improvement Foundation (PCPI®)
	0043 / 111	127v5	Claims, Web Interface, Registry, EHR	Process	Community/Population Health	<p>Pneumonia Vaccination Status for Older Adults</p> <p>Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine</p>	National Committee for Quality Assurance
* §	2372 / 112	125v5	Claims, Web Interface, Registry, EHR	Process	Effective Clinical Care	<p>Breast Cancer Screening</p> <p>Percentage of women 50 - 74 years of age who had a mammogram to screen for breast cancer</p>	National Committee for Quality Assurance

MIPSID Number	NOF FOFS	OIS E Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description <sup>y</sup>	Measure Seward
<b>17. Preventive Medicine</b>							
	0421 /128	69v5	Claims, Registry, B-IR, Web Interface	Process	Communit y/ Population Health	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan  Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous six months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the current encounter	Centers for Medicare & Medicaid Services
	0419 /130	68v6	Claims, Registry, B-IR	Process	Patient Safety	Documentation of Current Medications in the Medical Record  Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	Centers for Medicare & Medicaid Services
	0028 /226	138v5	Claims, Registry, B-IR, Web Interface	Process	Communit y/ Populati on Health	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention  Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.	Physician Consortium for Performance Improvement Foundation (PCPI®)
	0018 /236	165v5	Claims, Registry, B-IR, Web Interface	Intermedi ate Outcome	Effective Clinical Care	Controlling High Blood Pressure  Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mmHg) during the measurement period	National Committee for Quality Assurance
*	NA/ 317	22v5	Claims, Registry, B-IR	Process	Communit y/ Populati on Health	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented  Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.	Centers for Medicare & Medicaid Services
	NA/ 374	50v5	B-IR	Process	Communic ation and Care Coordinati on	Closing the Referral Loop: Receipt of Specialist Report  Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.	Centers for Medicare & Medicaid Services
	NA/ 402	NA	Registry	Process	Communit y/ Population Health	Tobacco Use and Help with Quitting Among Adolescents  The percentage of adolescents 12 to 20 years of age with a primary care visit during the measurement year for whom tobacco use status was documented and received help with quitting if identified as a tobacco user	National Committee for Quality Assurance
	2152 /431	NA	Registry	Process	Communit y/ Population Health	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling  Percentage of patients aged 18 years and older who were screened for unhealthy alcohol use using a systematic screening method at least once within the last 24 months	Physician Consortium for Performance Improvement Foundation (PCPI®)

MIPS ID Number	NQF / PQRS	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description*	Measure Steward
<b>17. Preventive Medicine</b>							
						AND who received brief counseling if identified as an unhealthy alcohol user.	
<p>Comment: CMS received specific comments to include previously identified cross-cutting measures in the measure set.</p> <p>Response: CMS has added several previously identified cross-cutting measures that are relevant for the preventive medicine specialty set (#047, #128, #130, #226, #236, #317, #374, #402, and #431). CMS believes the finalized specialty set reflects the relevant measures appropriate for the preventive medicine specialty.</p> <p>Final Decision: CMS is finalizing the preventive medicine specialty measure set as indicated in the table above.</p>							

MIPS ID Number	NQF / PQRS	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description*	Measure Steward
<b>18. Neurology</b>							
	0325 / 032	N/A	Claims, Registry	Process	Effective Clinical Care	<p>Stroke and Stroke Rehabilitation: Discharged on Antithrombotic Therapy</p> <p>Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or transient ischemic attack (TIA) who were prescribed an antithrombotic therapy at discharge.</p>	American Academy of Neurology
	0326 / 047	N/A	Claims, Registry	Process	Communication and Care Coordination	<p>Care Plan</p> <p>Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.</p>	National Committee for Quality Assurance
	0421 / 128	69v5	Claims, Registry, EHR, Web Interface	Process	Community/ Population Health	<p>Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan</p> <p>Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous six months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the current encounter</p>	Centers for Medicare & Medicaid Services
	0419 / 130	68v6	Claims, Registry, EHR	Process	Patient Safety	<p>Documentation of Current Medications in the Medical Record</p> <p>Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name,</p>	Centers for Medicare & Medicaid Services

MIPSID Number	NOF POPS	QMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description <sup>v</sup>	Measure Steward
<b>18. Neurology</b>							
						dosage, frequency and route of administration.	
	0028 / 226	138v5	Claims, Registry, EHR, Web Interface	Process	Communit y/Populati on Health	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention  Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.	Physician Consortium for Performance Improvement Foundation (PCPI®)
*	1814 / 268	N/A	Claims, Registry	Process	Effective Clinical Care	Epilepsy: Counseling for Women of Childbearing Potential with Epilepsy  All female patients of childbearing potential (12 - 44 years old) diagnosed with epilepsy who were counseled or referred for counseling for how epilepsy and its treatment may affect contraception OR pregnancy at least once a year	American Academy of Neurology
	N/A/ 281	149v5	EHR	Process	Effective Clinical Care	Dementia: Cognitive Assessment  Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of cognition is performed and the results reviewed at least once within a 12-month period	Physician Consortium for Performance Improvement Foundation (PCPI®)
*	N/A/ 282	N/A	Registry	Process	Effective Clinical Care	Dementia: Functional Status Assessment  Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of functional status is performed and the results reviewed at least once within a 12-month period	American Academy of Neurology
*	N/A/ 283	N/A	Registry	Process	Effective Clinical Care	Dementia: Neuropsychiatric Symptom Assessment  Percentage of patients, regardless of age, with a diagnosis of dementia and for whom an assessment of neuropsychiatric symptoms is performed and results reviewed at least once in a 12-month period	American Academy of Neurology
*	N/A/ 284	N/A	Registry	Process	Effective Clinical Care	Dementia: Management of Neuropsychiatric Symptoms  Percentage of patients, regardless of age, with a diagnosis of dementia who have one or more neuropsychiatric symptoms who received or were recommended to receive an intervention for neuropsychiatric symptoms within a 12-month period	American Academy of Neurology
* !	N/A/ 286	N/A	Registry	Process	Patient Safety	Dementia: Counseling Regarding Safety Concerns  Percentage of patients, regardless of age, with a diagnosis of dementia or their caregiver(s) who were counseled or referred for counseling regarding safety concerns within a 12-month period	American Academy of Neurology

MIPS ID Number	NQF/PCPS	OMS Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description*	Measure Steward
<b>18. Neurology</b>							
* !	N/A/288	N/A	Registry	Process	Communication and Care Coordination	Dementia: Caregiver Education and Support  Percentage of patients, regardless of age, with a diagnosis of dementia whose caregiver(s) were provided with education on dementia disease management and health behavior changes AND referred to additional sources for support within a 12-month period	American Academy of Neurology
*	N/A/290	N/A	Registry	Process	Effective Clinical Care	Parkinson's Disease: <del>Psychiatric</del> <b>Psychiatric Symptoms Assessment</b> for Patients with Parkinson's Disease  All patients with a diagnosis of Parkinson's disease who were <del>assessed</del> <b>assessed</b> for psychiatric symptoms (e.g., psychosis, depression, anxiety disorder, apathy, or impulse control disorder) in the last 12 months	American Academy of Neurology
*	N/A/291	N/A	Registry	Process	Effective Clinical Care	Parkinson's Disease: <del>Cognitive Impairment or Dysfunction</del> <b>Cognitive Impairment or Dysfunction Assessment</b>  All patients with a diagnosis of Parkinson's disease who were assessed for cognitive impairment or dysfunction in the last 12 months	American Academy of Neurology
* !	N/A/293	N/A	Registry	Process	Communication and Care Coordination	Parkinson's Disease: <del>Rehabilitative Therapy Options</del> <b>Rehabilitative Therapy Options</b>  All patients with a diagnosis of Parkinson's disease (or caregiver(s), as appropriate) who had rehabilitative therapy options (e.g., physical, occupational, or speech therapy) discussed in the last 12 months	American Academy of Neurology
* !	N/A/294	N/A	Registry	Process	Communication and Care Coordination	Parkinson's Disease: <del>Parkinson's Disease Medical and Surgical Treatment Options Reviewed</del> <b>Parkinson's Disease Medical and Surgical Treatment Options Reviewed</b>  All patients with a diagnosis of Parkinson's disease (or caregiver(s), as appropriate) who had the Parkinson's disease treatment options (e.g., non-pharmacological treatment, pharmacological treatment, or surgical treatment) reviewed at least once annually	American Academy of Neurology
*	N/A/317	22v5	Claims, Registry, EHR	Process	Community/Population Health	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented  Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.	Centers for Medicare & Medicaid Services
	NA/374	50v5	EHR	Process	Communication and Care Coordination	Closing the Referral Loop: Receipt of Specialist Report  Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.	Centers for Medicare & Medicaid Services
!	N/A/386	N/A	Registry	Process	Person and Caregiver-Centered Experience and Outcomes	Amyotrophic Lateral Sclerosis (ALS) Patient Care Preferences  Percentage of patients diagnosed with Amyotrophic Lateral Sclerosis (ALS) who were offered assistance in planning for end of life issues (e.g. advance directives, invasive ventilation, hospice) at least once annually	American Academy of Neurology
	NA/402	NA	Registry	Process	Community/Population	Tobacco Use and Help with Quitting Among Adolescents  The percentage of adolescents 12 to 20 years of age with	National Committee for Quality

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MIPS ID Number	NOF PQRS	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description*	Measure Seward
<b>19. Mental/Behavioral Health</b>							
	105/ 009	128v5	EHR	Process	Effective Clinical Care	<p>Anti-Depressant Medication Management</p> <p>Percentage of patients 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on antidepressant medication treatment.</p> <p>Two rates are reported</p> <p>a. Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks)</p> <p>b. Percentage of patients who remained on an antidepressant medication for at least 180 days (6 months)</p>	National Committee for Quality Assurance
	0326 / 047	N/A	Claims, Registry	Process	Communica tion and Care Coordination	<p>Care Plan</p> <p>Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.</p>	National Committee for Quality Assurance
	0421 / 128	69v5	Claims, Registry, EHR, Web Interface	Process	Community / Population Health	<p>Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan</p> <p>Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous six months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the current encounter</p>	Centers for Medicare & Medicaid Services
	0419 / 130	68v6	Claims, Registry, EHR	Process	Patient Safety	<p>Documentation of Current Medications in the Medical Record</p> <p>Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counter, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.</p>	Centers for Medicare & Medicaid Services
*	0418 / 134	2v6	Claims, Web Interface, Registry, EHR	Process	Community / Population Health	<p>Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan</p> <p>Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen</p>	Centers for Medicare & Medicaid Services
†	N/A/ 181	N/A	Claims, Registry	Process	Patient Safety	<p>Elder Maltreatment Screen and Follow-Up Plan</p> <p>Percentage of patients aged 65 years and older with a documented elder maltreatment screen using an Elder Maltreatment Screening Tool on the date of encounter AND a documented follow-up plan on the date of the positive screen</p>	Centers for Medicare & Medicaid Services

MIPSID Number	NOF/ PQRS	QMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description <sup>y</sup>	Measure Seward
<b>19. Mental/ Behavioral Health</b>							
	0028 / 226	138v5	Claims, Registry, EHR, Web Interface	Process	Community / Population Health	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention  Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.	Physician Consortium for Performance Improvement Foundation (PCPIF)
	N/A/ 281	149v5	EHR	Process	Effective Clinical Care	Dementia: Cognitive Assessment  Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of cognition is performed and the results reviewed at least once within a 12-month period	-Physician Consortium for Performance Improvement Foundation (PCPIF)
*	N/A/ 282	N/A	Registry	Process	Effective Clinical Care	Dementia: Functional Status Assessment  Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of functional status is performed and the results reviewed at least once within a 12-month period	American Academy of Neurology
*	N/A/ 283	N/A	Registry	Process	Effective Clinical Care	Dementia: Neuropsychiatric Symptom Assessment  Percentage of patients, regardless of age, with a diagnosis of dementia and for whom an assessment of neuropsychiatric symptoms is performed and results reviewed at least once in a 12-month period	American Academy of Neurology
*	N/A/ 284	N/A	Registry	Process	Effective Clinical Care	Dementia: Management of Neuropsychiatric Symptoms  Percentage of patients, regardless of age, with a diagnosis of dementia who have one or more neuropsychiatric symptoms who received or were recommended to receive an intervention for neuropsychiatric symptoms within a 12-month period	American Academy of Neurology
* !	N/A/ 286	N/A	Registry	Process	Patient Safety	Dementia: Counseling Regarding Safety Concerns  Percentage of patients, regardless of age, with a diagnosis of dementia or their caregiver(s) who were counseled or referred for counseling regarding safety concerns within a 12-month period	American Academy of Neurology
* !	N/A/ 288	N/A	Registry	Process	Communication and Care Coordination	Dementia: Caregiver Education and Support  Percentage of patients, regardless of age, with a diagnosis of dementia whose caregiver(s) were provided with education on dementia disease management and health behavior changes AND referred to additional sources for support within a 12-month period	American Academy of Neurology
*	N/A/ 317	22v5	Claims, Registry, EHR	Process	Community / Population Health	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented  Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.	Centers for Medicare & Medicaid Services

MIPS ID Number	NQF/PCPS	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description*	Measure Steward
<b>19. Mental/Behavioral Health</b>							
!	N/A/325	N/A	Registry	Process	Communication/ Care Coordination	<p>Adult Major Depressive Disorder (MDD): Coordination of Care of Patients with Specific Comorbid Conditions</p> <p>Percentage of medical records of patients aged 18 years and older with a diagnosis of major depressive disorder (MDD) and a specific diagnosed comorbid condition (diabetes, coronary artery disease, ischemic stroke, intracranial hemorrhage, chronic kidney disease [stages 4 or 5], End Stage Renal Disease [ESRD] or congestive heart failure) being treated by another clinician with communication to the clinician treating the comorbid condition</p>	American Psychiatric Association
	0108/366	136v6	EHR	Process	Effective Clinical Care	<p>ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication:</p> <p>Percentage of children 6-12 years of age and newly dispensed a medication for attention-deficit/hyperactivity disorder (ADHD) who had appropriate follow-up care. Two rates are reported.</p> <p>a. Percentage of children who had one follow-up visit with a practitioner with prescribing authority during the 30-Day Initiation Phase.</p> <p>b. Percentage of children who remained on ADHD medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two additional follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.</p>	National Committee for Quality Assurance
* § !	0710/370	159v5	Web Interface, Registry, EHR	Outcome	Effective Clinical Care	<p>Depression Remission at Twelve Months:</p> <p>Patients age 18 and older with major depression or dysthymia and an initial Patient Health Questionnaire (PHQ-9) score greater than nine who demonstrate remission at twelve months (+/- 30 days after an index visit) defined as a PHQ-9 score less than five. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment.</p>	Minnesota Community Measurement
	0712/371	160v5	EHR	Process	Effective Clinical Care	<p>Depression Utilization of the PHQ-9 Tool:</p> <p>Patients age 18 and older with the diagnosis of major depression or dysthymia who have a Patient Health Questionnaire (PHQ-9) tool administered at least once during a 4-month period in which there was a qualifying visit</p>	Minnesota Community Measurement
	NA/374	50v5	EHR	Process	Communication and Care Coordination	<p>Closing the Referral Loop: Receipt of Specialist Report</p> <p>Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.</p>	Centers for Medicare & Medicaid Services
!	1365/382	177v5	EHR	Process	Patient Safety	<p>Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment:</p> <p>Percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk.</p>	Physician Consortium for Performance Improvement Foundation (PCPI®)

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MIPS ID Number	NQF/ PQRS	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description*	Measure Seward
<b>20. Radiology</b>							
<b>20a. Diagnostic Radiology</b>							
!!	N/A / 145	N/A	Registry	Process	Patient Safety	<p>Radiology: Exposure Dose or Time Reported for Procedures Using Fluoroscopy</p> <p>Final reports for procedures using fluoroscopy that document radiation exposure indices, or exposure time and number of fluorographic images (if radiation exposure indices are not available)</p>	American College of Radiology
!	0508 / 146	N/A	Claims, Registry	Process	Efficiency and Cost Reduction	<p>Radiology: Inappropriate Use of "Probable Benign" Assessment Category in Mammography Screening</p> <p>Percentage of final reports for screening mammograms that are classified as "probable Benign"</p>	American College of Radiology
!	N/A / 147	N/A	Claims, Registry	Process	Communication and Care Coordination	<p>Nuclear Medicine: Correlation with Existing Imaging Studies for All Patients Undergoing Bone Scintigraphy</p> <p>Percentage of final reports for all patients, regardless of age, undergoing bone scintigraphy that include physician documentation of correlation with existing relevant imaging studies (e.g., x-ray, MRI, CT, etc.) that were performed</p>	Society of Nuclear Medicine and Molecular Imaging
	0507 / 195	N/A	Claims, Registry	Process	Effective Clinical Care	<p>Radiology: Stenosis Measurement in Carotid Imaging Reports</p> <p>Percentage of final reports for carotid imaging studies (neck magnetic resonance angiography [MRA], neck computed tomography angiography [CTA], neck duplex ultrasound, carotid angiogram) performed that include direct or indirect reference to measurements of distal internal carotid diameter as the denominator for stenosis measurement</p>	American College of Radiology
!	0509 / 225	N/A	Claims, Registry	Structure	Communication and Care Coordination	<p>Radiology: Reminder System for Screening Mammograms</p> <p>Percentage of patients undergoing a screening mammogram whose information is entered into a reminder system with a target due date for the next mammogram</p>	American College of Radiology
* !	N/A / 359	N/A	Registry	Process	Communication and Care Coordination	<p>Optimizing Patient Exposure to Ionizing Radiation: Utilization of a Standardized Nomenclature for Computed Tomography (CT) Imaging</p> <p>Percentage of computed tomography (CT) imaging reports for all patients, regardless of age, with the imaging study named according to a standardized nomenclature and the standardized nomenclature is used in institution's computer systems</p>	American College of Radiology

MIPSID Number	NOF PQRS	OMS EMeasure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description*	Measure Steward
<b>20. Radiology</b>							
* !!	N/A/ 360	N/A	Registry	Process	Patient Safety	<p>Optimizing Patient Exposure to Ionizing Radiation: Count of Potential High Dose Radiation Imaging Studies: Computed Tomography (CT) and Cardiac Nuclear Medicine Studies</p> <p>Percentage of computed tomography (CT) and cardiac nuclear medicine (myocardial perfusion studies) imaging reports for all patients, regardless of age, that document a count of known previous CT (any type of CT) and cardiac nuclear medicine (myocardial perfusion) studies that the patient has received in the 12-month period prior to the current study.</p>	American College of Radiology
* !	N/A/ 361	N/A	Registry	Structure	Patient Safety	<p>Optimizing Patient Exposure to Ionizing Radiation: Reporting to a Radiation Dose Index Registry</p> <p>Percentage of total computed tomography (CT) studies performed for all patients, regardless of age, that are reported to a radiation dose index registry that is capable of collecting at a minimum selected data elements</p>	American College of Radiology
* !	N/A/ 362	N/A	Registry	Structure	Communicat ion and Care Coordination	<p>Optimizing Patient Exposure to Ionizing Radiation: Computed Tomography (CT) Images Available for Patient Follow-up and Comparison Purposes</p> <p>Percentage of final reports for computed tomography (CT) studies performed for all patients, regardless of age, which document that Digital Imaging and Communications in Medicine (DICOM) format image data are available to non-affiliated external healthcare facilities or entities on a secure, media free, reciprocally searchable basis with patient authorization for at least a 12-month period after the study</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 52 at 78 FR 74667)</p>	American College of Radiology
* !	N/A/ 363	N/A	Registry	Structure	Communicat ion and Care Coordination	<p>Optimizing Patient Exposure to Ionizing Radiation: Search for Prior Computed Tomography (CT) Studies Through a Secure, Authorized, Media-Free, Shared Archive</p> <p>Percentage of final reports of computed tomography (CT) studies performed for all patients, regardless of age, which document that a search for Digital Imaging and Communications in Medicine (DICOM) format images was conducted for prior patient CT imaging studies completed at non-affiliated external healthcare facilities or entities within the past 12-months and are available through a secure, authorized, media free, shared archive prior to an imaging study being performed</p>	American College of Radiology
* !!	N/A/ 364	N/A	Registry	Process	Communicat ion and Care Coordination	<p>Optimizing Patient Exposure to Ionizing Radiation: Appropriateness: Follow-up CT Imaging for Incidentally Detected Pulmonary Nodules According to Recommended Guidelines</p> <p>Percentage of final reports for computed tomography (CT) imaging studies of the thorax for patients aged 18 years and older with documented follow-up recommendations for incidentally detected pulmonary nodules (e.g., follow-up CT imaging studies needed or that no follow-up is needed) based at a minimum on</p>	American College of Radiology

MIPS ID Number	NQF/PCPS	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description*	Measure Steward
<b>20. Radiology</b>							
						nodule size AND patient risk factors	
	N/A/405	N/A	Claims, Registry	Process	Effective Clinical Care	<p>Appropriate Follow-up Imaging for Incidental Abdominal Lesions</p> <p>Percentage of final reports for abdominal imaging studies for asymptomatic patients aged 18 years and older with one or more of the following noted incidentally with follow-up imaging recommended:</p> <ul style="list-style-type: none"> <li>• Liver lesion ≤ 0.5 cm</li> <li>• Classic kidney lesion ≤ 1.0 cm</li> <li>• Adrenal lesion ≤ 1.0 cm</li> </ul>	American College of Radiology
!!	N/A/406	N/A	Claims, Registry	Process	Effective Clinical Care	<p>Appropriate Follow-Up Imaging for Incidental Thyroid Nodules in Patients</p> <p>Percentage of final reports for computed tomography (CT), magnetic resonance imaging (MRI) or magnetic resonance angiogram (MRA) studies of the chest or neck or ultrasound of the neck for patients aged 18 years and older with no known thyroid disease with a thyroid nodule &lt; 1.0 cm noted incidentally with follow-up imaging recommended</p>	American College of Radiology
	N/A/436	N/A	Claims, Registry	Process	Effective Clinical Care	<p>Radiation Consideration for Adult CT: Utilization of Dose Lowering Techniques</p> <p>Percentage of final reports for patients aged 18 years and older undergoing CT with documentation that one or more of the following dose reduction techniques were used:</p> <ul style="list-style-type: none"> <li>• Automated exposure control</li> <li>• Adjustment of the mA and/or kV according to patient size</li> <li>• Use of iterative reconstruction technique</li> </ul>	American College of Radiology/ American Medical Association-Physician Consortium for Performance Improvement/ National Committee for Quality Assurance
<b>20b. Interventional Radiology</b>							
!	N/A/259	N/A	Registry	Outcome	Patient Safety	<p>Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non-Ruptured Infrarenal Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home by Post-Operative Day #2)</p> <p>Percent of patients undergoing endovascular repair of small or moderate non-ruptured infrarenal abdominal aortic aneurysms (AAA) that do not experience a major complication (discharged to home no later than post-operative day #2)</p>	Society for Vascular Surgeons
!	N/A/265	N/A	Registry	Process	Communication and Care Coordination	<p>Biopsy Follow-Up</p> <p>Percentage of new patients whose biopsy results have been reviewed and communicated to the primary care/referring physician and patient by the performing physician</p>	American Academy of Dermatology

MIPS ID Number	NOF POFS	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description <sup>v</sup>	Measure Seward
<b>20. Radiology</b>							
!	N/A/ 344	N/A	Registry	Outcome	Effective Clinical Care	Rate of Carotid Artery Stenting (CAS) for Asymptomatic Patients, Without Major Complications (Discharged to Home by Post-Operative Day #2)  Percent of asymptomatic patients undergoing CAS who are discharged to home no later than post-operative day #2	Society for Vascular Surgeons
!	N/A/ 345	N/A	Registry	Outcome	Effective Clinical Care	Rate of Postoperative Stroke or Death in Asymptomatic Patients Undergoing Carotid Artery Stenting (CAS)  Percent of asymptomatic patients undergoing CAS who experience stroke or death following surgery while in the hospital	Society for Vascular Surgeons
<p>Comment: CMS received several comments that recommended CMS remove the radiation oncology sub-specialty from the radiology specialty measure set. Commenters cited that the sub-specialty should be in a specialty set of its own or within an oncology specialty set. CMS also received specific comments to remove #360 from the specialty set.</p> <p>Response: Under further review, CMS agrees with commenters that the radiation oncology specialty set should be removed from the radiology specialty set and moved to the oncology specialty set. CMS believes that measure #360 is relevant to most radiologists and that if it is not, radiologists have the opportunity to choose other measures to report if #360 is not applicable. Therefore, we will continue to include #360 in measure set. CMS believes the finalized specialty set reflects the relevant measures appropriate for the radiology specialty.</p> <p>Final Decision: CMS is finalizing the radiology specialty measure set as indicated in the table above.</p>							

MIPS ID Number	NOF POFS	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description <sup>v</sup>	Measure Seward
<b>21. Surgery</b>							
<b>21a. Vascular Surgery</b>							
	0326 / 047	N/A	Claims, Registry	Process	Communication and Care Coordination	Care Plan  Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.	National Committee for Quality Assurance
	0421 / 128	69v5	Claims, Registry, EHR, Web Interface	Process	Community/ Population Health	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan  Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous six months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the current encounter	Centers for Medicare & Medicaid Services

MIPS ID Number	NQF POPS	CMS EMeasure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description*	Measure Seward
<b>21. Surgery</b>							
	0419 / 130	68v6	Claims, Registry, EHR	Process	Patient Safety	Documentation of Current Medications in the Medical Record  Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	Centers for Medicare & Medicaid Services
	0028 / 226	138v5	Claims, Registry, EHR, Web Interface	Process	Communit y/Populati on Health	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention  Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.	Physician Consortium for Performance Improvement Foundation (PCPI®)
	0018 / 236	165v5	Claims, Registry, EHR, Web Interface	Intermedi ate Outcome	Effective Clinical Care	Controlling High Blood Pressure  Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mmHg) during the measurement period	National Committee for Quality Assurance
!	N/A/ 258	N/A	Registry	Outcome	Patient Safety	Rate of Open Bedside Repair of Small or Moderate Non-Ruptured Infrarenal Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home by Post-Operative Day #7)  Percent of patients undergoing open repair of small or moderate sized non-ruptured infrarenal abdominal aortic aneurysms who do not experience a major complication (discharge to home no later than post-operative day #7)	Society for Vascular Surgeons
!	N/A/ 259	N/A	Registry	Outcome	Patient Safety	Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non-Ruptured Infrarenal Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged at Home by Post-Operative Day #2)  Percent of patients undergoing endovascular repair of small or moderate non-ruptured infrarenal abdominal aortic aneurysms (AAA) that do not experience a major complication (discharged to home no later than post-operative day #2)	Society for Vascular Surgeons
!	N/A/ 260	N/A	Registry	Outcome	Patient Safety	Rate of Carotid Endarterectomy (CEA) for Asymptomatic Patients, without Major Complications (Discharged to Home by Post-Operative Day #2)  Percent of asymptomatic patients undergoing CEA who are discharged to home no later than post-operative day #2)	Society for Vascular Surgeons
*	N/A/ 317	22v5	Claims, Registry, EHR	Process	Communit y/Populati on Health	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented  Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP)	Centers for Medicare & Medicaid Services

MIPSID Number	NOF/ PQRS	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description*	Measure Seward
<b>21. Surgery</b>							
						reading as indicated.	
!	N/A/ 344	N/A	Registry	Outcome	Effective Clinical Care	Rate of Carotid Artery Stenting (CAS) for Asymptomatic Patients, Without Major Complications (Discharged to Home by Post-Operative Day #2)  Percent of asymptomatic patients undergoing CAS who are discharged to home no later than post-operative day #2	Society for Vascular Surgeons
!	N/A/ 345	N/A	Registry	Outcome	Effective Clinical Care	Rate of Postoperative Stroke or Death in Asymptomatic Patients Undergoing Carotid Artery Stenting (CAS)  Percent of asymptomatic patients undergoing CAS who experience stroke or death following surgery while in the hospital	Society for Vascular Surgeons
!	1534 /347	N/A	Registry	Outcome	Patient Safety	Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non-Ruptured Infrarenal Abdominal Aortic Aneurysms (AAA) Who Die While in Hospital  Percent of patients undergoing endovascular repair of small or moderate infrarenal abdominal aortic aneurysms (AAA) who die while in the hospital	Society for Vascular Surgeons
* !	N/A/ 357	N/A	Registry	Outcome	Effective Clinical Care	Surgical Site Infection (SSI)  Percentage of patients aged 18 years and older who had a surgical site infection (SSI)	American College of Surgeons
	NA/ 374	50v5	EMR	Process	Communication and Care Coordination	Closing the Referral Loop: Receipt of Specialist Report  Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.	Centers for Medicare & Medicaid Services
	NA/ 402	NA	Registry	Process	Community/ Population Health	Tobacco Use and Help with Quitting Among Adolescents  The percentage of adolescents 12 to 20 years of age with a primary care visit during the measurement year for whom tobacco use status was documented and received help with quitting if identified as a tobacco user	National Committee for Quality Assurance
<b>21b. General Surgery</b>							
!!	0268 /021	N/A	Claims, Registry	Process	Patient Safety	Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin  Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for a first OR second generation cephalosporin prophylactic antibiotic, which had an order for a first OR second generation cephalosporin for antimicrobial prophylaxis	American Society of Plastic Surgeons

MIPS ID Number	NQF / PQRS	OMS EMeasure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description*	Measure Steward
<b>21. Surgery</b>							
!	0239 / 023	N/A	Claims, Registry	Process	Patient Safety	<p>Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients)</p> <p>Percentage of surgical patients aged 18 years and older undergoing procedures for which venous thromboembolism (VTE) prophylaxis is indicated in all patients, who had an order for Low Molecular Weight Heparin (LMWH), Low-Dose Unfractionated heparin (LDUH), adjusted-dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end time</p>	American Society of Plastic Surgeons
	0326 / 047	N/A	Claims, Registry	Process	Communication and Care Coordination	<p>Care Plan</p> <p>Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.</p>	National Committee for Quality Assurance
	0421 / 128	69v5	Claims, Registry, EHR, Web Interface	Process	Community/Population Health	<p>Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan</p> <p>Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous six months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the current encounter</p>	Centers for Medicare & Medicaid Services
	0419 / 130	68v5	Claims, Registry, EHR, Web Interface	Process	Patient Safety	<p>Documentation of Current Medications in the Medical Record</p> <p>Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.</p>	Centers for Medicare & Medicaid Services
	0028 / 226	138v5	Claims, Registry, EHR, Web Interface	Process	Community/Population Health	<p>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</p> <p>Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.</p>	Physician Consortium for Performance Improvement Foundation (PCCPIF)
*	N/A / 317	22v5	Claims, Registry, EHR	Process	Community/Population Health	<p>Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented</p> <p>Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.</p>	Centers for Medicare & Medicaid Services

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MIPS ID Number	NQF PQRS	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description*	Measure Seward
<b>22. Thoracic Surgery</b>							
!!	0268 /021	N/A	Claims, Registry	Process	Patient Safety	<p>Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin</p> <p>Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for a first OR second generation cephalosporin prophylactic antibiotic, who had an order for a first OR second generation cephalosporin for antimicrobial prophylaxis</p>	American Society of Plastic Surgeons
!	0239 /023	N/A	Claims, Registry	Process	Patient Safety	<p>Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients)</p> <p>Percentage of surgical patients aged 18 years and older undergoing procedures for which venous thromboembolism (VTE) prophylaxis is indicated in all patients, who had an order for Low Molecular Weight Heparin (LMWH), Low-Dose Unfractionated Heparin (LDUH), adjusted-dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end time</p>	American Society of Plastic Surgeons
	0326 /047	N/A	Claims, Registry	Process	Communication and Care Coordination	<p>Care Plan</p> <p>Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.</p>	National Committee for Quality Assurance
	0419 /130	68v6	Claims, Registry, EHR	Process	Patient Safety	<p>Documentation of Current Medications in the Medical Record</p> <p>Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/ dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.</p>	Centers for Medicare & Medicaid Services
!	0129 /164	N/A	Registry	Outcome	Effective Clinical Care	<p>Coronary Artery Bypass Graft (CABG): Prolonged Intubation</p> <p>Percentage of patients aged 18 years and older undergoing isolated CABG surgery who require postoperative intubation &gt; 24 hours</p>	American Thoracic Society
* !	0130 /165	N/A	Registry	Outcome	Effective Clinical Care	<p>Coronary Artery Bypass Graft (CABG): Deep Sternal Wound Infection Rate</p> <p>Percentage of patients aged 18 years and older undergoing isolated CABG surgery who, within 30 days postoperatively, develop deep sternal wound infection involving muscle, bone, and/or mediastinum requiring operative intervention</p>	American Thoracic Society

MIPSID Number	NQF PCPS	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description <sup>y</sup>	Measure Steward
<b>22. Thoracic Surgery</b>							
* !	0131 /166	N/A	Registry	Outcome	Effective Clinical Care	Coronary Artery Bypass Graft (CABG): Stroke  Percentage of patients aged 18 years and older undergoing isolated CABG surgery who have a postoperative stroke (i.e., any confirmed neurological deficit of abrupt onset caused by a disturbance in blood supply to the brain) that did not resolve within 24 hours	American Thoracic Society
* !	0114 /167	N/A	Registry	Outcome	Effective Clinical Care	Coronary Artery Bypass Graft (CABG): Postoperative Renal Failure  Percentage of patients aged 18 years and older undergoing isolated CABG surgery (without pre-existing renal failure) who develop postoperative renal failure or require dialysis	American Thoracic Society
* !	0115 /168	N/A	Registry	Outcome	Effective Clinical Care	Coronary Artery Bypass Graft (CABG): Surgical Re-Exploration  Percentage of patients aged 18 years and older undergoing isolated CABG surgery who require a return to the operating room (OR) during the current hospitalization for mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction, or other cardiac reason	Society of Thoracic Surgeons
	0028 / 226	138v5	Claims, Registry, BHR, Web Interface	Process	Community /Population Health	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention  Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.	Physician Consortium for Performance Improvement Foundation (PCPIF)
	0018 / 236	165v5	Claims, Registry, BHR, Web Interface	Intermedi ate Outcome	Effective Clinical Care	Controlling High Blood Pressure  Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mmHg) during the measurement period	National Committee for Quality Assurance
*	N/A/ 317	22v5	Claims, Registry, BHR	Process	Community /Population Health	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented  Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.	Centers for Medicare & Medicaid Services
!	N/A/ 358	N/A	Registry	Process	Person and Caregiver- Centered Experience and Outcomes	Patient-Centered Surgical Risk Assessment and Communication  Percentage of patients who underwent a non-emergency surgery who had their personalized risks of postoperative complications assessed by their surgical team prior to surgery using a clinical data-based, patient-specific risk calculator and who received personal discussion of those risks with the surgeon	American College of Surgeons
	NA/ 374	50v5	BHR	Process	Communic ation and Care	Closing the Referral Loop: Receipt of Specialist Report  Percentage of patients with referrals, regardless of age,	Centers for Medicare & Medicaid

MIPS ID Number	NOF/PCPS	CMS Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description <sup>y</sup>	Measure Steward
<b>22. Thoracic Surgery</b>							
					Coordination	for which the referring provider receives a report from the provider to whom the patient was referred.	Services
	NA/402	NA	Registry	Process	Community / Population Health	Tobacco Use and Help with Quitting Among Adolescents  The percentage of adolescents 12 to 20 years of age with a primary care visit during the measurement year for whom tobacco use status was documented and received help with quitting if identified as a tobacco user	National Committee for Quality Assurance
CMS did not receive specific comments regarding changes to the measure set.							
Response: CMS has added previously identified cross-cutting measures that are relevant for the specialty set (#047, #128, #130, #226, #236, #317, #374, and #402). CMS believes the finalized specialty set reflects the relevant measures appropriate for the thoracic surgery specialty.							
Final Decision: CMS is finalizing the thoracic surgery specialty measure set as indicated in the table above.							

MIPS ID Number	NOF/PCPS	CMS Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description <sup>y</sup>	Measure Steward
<b>23. Urology</b>							
	0326/047	N/A	Claims, Registry	Process	Communication and Care Coordination	Care Plan  Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.	National Committee for Quality Assurance
	N/A/048	N/A	Claims, Registry	Process	Effective Clinical Care	Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older  Percentage of female patients aged 65 years and older who were assessed for the presence or absence of urinary incontinence within 12 months	National Committee for Quality Assurance
!	N/A/050	N/A	Claims, Registry	Process	Person and Caregiver-Centered Experience and Outcomes	Urinary Incontinence: Assessment of Presence or Absence Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older  Percentage of female patients aged 65 years and older with a diagnosis of urinary incontinence with a documented plan of care for urinary incontinence at least once within 12 months	National Committee for Quality Assurance

MIPS ID Number	NQF/PCPS	OMS Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description*	Measure Steward
<b>23. Urology</b>							
* § !!	0389/102	129v6	Registry, BHR	Process	Efficiency and Cost Reduction	Prostate Cancer: Avoidance of Overuse of Bone Scan for staging Low Risk Prostate Cancer Patients  Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low (or very low) risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer	Physician Consortium for Performance Improvement Foundation (PCPI®)
	0390/104	N/A	Registry	Process	Effective Clinical Care	Prostate Cancer: Adjuvant Hormonal Therapy for High Risk or very High Risk Prostate Cancer  Percentage of patients, regardless of age, with a diagnosis of prostate cancer at high or very high risk of recurrence receiving external beam radiotherapy to the prostate who were prescribed adjuvant hormonal therapy (GnRH [gonadotropin-releasing hormone] agonist or antagonist)	American Urological Association Education and Research
	0419/130	68v6	Claims, Registry, BHR	Process	Patient Safety	Documentation of Current Medications in the Medical Record  Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	Centers for Medicare & Medicaid Services
	0028/226	138v5	Claims, Registry, BHR, Web Interface	Process	Community/Population Health	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention  Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.	Physician Consortium for Performance Improvement Foundation (PCPI®)
!	N/A/265	N/A	Registry	Process	Communication and Care Coordination	Biopsy Follow-Up  Percentage of new patients whose biopsy results have been reviewed and communicated to the primary care/referring physician and patient by the performing physician	American Academy of Dermatology
*	N/A/317	22v5	Claims, Registry, BHR	Process	Community/Population Health	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented  Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.	Centers for Medicare & Medicaid Services
!	N/A/358	N/A	Registry	Process	Person and Caregiver-Centered Experience and Outcomes	Patient-Centered Surgical Risk Assessment and Communication  Percentage of patients who underwent a non-emergency surgery who had their personalized risks of postoperative complications assessed by their surgical team prior to surgery using a clinical data-based, patient-specific risk calculator and who received personal discussion of those	American College of Surgeons

MIPS ID Number	NQF POP	CMS E Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description*	Measure Seward
<b>23. Urology</b>							
						risks with the surgeon	
	NA/ 374	50v5	EHR	Process	Communi- cation and Care Coordinati on	Closing the Referral Loop: Receipt of Specialist Report  Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.	Centers for Medicare & Medicaid Services
	NA/ 402	NA	Registry	Process	Communit y/ Populatio n Health	Tobacco Use and Help with Quitting Among Adolescents  The percentage of adolescents 12 to 20 years of age with a primary care visit during the measurement year for whom tobacco use status was documented and received help with quitting if identified as a tobacco user	National Committee for Quality Assurance
CMS did not receive specific comments regarding changes to the measure set.							
Response: CMS removed #357 Surgical Site Infection because the measure is not applicable to Urology specialty. CMS also has added previously identified cross-cutting measures that are relevant for the specialty set (#047, #128, #130, #226, #317, #374, and #402). CMS believes the finalized specialty set reflects the relevant measures appropriate for the urology specialty.							
Final Decision: CMS is finalizing the urology specialty measure set as indicated in the table above.							

MIPS ID Number	NQF POP	CMS E Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description*	Measure Seward
<b>24. Oncology</b>							
<b>24a. General Oncology</b>							
	0326 / 047	N/A	Claims, Registry	Process	Communicat ion and Care Coordination	Care Plan  Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.	National Committee for Quality Assurance
* § !!	0389 / 102	129v6	Registry, EHR	Process	Efficiency and Cost Reduction	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients  Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low (or very low) risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer	Physician Consortium for Performance Improvement Foundation (PCPI®)

MIPS ID Number	NOF POFS	OMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description <sup>v</sup>	Measure Steward
<b>24. Oncology</b>							
	0419 /130	68v6	Claims, Registry, EHR	Process	Patient Safety	Documentation of Current Medications in the Medical Record  Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency, and route of administration.	Centers for Medicare & Medicaid Services
§	0384 /143	157v5	Registry, EHR	Process	Person and Caregiver Centered Experience and Outcome	Oncology: Medical and Radiation – Pain Intensity Quantified  Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified	Physician Consortium for Performance Improvement Foundation (PCPI®)
	0028 /226	138v5	Claims, Registry, EHR, Web Interface	Process	Community/ Population Health	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention  Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.	Physician Consortium for Performance Improvement Foundation (PCPI®)
§	1853 /250	N/A	Claims, Registry	Process	Effective Clinical Care	Radical Prostatectomy Pathology Reporting: Percentage of radical prostatectomy pathology reports that include the pT category, the pN category, the Gleason score and a statement about margin status.	College of American Pathologists
*	N/A/ 317	22v5	Claims, Registry, EHR	Process	Community/ Population Health	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented  Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.	Centers for Medicare & Medicaid Services
	NA/ 374	50v5	EHR	Process	Communication and Care Coordination	Closing the Referral Loop: Receipt of Specialist Report  Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.	Centers for Medicare & Medicaid Services
	NA/ 402	NA	Registry	Process	Community/ Population Health	Tobacco Use and Help with Quitting Among Adolescents  The percentage of adolescents 12 to 20 years of age with a primary care visit during the measurement year for whom tobacco use status was documented and received help with quitting if identified as a tobacco user	National Committee for Quality Assurance
	2152 /431	NA	Registry	Process	Community/ Population Health	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling  Percentage of patients aged 18 years and older who were screened for unhealthy alcohol use using a systematic screening method at least once within the last 24 months AND who received brief counseling if identified as an unhealthy alcohol user.	Physician Consortium for Performance Improvement Foundation (PCPI®)

MIPS ID Number	NQF POP	CMS E Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description <sup>v</sup>	Measure Seward
<b>24. Oncology</b>							
+ \$ !!	1857 /449	NA	Registry	Process	Efficiency and Cost Reduction	<p>HER2 Negative or Undocumented Breast Cancer Patients Spared Treatment with HER2-Targeted Therapies:</p> <p>Proportion of female patients (aged 18 years and older) with breast cancer who are human epidermal growth factor receptor 2 (HER2)/neu negative who are not administered HER2-targeted therapies</p>	American Society of Clinical Oncology
+ \$ !!	1858 /450	NA	Registry	Process	Efficiency and Cost Reduction	<p>Trastuzumab Received By Patients With AJCC Stage I (T1c) – III And HER2 Positive Breast Cancer Receiving Adjuvant Chemotherapy:</p> <p>Proportion of female patients (aged 18 years and older) with AJCC stage I (T1c) – III, human epidermal growth factor receptor 2 (HER2) positive breast cancer receiving adjuvant chemotherapy who are also receiving trastuzumab</p>	American Society of Clinical Oncology
+ \$	1859 /451	NA	Registry	Process	Effective Clinical Care	<p>KRAS Gene Mutation Testing Performed for Patients with Metastatic Colorectal Cancer who receive Anti-epidermal Growth Factor Receptor (EGFR) Monoclonal Antibody Therapy::</p> <p>Percentage of adult patients (aged 18 or over) with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy for whom KRAS gene mutation testing was performed.</p>	American Society of Clinical Oncology
+ \$ !!	1860 /452	NA	Registry	Process	Patient Safety	<p>Patients with Metastatic Colorectal Cancer and KRAS Gene Mutation Spared Treatment with Anti-epidermal Growth Factor Receptor (EGFR) Monoclonal Antibodies:</p> <p>Percentage of adult patients (aged 18 or over) with metastatic colorectal cancer and KRAS gene mutation spared treatment with anti-EGFR monoclonal antibodies.</p>	American Society of Clinical Oncology
+ \$ !!	0210 /453	NA	Registry	Process	Effective Clinical Care	<p>Proportion Receiving Chemotherapy in the Last 14 Days of life::</p> <p>Proportion of patients who died from cancer receiving chemotherapy in the last 14 days of life.</p>	American Society of Clinical Oncology
+ \$ !!	0211 /454		Registry	Outcome	Effective Clinical Care	<p>Proportion of Patients who Died from Cancer with more than One Emergency Department Visit in the Last 30 Days of Life:</p> <p>Proportion of patients who died from cancer with more than one emergency room visit in the last 30 days of life.</p>	American Society of Clinical Oncology
+ \$ !!	0213 /455		Registry	Outcome	Effective Clinical Care	<p>Proportion Admitted to the Intensive Care Unit (ICU) in the Last 30 Days of Life:</p> <p>Proportion of patients who died from cancer admitted to the ICU in the last 30 days of life.</p>	American Society of Clinical Oncology
+ \$ !!	0215 /456		Registry	Process	Effective Clinical Care	<p>Proportion Not Admitted to Hospice:</p> <p>Proportion of patients who died from cancer not admitted to hospice.</p>	American Society of Clinical Oncology
+ \$ !!	0216 /457		Registry	Outcome	Effective Clinical Care	<p>Proportion Admitted to Hospice for less than 3 days:</p> <p>Proportion of patients who died from cancer, and admitted to hospice and spent less than 3 days there.</p>	American Society of Clinical Oncology

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MIPS ID Number	NOF PQRS	QMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description*	Measure Steward
25. Hospitalists							

MIPS ID Number	NQF / POPS	CMS Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description*	Measure Seward
<b>25. Hospitalists</b>							
§	0081 / 005	135v5	Registry, BHR	Process	Effective Clinical Care	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)  Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed ACEinhibitor or ARB therapy either within a 12-month period when seen in the outpatient setting OR at each hospital discharge	Physician Consortium for Performance Improvement (PCPI®) Foundation
* §	0083 / 008	144v5	Registry, BHR	Process	Effective Clinical Care	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)  Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed beta-blocker therapy either within a 12-month period when seen in the outpatient setting OR at each hospital discharge	Physician Consortium for Performance Improvement Foundation (PCPI®)
	0325 / 032	N/A	Claims, Registry	Process	Effective Clinical Care	Stroke and Stroke Rehabilitation: Discharged on Antithrombotic Therapy  Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or transient ischemic attack (TIA) who were prescribed an antithrombotic therapy at discharge.	American Academy of Neurology
	0326 / 047	N/A	Claims, Registry	Process	Communication and Care Coordination	Care Plan  Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.	National Committee for Quality Assurance
!	N/A / 076	N/A	Claims, Registry	Process	Patient Safety	Prevention of Central Venous Catheter (CVC)-Related Bloodstream Infections  Percentage of patients, regardless of age, who undergo central venous catheter (CVC) insertion for whom CVC was inserted with all elements of maximal sterile barrier technique, hand hygiene, skin preparation and, if ultrasound is used, sterile ultrasound techniques followed	American Society of Anesthesiologists
	0421 / 128	69v5	Claims, Registry, BHR, Web Interface	Process	Community/Population Health	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan  Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous six months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the current encounter	Centers for Medicare & Medicaid Services

[illegible]

MIPS ID Number	NQF/ PCPS	CMS E Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description*	Measure Seward
<b>25. Hospitalists</b>							
hospitalists.							
Final Decision: CMS is finalizing the hospitalist specialty measure set as indicated in the table above.							

MIPS ID Number	NQF/ PCPS	CMS E Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description*	Measure Seward
<b>26. Rheumatology</b>							
	0326 / 047	N/A	Claims, Registry	Process	Communicat ion and Care Coordination	Care Plan  Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.	National Committee for Quality Assurance
	0421 / 128	69v5	Claims, Registry, EHR, Web Interface	Process	Community/ Population Health	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan  Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous six months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the current encounter	Centers for Medicare & Medicaid Services
	0419 / 130	68v6	Claims, Registry, EHR	Process	Patient Safety	Documentation of Current Medications in the Medical Record  Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	Centers for Medicare & Medicaid Services
*	N/A/ 176	N/A	Registry	Process	Effective Clinical Care	Rheumatoid Arthritis (RA): Tuberculosis Screening:  Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have documentation of a tuberculosis (TB) screening performed and results interpreted within 6 months prior to receiving a first course of therapy using a biologic disease-modifying anti-rheumatic drug (DMARD).	American College of Rheumatology

MIPS ID Number	NCI/PCRS	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description*	Measure Steward
<b>26. Rheumatology</b>							
*	N/A/177	N/A	Registry	Process	Effective Clinical Care	<p>Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity:</p> <p>Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have an assessment and classification of disease activity within 12 months</p>	American College of Rheumatology
	N/A/178	N/A	Registry	Process	Effective Clinical Care	<p>Rheumatoid Arthritis (RA): Functional Status Assessment</p> <p>Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) for whom a functional status assessment was performed at least once within 12 months</p>	American College of Rheumatology
*	N/A/179	N/A	Registry	Process	Effective Clinical Care	<p>Rheumatoid Arthritis (RA): Assessment and Classification of Disease Prognosis</p> <p>Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have an assessment and classification of disease prognosis at least once within 12 months</p>	American College of Rheumatology
*	N/A/180	N/A	Registry	Process	Effective Clinical Care	<p>Rheumatoid Arthritis (RA): Glucocorticoid Management</p> <p>Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have been assessed for glucocorticoid use and, for those on prolonged doses of prednisone <math>\geq 10</math> mg daily (or equivalent) with improvement or no change in disease activity, documentation of glucocorticoid management plan within 12 months</p>	American College of Rheumatology
	0028 / 226	138v5	Claims, Registry, EHR, Web Interface	Process	Community/Population Health	<p>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</p> <p>Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.</p>	Physician Consortium for Performance Improvement Foundation (PCPIF)
*	N/A/317	22v5	Claims, Registry, EHR	Process	Community/Population Health	<p>Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented</p> <p>Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.</p>	Centers for Medicare & Medicaid Services
	N/A/337	N/A	Registry	Process	Effective Clinical Care	<p>Tuberculosis (TB) Prevention for Psoriasis, Psoriatic Arthritis and Rheumatoid Arthritis Patients on a Biological Immune Response Modifier</p> <p>Percentage of patients whose providers are ensuring active tuberculosis prevention either through yearly negative standard tuberculosis screening tests or are reviewing the patient's history to determine if they have had appropriate management for a recent or prior positive test</p>	American Academy of Dermatology
	N/A/374	50v5	EHR	Process	Communication and Care Coordination	<p>Closing the Referral Loop: Receipt of Specialist Report</p> <p>Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from</p>	Centers for Medicare & Medicaid Services

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