2011 EHR Measure Specifications

The specifications listed in this document have been updated to reflect clinical practice guidelines and applicable health informatics standards that are the most current available as of July 1, 2010. These updates have also been carried over to the EHR Downloadable Resource table.

These specifications may be available for potential use in physician quality initiatives, including but not limited to the Electronic Health Record (EHR) submission under the 2011 Physician Quality Reporting Initiative (PQRI). A measure's inclusion in this document does not guarantee that measure will be used in any specific CMS program in 2011 or any subsequent year.

In the case of measures that have been used in prior initiatives – such as the 2010 PQRI EHR program, the 2008 and 2009 PQRI EHR testing projects or the QIO-program's Doctor's Office Quality-Information Technology (DOQ-IT) project activities – the specifications detailed in this document supersede any specifications which may have been used in those prior activities.

To determine which measures are included in any specific CMS program or demonstration, interested parties should refer to the official documentation for that program or demonstration. Please refer to the Medicare Physician Fee Schedule 2011 Proposed Rule (published in the Federal Register in June, 2010) to identify the measures that may be available for data submission through EHRs under the 2011 PQRI program.

Measure Owner Designation
♠ AMA-PCPI is the measure owner
♦ NCQA is the measure owner
♣ QIP/CMS is the measure owner
☆ AMA-NCQA is the measure owner

2011 EHR Measure Specifications

The 2011 PQRI program only allows covered services under the Medicare Physician Fee Schedule (MPFS) for inclusion. The 2011 EHR Measure Specifications incorporates CPT Category I codes to define the denominator population for both covered and non-covered services (e.g., preventive visits). Non-covered service codes are included to remain consistent with the measure developer's EHR specifications. These CPT Category I non-covered service codes, identified by the arrow symbol (➤) within the specifications, may not be counted in the denominator population for PQRI reporting calculations.

List of 2011 EHR Measures containing CPT Category I codes for non-covered services from the PFS:

Diabetes Measures 1, 2 and 3:
CPT E/M: 99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, 99255, 99385, 99386, 99387, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99420, 99429

Heart Failure Measure 5:
CPT E/M: 99241, 99242, 99243, 99244, 99245

Coronary Artery Disease Measure 7:
CPT E/M: 99241, 99242, 99243, 99244, 99245

Advance Care Plan Measure 47:
CPT E/M: 99387, 99397, 99401, 99402, 99403, 99404

Urinary Incontinence Measure 48:
CPT E/M: 99241, 99242, 99243, 99244, 99245, 99386, 99387, 99396, 99397, 99401, 99402, 99403, 99404

Preventive Measures 110 and 112:
CPT E/M: 99241, 99242, 99243, 99244, 99245, 99386, 99387, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99420, 99429

Preventive Measure 111:
CPT E/M: 99241, 99242, 99243, 99244, 99245, 99387, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99420, 99429

Preventive Measure 113:
CPT E/M: 99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, 99255, 99386, 99387, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99420, 99429

HIT Measure 124:
CPT E/M: 99241, 99242, 99243, 99244, 99245, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397

BMI Measure 128:
CPT E/M: 98960

Unhealthy Alcohol Measure 173:
CPT E/M: 98960, 98961, 98962, 99385, 99386, 99387, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99420, 99429

Hypertension Measure NQF #0013:
CPT E/M: 99241, 99242, 99243, 99244, 99245

Drugs to be Avoided Measure NQF #0022:
CPT E/M: 99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, 99255, 99387, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99420, 99429

BMI Children Measure NQF #0024:
CPT E/M: 99241, 99242, 99243, 99244, 99245, 99382, 99383, 99384, 99385, 99392, 99393, 99394, 99395, 99401, 99402, 99403, 99404, 99411, 99412, 99420, 99429

Tobacco Use Measure NQF #0028:
CPT E/M: 99385, 99386, 99387, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99420, 99429

Childhood Immunization Measure NQF #0038:
CPT E/M: 99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, 99255, 99382, 99392, 99401, 99402, 99403, 99404, 99411, 99412, 99420, 99429

Note: *CPT Category II codes will be included in the 2011 EHR Measure Specifications only when other standard coding systems are not available (e.g. medical, patient, system reasons for not performing the recommended care) as determined appropriate by the measure owners.*

2011 EHR Measure Specifications

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◆ Measure #1: Diabetes Mellitus: Hemoglobin A1c Poor Control in Diabetes Mellitus

✝ Description: Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent hemoglobin A1c greater than 9.0%

Denominator: Patients aged 18 through 75 years with the diagnosis of diabetes

Denominator Inclusions:

All patients with a documented diagnosis of diabetes at any time in the patient's medical history and patient is between 18 and 75 years of age at the beginning of the measurement period. To be eligible for performance calculations, patients must have at least two face-to-face office visits with the physician, physician assistant, or nurse practitioner during the measurement period.

ENCOUNTERS Table lists applicable CPT (C4) and HCPCS (HCPCS) codes for inclusion:

ENCOUNTER CODE (C4)
92002, 92004, 92012, 92014, 97802, 97803, 97804,
99201, 99202, 99203, 99204, 99205, 99211, 99212,
99213, 99214, 99215, 99217, 99218, 99219, 99220,
99221, 99222, 99223, 99231, 99232, 99233, 99238,
99239, 99241 ➤, 99242 ➤, 99243 ➤, 99244 ➤,
99245 ➤, 99251 ➤, 99252 ➤, 99253 ➤, 99254 ➤,
99255 ➤, 99281, 99282, 99283, 99284, 99285, 99291,
99304, 99305, 99306, 99307, 99308, 99309, 99310,
99315, 99316, 99318, 99324, 99325, 99326, 99327,
99328, 99334, 99335, 99336, 99337, 99341, 99342,
99343, 99344, 99345, 99347, 99348, 99349, 99350,
99385 ➤, 99386 ➤, 99387 ➤, 99395 ➤, 99396 ➤,
99397 ➤, 99401 ➤, 99402 ➤, 99403 ➤, 99404 ➤,
99411 ➤, 99412 ➤, 99420 ➤, 99429 ➤, 99455, 99456

OR

ENCOUNTER CODE (HCPCS)
G0270, G0271

AND

✝ The "Percentage of patients…" who meet the criteria for this measure will be calculated by the EHR Warehouse. All measure-related EHR coding/data should be submitted to the EHR Warehouse to ensure accurate performance rates.

➤ Signifies that this CPT Category I code is a non-covered service under the PFS (Physician Fee Schedule). These non-covered services may not be counted in the denominator population for PQRI reporting calculations.

PROBLEMS Table lists applicable ICD-9-CM (I9) and SNOMED (SNM) codes for inclusion:

DX CODE (I9)
250.00, 250.01, 250.02, 250.03, 250.10, 250.11, 250.12, 250.13, 250.20, 250.21, 250.22, 250.23, 250.30, 250.31, 250.32, 250.33, 250.40, 250.41, 250.42, 250.43, 250.50, 250.51, 250.52, 250.53, 250.60, 250.61, 250.62, 250.63, 250.70, 250.71, 250.72, 250.73, 250.80, 250.81, 250.82, 250.83, 250.90, 250.91, 250.92, 250.93, 357.2, 362.01, 362.02, 362.03, 362.04, 362.05, 362.06, 362.07, 366.41, 648.00, 648.01, 648.02, 648.03, 648.04

OR

DX CODE (SNM)
111552007, 111558006, 11530004, 123763000, 127013003, 127014009, 190321005, 190328004, 190330002, 190331003, 190368000, 190369008, 190371008, 190372001, 190389009, 190390000, 190392008, 190406000, 190407009, 190410002, 190411003, 190412005, 190417004, 193184006, 197605007, 199223000, 199227004, 199229001, 199230006, 199231005, 201250006, 201251005, 201252003, 23045005, 230572002, 230577008, 237599002, 237600004, 237604008, 237613005, 237618001, 237619009, 237627000, 25907005, 26298008, 2751001, 275918005, 28032008, 28453007, 290002008, 309426007, 310387003, 311366001, 312903003, 312904009, 312905005, 312912001, 313435000, 313436004, 314537004, 314771006, 314772004, 314893005, 314902007, 314903002, 33559001, 34140002, 359611005, 359638003, 359642000, 360546002, 371087003, 38542009, 39058009, 390834004, 39181008, 408539000, 408540003, 413183008, 414890007, 414906009, 420414003, 420422005, 420756003, 420789003, 421165007, 421750000, 421847006, 421895002, 421920002, 422034002, 422099009, 422183001, 422228004, 422275004, 423263001, 424736006, 424989000, 425159004, 425442003, 426705001, 426875007, 427089005, 428896009, 42954008, 43959009, 44054006, 46635009, 4855003, 49455004, 50620007, 51002006, 5368009, 54181000, 57886004, 59079001, 5969009, 70694009, 73211009, 75524006, 75682002, 76751001, 81531005, 81830002, 91352004, 9859006

OR

MEDICATIONS Table lists applicable drug codes for patients who were prescribed insulin or oral hypoglycemics/antihyperglycemics during the measurement period on an ambulatory basis and DRUG_EXCLUSION = N.

Numerator: Patients with most recent hemoglobin A1c level > 9.0%

Numerator Inclusions:

Patients with most recent A1c greater than 9.0% during the measurement period.

RESULTS Table lists applicable CPT (C4), LOINC (LN) and SNOMED (SNM) codes for inclusion:

A1C CODE (C4)
83036, 83037
OR
A1C CODE (LN)
4548-4, 4549-2, 17856-6
OR
A1C CODE (SNM)
117346004, 165680008, 259689004, 259690008, 313835008, 33601001, 40402000, 408254005, 43396009

WITH
Documentation of A1c > 9.0%

Denominator Exclusions: *(Exclusions only applied if patient did not receive A1c test)*

Diabetes patients with a diagnosis of ✱polycystic ovaries, gestational diabetes, and/or steroid induced diabetes.

PROBLEMS Table lists applicable ICD-9-CM (I9) and SNOMED (SNM) codes for medical reason exclusion:

EXCLUSION CODE (I9)
249.00, 249.01, 249.10, 249.11, 249.20, 249.21, 249.30, 249.31,
249.40, 249.41, 249.50, 249.51, 249.60, 249.61, 249.70, 249.71,
249.80, 249.81, 249.90, 249.91, 251.8, 256.4, 648.80, 648.81,
648.82, 648.83, 648.84, 962.0

OR

EXCLUSION CODE (SNM)
11687002, 13196008, 190416008, 190447002, 237601000, 420491007,
420738003, 420989005, 421223006, 421389009, 421443003, 422155003,
46894009, 53126001, 69878008, 71546005, 75022004, 8801005

✱ *Diagnosis of polycystic ovaries can occur anytime in the patient's history*

Rationale:
Intensive therapy of glycosylated hemoglobin (A1c) reduces the risk of microvascular complications.

Clinical Recommendation Statements:
A glycosylated hemoglobin should be performed during an initial assessment and during follow-up assessments, which should occur at no longer than three-month intervals. (AACE/ACE)

The A1c should be universally adopted as the primary method of assessment of glycemic control. On the basis of data from multiple interventional trials, the target for attainment of glycemic control should be A1c values ≤6.5%. (AACE/ACE)

Obtain a glycosylated hemoglobin during an initial assessment and then routinely as part of continuing care. In the absence of well-controlled studies that suggest a definite testing protocol, expert opinion recommends glycosylated hemoglobin be obtained at least twice a year in patients who are meeting treatment goals and who have stable glycemic control and more frequently (quarterly assessment) in patients whose therapy was changed or who are not meeting glycemic goals. (Level of evidence: E) (ADA)

Because different assays can give varying glycated hemoglobin values, the ADA recommends that laboratories only use assay methods that are certified as traceable to the Diabetes Control and Complications Trial A1c reference method. The ADA's goal for glycemic control is A1c <7%. (Level of evidence: B) (ADA)

Monitor and treat hyperglycemia, with a target A1c of 7%, but less stringent goals for therapy may be appropriate once patient preferences, diabetes severity, life expectancy and functional status have been considered. (AGS)

List of Data Elements located in Appendix A

♦ **Measure #2:** Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control in Diabetes Mellitus

† **Description:** Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent LDL-C level in control (less than 100 mg/dL)

Denominator: Patients aged 18 through 75 years with the diagnosis of diabetes

Denominator Inclusions:

All patients with a documented diagnosis of diabetes at any time in the patient's medical history and patient is between 18 and 75 years of age at the beginning of the measurement period. To be eligible for performance calculations, patients must have at least two face-to-face office visits with the physician, physician assistant, or nurse practitioner during the measurement period.

ENCOUNTERS Table lists applicable CPT (C4) and HCPCS (HCPCS) codes for inclusion:

ENCOUNTER CODE (C4)
92002, 92004, 92012, 92014, 97802, 97803, 97804,
99201, 99202, 99203, 99204, 99205, 99211, 99212,
99213, 99214, 99215, 99217, 99218, 99219, 99220,
99221, 99222, 99223, 99231, 99232, 99233, 99238,
99239, 99241 ➤, 99242 ➤, 99243 ➤, 99244 ➤,
99245 ➤, 99251 ➤, 99252 ➤, 99253 ➤, 99254 ➤,
99255 ➤, 99281, 99282, 99283, 99284, 99285,
99291, 99304, 99305, 99306, 99307, 99308, 99309,
99310, 99315, 99316, 99318, 99324, 99325, 99326,
99327, 99328, 99334, 99335, 99336, 99337, 99341,
99342, 99343, 99344, 99345, 99347, 99348, 99349,
99350, 99385 ➤, 99386 ➤, 99387 ➤, 99395 ➤,
99396 ➤, 99397 ➤, 99401 ➤, 99402 ➤, 99403 ➤,
99404 ➤, 99411 ➤, 99412 ➤, 99420 ➤, 99429 ➤,
99455, 99456

OR

ENCOUNTER CODE (HCPCS)
G0270, G0271

AND

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† *The "Percentage of patients…" who meet the criteria for this measure will be calculated by the EHR Warehouse. All measure-related EHR coding/data should be submitted to the EHR Warehouse to ensure accurate performance rates.*

➤ *Signifies that this CPT Category I code is a non-covered service under the PFS (Physician Fee Schedule). These non-covered services may not be counted in the denominator population for PQRI reporting calculations.*

PROBLEMS Table lists applicable ICD-9-CM (I9) and SNOMED (SNM) codes for inclusion:

DX CODE (I9)
250.00, 250.01, 250.02, 250.03, 250.10, 250.11, 250.12,
250.13, 250.20, 250.21, 250.22, 250.23, 250.30, 250.31,
250.32, 250.33, 250.40, 250.41, 250.42, 250.43, 250.50,
250.51, 250.52, 250.53, 250.60, 250.61, 250.62, 250.63,
250.70, 250.71, 250.72, 250.73, 250.80, 250.81, 250.82,
250.83, 250.90, 250.91, 250.92, 250.93, 357.2, 362.01,
362.02, 362.03, 362.04, 362.05, 362.06, 362.07, 366.41,
648.00, 648.01, 648.02, 648.03, 648.04

OR

DX CODE (SNM)
111552007, 111558006, 11530004, 123763000, 127013003,
127014009, 190321005, 190328004, 190330002, 190331003,
190368000, 190369008, 190371008, 190372001, 190389009,
190390000, 190392008, 190406000, 190407009, 190410002,
190411003, 190412005, 190417004, 193184006, 197605007,
199223000, 199227004, 199229001, 199230006, 199231005,
201250006, 201251005, 201252003, 23045005, 230572002,
230577008, 237599002, 237600004, 237604008, 237613005,
237618001, 237619009, 237627000, 25907005, 26298008,
2751001, 275918005, 28032008, 28453007, 290002008,
309426007, 310387003, 311366001, 312903003, 312904009,
312905005, 312912001, 313435000, 313436004, 314537004,
314771006, 314772004, 314893005, 314902007, 314903002,
33559001, 34140002, 359611005, 359638003, 359642000,
360546002, 371087003, 38542009, 39058009, 390834004,
39181008, 408539000, 408540003, 413183008, 414890007,
414906009, 420414003, 420422005, 420756003, 420789003,
421165007, 421750000, 421847006, 421895002, 421920002,
422034002, 422099009, 422183001, 422228004, 422275004,
423263001, 424736006, 424989000, 425159004, 425442003,
426705001, 426875007, 427089005, 428896009, 42954008,
43959009, 44054006, 46635009, 4855003, 49455004, 50620007,
51002006, 5368009, 54181000, 57886004, 59079001, 5969009,
70694009, 73211009, 75524006, 75682002, 76751001, 81531005,
81830002, 91352004, 9859006

OR

MEDICATIONS Table lists applicable drug codes for patients who were prescribed insulin
or oral hypoglycemics/antihyperglycemics during the measurement period on an
ambulatory basis and DRUG_EXCLUSION = N.

Numerator: Patients with most recent LDL-C < 100 mg/dL

Numerator Inclusions:

Patients with most recent LDL-C less than 100 mg/dL during the measurement period.

RESULTS Table lists applicable CPT (C4), LOINC (LN) and SNOMED (SNM) codes for
inclusion:

LDL CODE (C4)
80061, 83700, 83701, 83704, 83721
OR
LDL CODE (LN)
12773-8, 13457-7, 18261-8, 18262-6, 2089-1,
22748-8, 39469-2, 49132-4, 55440-2
OR
LDL CODE (SNM)
113079009, 166833005, 166840006, 166841005, 167074000,
167075004, 270996006, 314036004, 314039006, 391291008

WITH
Documentation of LDL < 100 mg/dL

Denominator Exclusions: *(Exclusions only applied if LDL cholesterol test not obtained)*

Diabetes patients with a diagnosis of ✱ polycystic ovaries, gestational diabetes, and/or steroid induced diabetes.

PROBLEMS Table lists applicable ICD-9-CM (I9) and SNOMED (SNM) codes for medical reason exclusion:

EXCLUSION CODE (I9)
249.00, 249.01, 249.10, 249.11, 249.20, 249.21, 249.30, 249.31, 249.40, 249.41, 249.50, 249.51, 249.60, 249.61, 249.70, 249.71, 249.80, 249.81, 249.90, 249.91, 251.8, 256.4, 648.80, 648.81, 648.82, 648.83, 648.84, 962.0

OR

EXCLUSION CODE (SNM)
11687002, 13196008, 190416008, 190447002, 237601000, 420491007, 420738003, 420989005, 421223006, 421389009, 421443003, 422155003, 46894009, 53126001, 69878008, 71546005, 75022004, 8801005

✱ *Diagnosis of polycystic ovaries can occur anytime in the patient's history*

Rationale:

Persons with diabetes are at increased risk for coronary heart disease (CHD). Lowering serum cholesterol levels can reduce the risk for CHD events.

Clinical Recommendation Statements:

A fasting lipid profile should be obtained during an initial assessment, each follow-up assessment, and annually as part of the cardiac-cerebrovascular-peripheral vascular module. (AACE/ACE)

A fasting lipid profile should be obtained as part of an initial assessment. Adult patients with diabetes should be tested annually for lipid disorders with fasting serum cholesterol, triglycerides, HDL cholesterol, and calculated LDL cholesterol measurements. If values fall in lower-risk levels, assessments may be repeated every two years. (Level of evidence: E) (ADA)

Patients who do not achieve lipid goals with lifestyle modifications require pharmacological therapy. Lowering LDL cholesterol with a statin is associated with a reduction in cardiovascular events. (Level of evidence: A)

Lipid-lowering therapy should be used for secondary prevention of cardiovascular mortality and morbidity for all patients with known coronary artery disease and type 2 diabetes. (ACP)

Statins should be used for primary prevention against macrovascular complications in patients with type 2 diabetes and other cardiovascular risk factors.

Once lipid-lowering therapy is initiated, patients with type 2 diabetes mellitus should be taking at least moderate doses of a statin.

Older persons with diabetes are likely to benefit greatly from cardiovascular risk reduction; therefore, monitor and treat hypertension and dyslipidemias. (AGS)

- *List of Data Elements located in Appendix A*

♦ **Measure #3:** Diabetes Mellitus: High Blood Pressure Control in Diabetes Mellitus

✝ **Description:** Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent blood pressure in control (less than 140/80 mmHg)

Denominator: Patients aged 18 through 75 years with the diagnosis of diabetes

Denominator Inclusions:

All patients with a documented diagnosis of diabetes at any time in the patient's medical history and patient is between 18 and 75 years of age at the beginning of the measurement period. To be eligible for performance calculations, patients must have at least two face-to-face office visits with the physician, physician assistant, or nurse practitioner during the measurement period.

ENCOUNTERS Table lists applicable CPT (C4) and HCPCS (HCPCS) codes for inclusion:

ENCOUNTER CODE (C4)
92002, 92004, 92012, 92014, 97802, 97803, 97804,
99201, 99202, 99203, 99204, 99205, 99211, 99212,
99213, 99214, 99215, 99217, 99218, 99219, 99220,
99221, 99222, 99223, 99231, 99232, 99233, 99238,
99239, 99241 ➤, 99242 ➤, 99243 ➤, 99244 ➤,
99245 ➤, 99251 ➤, 99252 ➤, 99253 ➤, 99254 ➤,
99255 ➤, 99281, 99282, 99283, 99284, 99285, 99291,
99304, 99305, 99306, 99307, 99308, 99309, 99310,
99315, 99316, 99318, 99324, 99325, 99326, 99327,
99328, 99334, 99335, 99336, 99337, 99341, 99342,
99343, 99344, 99345, 99347, 99348, 99349, 99350,
99385 ➤, 99386 ➤, 99387 ➤, 99395 ➤, 99396 ➤,
99397 ➤, 99401 ➤, 99402 ➤, 99403 ➤, 99404 ➤,
99411 ➤, 99412 ➤, 99420 ➤, 99429 ➤, 99455, 99456

OR

ENCOUNTER CODE (HCPCS)
G0270, G0271

AND

✝ *The "Percentage of patients…" who meet the criteria for this measure will be calculated by the EHR Warehouse. All measure-related EHR coding/data should be submitted to the EHR Warehouse to ensure accurate performance rates.*

➤ *Signifies that this CPT Category I code is a <u>non-covered</u> service under the PFS (Physician Fee Schedule). These <u>non-covered services</u> may <u>not</u> be counted in the denominator population for PQRI reporting calculations.*

PROBLEMS Table lists applicable ICD-9-CM (I9) and SNOMED (SNM) codes for inclusion:

DX CODE (I9)
250.00, 250.01, 250.02, 250.03, 250.10, 250.11, 250.12,
250.13, 250.20, 250.21, 250.22, 250.23, 250.30, 250.31,
250.32, 250.33, 250.40, 250.41, 250.42, 250.43, 250.50,
250.51, 250.52, 250.53, 250.60, 250.61, 250.62, 250.63,
250.70, 250.71, 250.72, 250.73, 250.80, 250.81, 250.82,
250.83, 250.90, 250.91, 250.92, 250.93, 357.2, 362.01,
362.02, 362.03, 362.04, 362.05, 362.06, 362.07, 366.41,
648.00, 648.01, 648.02, 648.03, 648.04

OR

DX CODE (SNM)
111552007, 111558006, 11530004, 123763000, 127013003,
127014009, 190321005, 190328004, 190330002, 190331003,
190368000, 190369008, 190371008, 190372001, 190389009,
190390000, 190392008, 190406000, 190407009, 190410002,
190411003, 190412005, 190417004, 193184006, 197605007,
199223000, 199227004, 199229001, 199230006, 199231005,
 201250006, 201251005, 201252003, 23045005, 230572002,
230577008, 237599002, 237600004, 237604008, 237613005,
237618001, 237619009, 237627000, 25907005, 26298008,
2751001, 275918005, 28032008, 28453007, 290002008,
309426007, 310387003, 311366001, 312903003, 312904009,
312905005, 312912001, 313435000, 313436004, 314537004,
314771006, 314772004, 314893005, 314902007, 314903002,
33559001, 34140002, 359611005, 359638003, 359642000,
360546002, 371087003, 38542009, 39058009, 390834004,
39181008, 408539000, 408540003, 413183008, 414890007,
414906009, 420414003, 420422005, 420756003, 420789003,
421165007, 421750000, 421847006, 421895002, 421920002,
422034002, 422099009, 422183001, 422228004, 422275004,
423263001, 424736006, 424989000, 425159004, 425442003,
426705001, 426875007, 427089005, 428896009, 42954008,
43959009, 44054006, 46635009, 4855003, 49455004, 50620007,
51002006, 5368009, 54181000, 57886004, 59079001, 5969009,
70694009, 73211009, 75524006, 75682002, 76751001, 81531005,
81830002, 91352004, 9859006

OR

MEDICATIONS Table lists applicable drug codes for patients who were prescribed insulin
or oral hypoglycemics/antihyperglycemics during the measurement period on an
ambulatory basis and DRUG_EXCLUSION = N.

Numerator: Patients whose most recent blood pressure < 140/80 mmHg

Numerator Inclusions:

Patients with most recent blood pressure measurement less than 140/80 mmHg during the measurement period.

> **Note:** *Both the systolic and diastolic blood pressure measurements are required for inclusion. If there are multiple BPs on the same date of service, use the lowest systolic and lowest diastolic BP on that date as the representative BP.*

VITAL SIGNS Table lists applicable SNOMED (SNM) codes for inclusion:

SYSTOLIC CODE (SNM)
12929001, 163030003, 251070002, 251071003, 271649006, 314438006, 314439003, 314440001, 314441002, 314442009, 314443004, 314444005, 314445006, 314446007, 314447003, 314448008, 314449000, 314464000, 315612005, 399304008, 400974009, 407554009, 407556006, 72313002, 81010002
WITH
Documentation of Systolic BP < 140 mmHg

AND

DIASTOLIC CODE (SNM)
163031004, 174255007, 23154005, 251073000, 271650006, 314451001, 314452008, 314453003, 314454009, 314455005, 314456006, 314457002, 314458007, 314459004, 314460009, 314461008, 314462001, 314465004, 315613000, 400975005, 407555005, 407557002, 42689008, 53813002
WITH
Documentation of Diastolic BP < 80 mmHg

Denominator Exclusions: *(Exclusions only applied if most recent BP not recorded)*

Diabetes patients with a diagnosis of ✳polycystic ovaries, gestational diabetes, and/or steroid induced diabetes.

PROBLEMS Table lists applicable ICD-9-CM (I9) and SNOMED (SNM) codes for medical reason exclusion:

EXCLUSION CODE (I9)
249.00, 249.01, 249.10, 249.11, 249.20, 249.21, 249.30, 249.31, 249.40, 249.41, 249.50, 249.51, 249.60, 249.61, 249.70, 249.71, 249.80, 249.81, 249.90, 249.91, 251.8, 256.4, 648.80, 648.81, 648.82, 648.83, 648.84, 962.0

OR

EXCLUSION CODE (SNM)
11687002, 13196008, 190416008, 190447002, 237601000, 420491007, 420738003, 420989005, 421223006, 421389009, 421443003, 422155003, 46894009, 53126001, 69878008, 71546005, 75022004, 8801005

✳ *Diagnosis of polycystic ovaries can occur anytime in the patient's history*

Rationale:
Intensive control of blood pressure in patients with diabetes reduces diabetes complications, diabetes-related deaths, strokes, heart failure, and microvascular complications.

Clinical Recommendation Statements:
Recommends that a blood pressure determination during the initial evaluation, including orthostatic evaluation, be included in the initial and every interim physical examination. (AACE/ACE)

Blood pressure control must be a priority in the management of persons with hypertension and type 2 diabetes. (ACP)

Blood pressure should be measured at every routine diabetes visit. Patients found to have systolic blood pressure >130 mmHg or diastolic >80 mmHg should have blood pressure confirmed on a separate day. Orthostatic measurement of blood pressure should be performed to assess for the presence of autonomic neuropathy. (Level of Evidence: E) (ADA)

Older persons with diabetes are likely to benefit greatly from cardiovascular risk reduction; therefore, monitor and treat hypertension and dyslipidemias. (AGS)

Measurement of blood pressure in the standing position is indicated periodically, especially in those at risk for postural hypotension. At least two measurements should be made and the average recorded. After BP is at goal and stable, follow-up visits can usually be at 3- to 6-month intervals. Comorbidities such as heart failure, associated diseases such as diabetes, and the need for laboratory tests influence the frequency of visits. (JNC)

All individuals should be evaluated during health encounters to determine whether they are at increased risk of having or of developing chronic kidney disease. This evaluation of risk factors should include blood pressure measurement. (NKF)

- — *List of Data Elements located in Appendix A*

▲ **Measure #5:** Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)

✝ **Description:** Percentage of patients aged 18 years and older with a diagnosis of heart failure and LVSD (LVEF < 40%) who were prescribed ACE inhibitor or ARB therapy

Denominator: Heart failure patients aged 18 years and older with LVEF < 40% or with moderately or severely depressed left ventricular systolic function

Denominator Inclusions:

All patients with a documented diagnosis of heart failure at any time in the patient's medical history, patient is greater than or equal to 18 years of age at the beginning of the measurement period, and who also have LVSD (defined as ejection fraction less than 40%) or with moderately or severely depressed left ventricular systolic function. Any current or prior ejection fraction study documenting LVSD can be used to identify patients. To be eligible for performance calculations, patients must have at least two face-to-face office visits with the physician, physician assistant, or nurse practitioner during the measurement period.

ENCOUNTERS Table lists applicable CPT (C4) codes for inclusion:

ENCOUNTER CODE (C4)
99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99238, 99239, 99241 ➤, 99242 ➤, 99243 ➤, 99244 ➤, 99245 ➤, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

AND

PROBLEMS Table lists applicable ICD-9-CM (I9) and SNOMED (SNM) codes for inclusion:

DX CODE (I9)
398.91, 402.01, 402.11, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 404.93, 425.0, 425.1, 425.2, 425.3, 425.4, 425.5, 425.7, 425.8, 425.9, 428.0, 428.1, 428.20, 428.21, 428.22, 428.23, 428.30, 428.31, 428.32, 428.33, 428.40, 428.41, 428.42, 428.43, 428.9

OR

DX CODE (SNM)
10091002, 10335000, 10633002, 111283005, 128404006, 13839000, 194767001, 194779001, 194781004, 195111005, 195112003, 195114002, 206586007, 233924009, 25544003, 277639002, 314206003, 33644002, 359617009, 359620001, 364006, 367363000, 410431009, 417996009, 418304008, 42343007, 424404003, 426012001, 426263006, 426611007, 43736008, 441481004, 441530006, 44313006, 46113002, 48447003, 5053004, 5148006, 5375005, 56675007, 60856006, 66989003, 74960003, 77737007, 80479009, 82523003, 83105008, 84114007, 85232009, 86234004, 88805009, 90727007, 92506005

AND

✝ *The "Percentage of patients…" who meet the criteria for this measure will be calculated by the EHR Warehouse. All measure-related EHR coding/data should be submitted to the EHR Warehouse to ensure accurate performance rates.*

➤ *Signifies that this CPT Category I code is a <u>non-covered</u> service under the PFS (Physician Fee Schedule). These <u>non-covered services</u> may <u>not</u> be counted in the denominator population for PQRI reporting calculations.*

RESULTS Table lists applicable CPT (C4) and SNOMED (SNM) codes for inclusion:

EJEC FRAC CODE (C4)
78414, 78451, 78452, 78453, 78454, 78468, 78472,
78473, 78481, 78483, 78494, 78496, 93303, 93304,
93306, 93307, 93308, 93312, 93313, 93314, 93315,
93317, 93350, 93351, 93352, 93543
WITH
Documentation of LVEF < 40%

OR

EJEC FRAC CODE (SNM)
250907009, 250908004, 250910002, 250911003, 250912005, 250917004, 275514001, 366188009, 366189001,
366190005, 371857005, 371862006, 395172009, 414072005, 41466009, 429750003, 440686006, 46258004,
70822001
WITH
Documentation of LVEF < 40%

Numerator: Patients who were prescribed ACE inhibitor or ARB therapy

Numerator Inclusions:

MEDICATIONS Table lists applicable drug codes for patients who were prescribed ACE
inhibitor or ARB therapy during the measurement period and DRUG_EXCLUSION = N.

Denominator Exclusions: *(Exclusions only applied if the patient did not receive ACE inhibitor or ARB therapy)*

PROBLEMS and PROCEDURES Tables list applicable ICD-9-CM (I9) and SNOMED
(SNM) codes for medical reason exclusion. The EXCLUSION code can occur anytime
before the end of the measurement period.

EXCLUSION CODE (I9)
39.95, 54.98, 277.6, 395.0, 395.2, 396.0, 396.2, 396.8,
403.01, 403.11, 403.91, 404.02, 404.03, 404.12, 404.13,
404.92, 404.93, 425.1, 440.1, 584.5, 584.6, 584.7, 584.8,
584.9, 585.5, 585.6, 586, 747.22, 788.5, V56.0, V56.8

OR

EXCLUSION CODE (SNM)
14669001, 17759006, 194733006, 194737007, 204431007, 233873004, 23697004, 265764009, 271845002,
298015003, 35455006, 42399005, 429224003, 433146000, 45227007, 45281005, 46177005, 71192002,
72011007, 81552002, 90688005

OR

PROBLEMS Table lists applicable ICD-9-CM (I9) and SNOMED (SNM) codes for medical reason exclusion. The PREGNANCY codes must occur during the measurement period.

PREGNANCY CODE (I9)
630, 631, 632, 633.00, 633.01, 633.10, 633.11, 633.20, 633.21,
633.80, 633.81, 633.90, 633.91, 634.00, 634.01, 634.02, 634.10,
634.11, 634.12, 634.20, 634.21, 634.22, 634.30, 634.31, 634.32,
634.40, 634.41, 634.42, 634.50, 634.51, 634.52, 634.60, 634.61,
634.62, 634.70, 634.71, 634.72, 634.80, 634.81, 634.82, 634.90,
634.91, 634.92, 635.00, 635.01, 635.02, 635.10, 635.11, 635.12,
635.20, 635.21, 635.22, 635.30, 635.31, 635.32, 635.40, 635.41,
635.42, 635.50, 635.51, 635.52, 635.60, 635.61, 635.62, 635.70,
635.71, 635.72, 635.80, 635.81, 635.82, 635.90, 635.91, 635.92,
636.00, 636.01, 636.02, 636.10, 636.11, 636.12, 636.20, 636.21,
636.22, 636.30, 636.31, 636.32, 636.40, 636.41, 636.42, 636.50,
636.51, 636.52, 636.60, 636.61, 636.62, 636.70, 636.71, 636.72,
636.80, 636.81, 636.82, 636.90, 636.91, 636.92, 637.00, 637.01,
637.02, 637.10, 637.11, 637.12, 637.20, 637.21, 637.22, 637.30,
637.31, 637.32, 637.40, 637.41, 637.42, 637.50, 637.51, 637.52,
637.60, 637.61, 637.62, 637.70, 637.71, 637.72, 637.80, 637.81,
637.82, 637.90, 637.91, 637.92, 638.0, 638.1, 638.2, 638.3, 638.4,
638.5, 638.6, 638.7, 638.8, 638.9, 639.0, 639.1, 639.2, 639.3, 639.4,
639.5, 639.6, 639.8, 639.9, 640.00, 640.01, 640.03, 640.80, 640.81,
640.83, 640.90, 640.91, 640.93, 641.00, 641.01, 641.03, 641.10,
641.11, 641.13, 641.20, 641.21, 641.23, 641.30, 641.31, 641.33,
641.80, 641.81, 641.83, 641.90, 641.91, 641.93, 642.00, 642.01,
642.02, 642.03, 642.04, 642.10, 642.11, 642.12, 642.13, 642.14,
642.20, 642.21, 642.22, 642.23, 642.24, 642.30, 642.31, 642.32,
642.33, 642.34, 642.40, 642.41, 642.42, 642.43, 642.44, 642.50,
642.51, 642.52, 642.53, 642.54, 642.60, 642.61, 642.62, 642.63,
642.64, 642.70, 642.71, 642.72, 642.73, 642.74, 642.90, 642.91,
642.92, 642.93, 642.94, 643.00, 643.01, 643.03, 643.10, 643.11,
643.13, 643.20, 643.21, 643.23, 643.80, 643.81, 643.83, 643.90,
643.91, 643.93, 644.00, 644.03, 644.10, 644.13, 644.20, 644.21,
645.10, 645.11, 645.13, 645.20, 645.21, 645.23, 646.00, 646.01,
646.03, 646.10, 646.11, 646.12, 646.13, 646.14, 646.20, 646.21,
646.22, 646.23, 646.24, 646.30, 646.31, 646.33, 646.40, 646.41,
646.42, 646.43, 646.44, 646.50, 646.51, 646.52, 646.53, 646.54,
646.60, 646.61, 646.62, 646.63, 646.64, 646.70, 646.71, 646.73,
646.80, 646.81, 646.82, 646.83, 646.84, 646.90, 646.91, 646.93,
647.00, 647.01, 647.02, 647.03, 647.04, 647.10, 647.11, 647.12,
647.13, 647.14, 647.20, 647.21, 647.22, 647.23, 647.24, 647.30,
647.31, 647.32, 647.33, 647.34, 647.40, 647.41, 647.42, 647.43,
647.44, 647.50, 647.51, 647.52, 647.53, 647.54, 647.60, 647.61,
647.62, 647.63, 647.64, 647.80, 647.81, 647.82, 647.83, 647.84,
647.90, 647.91, 647.92, 647.93, 647.94, 648.00, 648.01, 648.02,
648.03, 648.04, 648.10, 648.11, 648.12, 648.13, 648.14, 648.20,
648.21, 648.22, 648.23, 648.24, 648.30, 648.31, 648.32, 648.33,
648.34, 648.40, 648.41, 648.42, 648.43, 648.44, 648.50, 648.51,
648.52, 648.53, 648.54, 648.60, 648.61, 648.62, 648.63, 648.64,
648.70, 648.71, 648.72, 648.73, 648.74, 648.80, 648.81, 648.82,
648.83, 648.84, 648.90, 648.91, 648.92, 648.93, 648.94, 649.00,
649.01, 649.02, 649.03, 649.04, 649.10, 649.11, 649.12, 649.13,
649.14, 649.20, 649.21, 649.22, 649.23, 649.24, 649.30, 649.31,
649.32, 649.33, 649.34, 649.40, 649.41, 649.42, 649.43, 649.44,
649.50, 649.51, 649.53, 649.60, 649.61, 649.62, 649.63, 649.64,
649.70, 649.71, 649.73, 650, 651.00, 651.01, 651.03, 651.10,
651.11, 651.13, 651.20, 651.21, 651.23, 651.30, 651.31, 651.33,
651.40, 651.41, 651.43, 651.50, 651.51, 651.53, 651.60, 651.61,
651.63, 651.70, 651.71, 651.73, 651.80, 651.81, 651.83, 651.90,
651.91, 651.93, 652.00, 652.01, 652.03, 652.10, 652.11, 652.13,
652.20, 652.21, 652.23, 652.30, 652.31, 652.33, 652.40, 652.41,
652.43, 652.50, 652.51, 652.53, 652.60, 652.61, 652.63, 652.70,
652.71, 652.73, 652.80, 652.81, 652.83, 652.90, 652.91, 652.93,
653.00, 653.01, 653.03, 653.10, 653.11, 653.13, 653.20, 653.21,
653.23, 653.30, 653.31, 653.33, 653.40, 653.41, 653.43, 653.50,
653.51, 653.53, 653.60, 653.61, 653.63, 653.70, 653.71, 653.73,
653.80, 653.81, 653.83, 653.90, 653.91, 653.93, 654.00, 654.01,
654.02, 654.03, 654.04, 654.10, 654.11, 654.12, 654.13, 654.14,
654.20, 654.21, 654.23, 654.30, 654.31, 654.32, 654.33, 654.34,
654.40, 654.41, 654.42, 654.43, 654.44, 654.50, 654.51, 654.52,
654.53, 654.54, 654.60, 654.61, 654.62, 654.63, 654.64, 654.70,
654.71, 654.72, 654.73, 654.74, 654.80, 654.81, 654.82, 654.83,
654.84, 654.90, 654.91, 654.92, 654.93, 654.94, 655.00, 655.01,
OR

PREGNANCY CODE (I9) (continued)
655.03, 655.10, 655.11, 655.13, 655.20, 655.21, 655.23, 655.30,
655.31, 655.33, 655.40, 655.41, 655.43, 655.50, 655.51, 655.53,
655.60, 655.61, 655.63, 655.70, 655.71, 655.73, 655.80, 655.81,
655.83, 655.90, 655.91, 655.93, 656.00, 656.01, 656.03, 656.10,
656.11, 656.13, 656.20, 656.21, 656.23, 656.30, 656.31, 656.33,
656.40, 656.41, 656.43, 656.50, 656.51, 656.53, 656.60, 656.61,
656.63, 656.70, 656.71, 656.73, 656.80, 656.81, 656.83, 656.90,
656.91, 656.93, 657.00, 657.01, 657.03, 658.00, 658.01, 658.03,
658.10, 658.11, 658.13, 658.20, 658.21, 658.23, 658.30, 658.31,
658.33, 658.40, 658.41, 658.43, 658.80, 658.81, 658.83, 658.90,
658.91, 658.93, 659.00, 659.01, 659.03, 659.10, 659.11, 659.13,
659.20, 659.21, 659.23, 659.30, 659.31, 659.33, 659.40, 659.41,
659.43, 659.50, 659.51, 659.53, 659.60, 659.61, 659.63, 659.70,
659.71, 659.73, 659.80, 659.81, 659.83, 659.90, 659.91, 659.93,
660.00, 660.01, 660.03, 660.10, 660.11, 660.13, 660.20, 660.21,
660.23, 660.30, 660.31, 660.33, 660.40, 660.41, 660.43, 660.50,
660.51, 660.53, 660.60, 660.61, 660.63, 660.70, 660.71, 660.73,
660.80, 660.81, 660.83, 660.90, 660.91, 660.93, 661.00, 661.01,
661.03, 661.10, 661.11, 661.13, 661.20, 661.21, 661.23, 661.30,
661.31, 661.33, 661.40, 661.41, 661.43, 661.90, 661.91, 661.93,
662.00, 662.01, 662.03, 662.10, 662.11, 662.13, 662.20, 662.21,
662.23, 662.30, 662.31, 662.33, 663.00, 663.01, 663.03, 663.10,
663.11, 663.13, 663.20, 663.21, 663.23, 663.30, 663.31, 663.33,
663.40, 663.41, 663.43, 663.50, 663.51, 663.53, 663.60, 663.61,
663.63, 663.80, 663.81, 663.83, 663.90, 663.91, 663.93, 664.00,
664.01, 664.04, 664.10, 664.11, 664.14, 664.20, 664.21, 664.24,
664.30, 664.31, 664.34, 664.40, 664.41, 664.44, 664.50, 664.51,
664.54, 664.60, 664.61, 664.64, 664.80, 664.81, 664.84, 664.90,
664.91, 664.94, 665.00, 665.01, 665.03, 665.10, 665.11, 665.20,
665.22, 665.24, 665.30, 665.31, 665.34, 665.40, 665.41, 665.44,
665.50, 665.51, 665.54, 665.60, 665.61, 665.64, 665.70, 665.71,
665.72, 665.74, 665.80, 665.81, 665.82, 665.83, 665.84, 665.90,
665.91, 665.92, 665.93, 665.94, 666.00, 666.02, 666.04, 666.10,
666.12, 666.14, 666.20, 666.22, 666.24, 666.30, 666.32, 666.34,
667.00, 667.02, 667.04, 667.10, 667.12, 667.14, 668.00, 668.01,
668.02, 668.03, 668.04, 668.10, 668.11, 668.12, 668.13, 668.14,
668.20, 668.21, 668.22, 668.23, 668.24, 668.80, 668.81, 668.82,
668.83, 668.84, 668.90, 668.91, 668.92, 668.93, 668.94, 669.00,
669.01, 669.02, 669.03, 669.04, 669.10, 669.11, 669.12, 669.13,
669.14, 669.20, 669.21, 669.22, 669.23, 669.24, 669.30, 669.32,
669.34, 669.40, 669.41, 669.42, 669.43, 669.44, 669.50, 669.51,
669.60, 669.61, 669.70, 669.71, 669.80, 669.81, 669.82, 669.83,
669.84, 669.90, 669.91, 669.92, 669.93, 669.94, 670.00, 670.02,
670.04, 670.10, 670.12, 670.14, 670.20, 670.22, 670.24, 670.30,
670.32, 670.34, 670.80, 670.82, 670.84, 671.00, 671.01, 671.02,
671.03, 671.04, 671.10, 671.11, 671.12, 671.13, 671.14, 671.20,
671.21, 671.22, 671.23, 671.24, 671.30, 671.31, 671.33, 671.40,
671.42, 671.44, 671.50, 671.51, 671.52, 671.53, 671.54, 671.80,
671.81, 671.82, 671.83, 671.84, 671.90, 671.91, 671.92, 671.93,
671.94, 672.00, 672.02, 672.04, 673.00, 673.01, 673.02, 673.03,
673.04, 673.10, 673.11, 673.12, 673.13, 673.14, 673.20, 673.21,
673.22, 673.23, 673.24, 673.30, 673.31, 673.32, 673.33, 673.34,
673.80, 673.81, 673.82, 673.83, 673.84, 674.00, 674.01, 674.02,
674.03, 674.04, 674.10, 674.12, 674.14, 674.20, 674.22, 674.24,
674.30, 674.32, 674.34, 674.40, 674.42, 674.44, 674.50, 674.51,
674.52, 674.53, 674.54, 674.80, 674.82, 674.84, 674.90, 674.92,
674.94, 675.00, 675.01, 675.02, 675.03, 675.04, 675.10, 675.11,
675.12, 675.13, 675.14, 675.20, 675.21, 675.22, 675.23, 675.24,
675.80, 675.81, 675.82, 675.83, 675.84, 675.90, 675.91, 675.92,
675.93, 675.94, 676.00, 676.01, 676.02, 676.03, 676.04, 676.10,
676.11, 676.12, 676.13, 676.14, 676.20, 676.21, 676.22, 676.23,
676.24, 676.30, 676.31, 676.32, 676.33, 676.34, 676.40, 676.41,
676.42, 676.43, 676.44, 676.50, 676.51, 676.52, 676.53, 676.54,
676.60, 676.61, 676.62, 676.63, 676.64, 676.80, 676.81, 676.82,
676.83, 676.84, 676.90, 676.91, 676.92, 676.93, 676.94, V22.0,
V22.1, V22.2, V23.0, V23.1, V23.2, V23.3, V23.41, V23.49, V23.5,
V23.7, V23.81, V23.82, V23.83, V23.84, V23.85, V23.86, V23.89,
V23.9, V28.0, V28.1, V28.2, V28.3, V28.4, V28.5, V28.6, V28.81,
V28.82, V28.89, V28.9

OR

PREGNANCY CODE (SNM)
127363001, 16356006, 198624007, 198626009, 198627000,
237240001, 239101008, 289908002, 29399001, 31601007,
34801009, 386322007, 38720006, 41991004, 47200007, 43990006,
44782008, 60000008, 60810003, 64254006, 65147003, 69532007,
72892002, 79290002, 79586000, 80997009, 82661006, 87605005,
90968009, 9899009

OR

ALERTS Table lists applicable SNOMED (SNM) codes for allergy or intolerance to ACE
inhibitor and ARB therapy:

ACE ALLERGY CODE (SNM)
134397009, 293500009, 293501008, 293502001, 293503006,
293504000, 293505004, 293506003, 293507007, 293508002,
293509005, 295036000, 295037009, 295038004, 295039007,
295040009, 295041008, 295042001, 295043006, 295044000,
295045004, 315364008, 371627004, 403607004, 407564000,
407578004, 422593004
AND
ARB ALLERGY CODE (SNM)
293513003, 401084003, 407579007, 407590002

OR

PROBLEMS Table lists an applicable CPT Category II (C4) code for medical reason
exclusion:

MEDICAL REASON (C4)
4009F-1P

OR

PROBLEMS Table lists an applicable CPT Category II (C4) code for patient reason
exclusion:

PATIENT REASON (C4)
4009F-2P

OR

PROBLEMS Table lists an applicable CPT Category II (C4) code for system reason
exclusion:

SYSTEM REASON (C4)
4009F-3P

Rationale:

In the absence of contraindications, ACE Inhibitors or ARBs are recommended for all patients with symptoms of heart failure and reduced left ventricular systolic function, as measured by left ventricular ejection fraction (LVEF). Both drugs have been shown to decrease mortality and hospitalizations.

Clinical Recommendation Statements:

Angiotensin converting enzyme inhibitors are recommended for all patients with current or prior symptoms of HF and reduced LVEF, unless contraindicated. (Class I Recommendation, Level of Evidence: A)(ACC/AHA)

Angiotensin II receptor blockers approved for the treatment of HF are recommended in patients with current or prior symptoms of HF and reduced LVEF who are ACEI-intolerant. (Class I Recommendation, Level of Evidence: A) (ACC/AHA)

Angiotensin II receptor blockers are reasonable to use as alternatives to ACEIs as first-line therapy for patients with mild to moderate HF and reduced LVEF, especially for patients already taking ARBs for other indications. (Class IIa Recommendation, Level of Evidence: A) (ACC/AHA)

- *List of Data Elements located in Appendix A*

Measure #7: Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)

Description: Percentage of patients aged 18 years and older with a diagnosis of CAD and prior MI who were prescribed beta-blocker therapy

Denominator: Patients aged 18 years and older with a diagnosis of coronary artery disease who also have prior myocardial infarction (MI) at any time

Denominator Inclusions:

All patients with a documented diagnosis of CAD at any time in the patient's medical history who also had prior MI at any time and patient is greater than or equal to 18 years of age at the beginning of the measurement period. To be eligible for performance calculations, patients must have at least two face-to-face office visits with the physician, physician assistant, or nurse practitioner during the measurement period.

> Note: *Eligible patients for this measure require the presence of a prior MI diagnosis AND at least one E/M code during the measurement period. Diagnosis codes for Coronary Artery Disease (which include MI diagnosis codes) may also accompany the MI diagnosis code, but are not required for inclusion in the measure.*

ENCOUNTERS Table lists applicable CPT (C4) codes for inclusion:

ENCOUNTER CODE (C4)
99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99238, 99239, 99241 ➤, 99242 ➤, 99243 ➤, 99244 ➤, 99245 ➤, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

AND

PROBLEMS and PROCEDURES Tables list applicable CPT (C4), ICD-9-CM (I9) and SNOMED (SNM) codes for inclusion:

DX CODE (I9)
411.0, 411.1, 411.81, 411.89, 413.0, 413.1, 413.9, 414.00, 414.01, 414.02, 414.03, 414.04, 414.05, 414.06, 414.07, 414.8, 414.9, V45.81, V45.82
OR
DX CODE (C4)
33140, 33510, 33511, 33512, 33513, 33514, 33516, 33533, 33534, 33535, 33536, 92980, 92982, 92995
OR

✝ *The "Percentage of patients…" who meet the criteria for this measure will be calculated by the EHR Warehouse. All measure-related EHR coding/data should be submitted to the EHR Warehouse to ensure accurate performance rates.*

➤ *Signifies that this CPT Category I code is a non-covered service under the PFS (Physician Fee Schedule). These non-covered services may not be counted in the denominator population for PQRI reporting calculations.*

DX CODE (SNM)
10326007, 10365005, 11433004, 119564002, 119565001, 123641001, 123642008, 128555001, 128556000,
128557009, 128558004, 129582000, 15256002, 174911007, 175007008, 175008003, 175009006, 175011002,
175012009, 175014005, 175019000, 175021005, 175022003, 175024002, 175025001, 175026000, 175029007,
175030002, 175031003, 175032005, 175033000, 175036008, 175037004, 175038009, 175039001, 175040004,
175041000, 175045009, 175047001, 175048006, 175050003, 175053001, 175058005, 175084004, 175088001,
194821006, 194842008, 194843003, 204378009, 204379001, 213037002, 21981000, 225566008, 232717009,
232719007, 232720001, 232721002, 232722009, 232723004, 232724005, 233817007, 233844002, 233970002,
234010000, 234029006, 23687008, 240567009, 251024009, 25106000, 253700001, 253701002, 253702009,
253703004, 253704005, 253706007, 253707003, 253708008, 253709000, 253710005, 253711009, 253712002,
253713007, 253714001, 253715000, 253716004, 253717008, 253718003, 253719006, 253720000, 253721001,
253722008, 253723003, 253724009, 253725005, 253726006, 253727002, 253728007, 253729004, 253730009,
262941008, 265481001, 26900001, 270510008, 275215001, 275216000, 275227003, 275252001, 275253006,
28248000, 28574005, 287277008, 28931004, 29899005, 30670000, 309814006, 315348000, 3546002,
359597003, 359601003, 371803003, 371804009, 371805005, 371894001, 373092008, 373093003, 373094009,
373095005, 373096006, 39202005, 39724006, 398274000, 408546009, 414024009, 414088005, 420006002,
421327009, 427919004, 42866003, 429245005, 440444007, 441024003, 442298000, 4557003, 46109009,
48431000, 50570003, 5230009, 53741008, 55546004, 56276002, 59021001, 59062007, 62207008, 62827000,
63739005, 66189004, 67682002, 70390005, 74218008, 74371005, 75398000, 81266008, 82247006, 87343002,
88596007, 90205004, 92517006

AND

MI DX CODE (I9)
410.00, 410.01, 410.02, 410.10, 410.11, 410.12, 410.20,
410.21, 410.22, 410.30, 410.31, 410.32, 410.40, 410.41,
410.42, 410.50, 410.51, 410.52, 410.60, 410.61, 410.62,
410.70, 410.71, 410.72, 410.80, 410.81, 410.82, 410.90,
410.91, 410.92, 412
OR
MI DX CODE (SNM)
15990001, 161503005, 161502000, 164867002, 1755008, 22298006,
233825009, 233826005, 233827001, 233828006, 233829003, 233830008,
233831007, 233832000, 233833005, 233834004, 233836002, 233837006,
233838001, 233839009, 233840006, 233841005, 233842003, 275905002,
282006, 304914007, 307140009, 308065005, 314207007, 32574007,
399211009, 401303003, 428752002, 54329005, 57054005, 58612006,
59063002, 62695002, 64627002, 65547006, 70211005, 70422006, 70998009,
73795002, 76593002, 79009004

OR

All patients with a documented diagnosis of a prior MI at any time and patient is greater
than or equal to 18 years of age at the beginning of the measurement period.
> **Note:** *Eligible patients for this measure require the presence of a prior MI diagnosis*
> *AND at least one E/M code during the measurement period. Diagnosis codes for*
> *Coronary Artery Disease (which include MI diagnosis codes) may also accompany the*
> *MI diagnosis code, but are not required for inclusion in the measure.*

ENCOUNTERS and PROBLEMS Tables list applicable CPT (C4), ICD-9-CM (I9) and
SNOMED (SNM) codes for inclusion:

ENCOUNTER CODE (C4)
99201, 99202, 99203, 99204, 99205, 99212, 99213,
99214, 99215, 99238, 99239, 99241 ➤, 99242 ➤, 99243 ➤,
99244 ➤, 99245 ➤, 99304, 99305, 99306, 99307, 99308,
99309, 99310, 99324, 99325, 99326, 99327, 99328,
99334, 99335, 99336, 99337, 99341, 99342, 99343,
99344, 99345, 99347, 99348, 99349, 99350

AND

MI DX CODE (I9)
410.00, 410.01, 410.02, 410.10, 410.11, 410.12, 410.20,
410.21, 410.22, 410.30, 410.31, 410.32, 410.40, 410.41,
410.42, 410.50, 410.51, 410.52, 410.60, 410.61, 410.62,
410.70, 410.71, 410.72, 410.80, 410.81, 410.82, 410.90,
410.91, 410.92, 412
OR

MI DX CODE (SNM)
15990001, 161503005, 161502000, 164867002, 1755008, 22298006,
233825009, 233826005, 233827001, 233828006, 233829003, 233830008,
233831007, 233832000, 233833005, 233834004, 233836002, 233837006,
233838001, 233839009, 233840006, 233841005, 233842003, 275905002,
282006, 304914007, 307140009, 308065005, 314207007, 32574007,
399211009, 401303003, 428752002, 54329005, 57054005, 58612006,
59063002, 62695002, 64627002, 65547006, 70211005, 70422006, 70998009,
73795002, 76593002, 79009004

Numerator: Patients who were prescribed beta-blocker therapy

Numerator Inclusions:

MEDICATIONS Table lists applicable drug codes for patients who were prescribed beta-blocker therapy during the measurement period and DRUG_EXCLUSION = N.

Denominator Exclusions: *(Exclusions only applied if the patient did not receive beta-blocker therapy)*

PROBLEMS, PROCEDURES, VITAL SIGNS and ALERTS Tables list applicable ICD-9-CM (I9) and SNOMED (SNM) codes for medical reason exclusion:

EXCLUSION CODE (I9)
427.81, 427.89, 458.0, 458.1, 458.21, 458.29, 458.8,
458.9, 493.00, 493.01, 493.02, 493.10, 493.11, 493.12,
493.20, 493.21, 493.22, 493.81, 493.82, 493.90, 493.91,
493.92
OR
EXCLUSION CODE (SNM)
10164001, 10626002, 11157007, 11641008, 11849007, 12428000, 13151001, 134377004, 13640000,
162988008, 163022004, 163024003, 170576007, 170599006, 17338001, 17366009, 184004, 195060002,
195069001, 195070000, 195071001, 195072008, 195083004, 195506001, 195949008, 195967001, 195977004,
195979001, 196013003, 200113008, 200114002, 225057002, 230664009, 233672007, 233678006, 233679003,
233681001, 233683003, 233685005, 233688007, 233891009, 233892002, 233893007, 233894001, 233895000,
233904005, 233915000, 233922008, 233923003, 234171009, 234172002, 23852006, 251161003, 251162005,
251163000, 251164006, 251165007, 251166008, 251167004, 251168009, 251170000, 251172008, 251173003,
251174009, 251175005, 251176006, 251177002, 251178007, 251179004, 251180001, 251181002, 251182009,
251186007, 251188008, 266361008, 266364000, 268509003, 26950008, 271870002, 27337007, 276519002,
276796006, 278085001, 281239006, 281568006, 284470004, 28651003, 286963007, 287057009, 29320008,
293963004, 29894000, 30352005, 304527002, 309809007, 309877008, 31387002, 33413000, 36083008,
370218001, 370219009, 370220003, 370221004, 371073003, 38001000, 38274001, 389145006, 39260000,
39357005, 395148004, 397841007, 404804003, 404805002, 40593004, 405944004, 406461004, 407577009,
407674008, 408804006, 408667000, 408668005, 409663006, 413341007, 417206009, 417287002, 417322008,
418818005, 419752005, 42177007, 421869004, 422952004, 423889005, 424199006, 424643009, 425969006,
426177001, 426627000, 426656000, 426979002, 427295004, 427354000, 427603009, 427679007, 429243003,
429561008, 432524006, 440935004, 442025000, 44273001, 44602002, 44808001, 45007003, 47101004,
47830009, 48867003, 49044005, 49710005, 49982000, 50072001, 55475008, 55570000, 56968009, 57546000,
59272004, 59327009, 59786004, 60423000, 61277005, 61933008, 63088003, 63232000, 63593006, 63818009,
67415000, 69730002, 70247006, 71792006, 71908006, 72654001, 74615001, 75181005, 75532003, 77545000,
81681009, 81898007, 85038003, 85761009, 88140007, 88412007, 88887003, 91340006, 92807009, 93432008

OR

VITAL SIGNS Table lists an applicable SNOMED (SNM) code for documentation of bradycardia as defined by two consecutive heart rate readings less than 50 bpm that occur during the measurement period for medical reason exclusion:

HEART RATE CODE (SNM)
364075005
WITH
Documentation of two consecutive Heart Rates < 50 bpm

OR

PROCEDURES and PROBLEMS Tables list applicable ICD-9-CM (I9) and SNOMED (SNM) codes for history of 2nd or 3rd degree AV block without permanent pacemaker for medical reason exclusion. An AV_BLOCK_CODE must be present without the PERM_PACEMAKER_CODE:

AV BLOCK CODE (I9)
426.0, 426.12, 426.13
OR
AV BLOCK CODE (SNM)
129575004, 13620007, 17869006, 195039008, 195042002, 195046004, 20143001, 204383001, 204384007, 20852007, 233917008, 233918003, 233919006, 2374000, 251120003, 251114004, 251123001, 251124007, 251125008, 251152003, 251187003, 270492004, 276513001, 27885002, 28189009, 283645003, 302944009, 30667004, 32425009, 32758004, 37760005, 418341009, 41863008, 422348008, 43906007, 44103008, 4554005, 46319007, 46619002, 46935006, 4973001, 50799005, 54016002, 59118001, 6180003, 62026008, 63467002, 6374002, 64872007, 66568003, 71792006, 73459006, 74021003, 74390002, 76887001, 77221000, 82226007, 82580003, 86014007, 93130009, 9651007

WITHOUT

PERM PACEMAKER CODE (I9)
V45.01
OR
PERM PACEMAKER CODE (SNM)
14106009, 360127006, 360128001, 424921004, 56961003

OR

PROBLEMS Table lists an applicable CPT Category II (C4) code for medical reason exclusion:

MEDICAL REASON (C4)
4006F-1P

OR

PROBLEMS Table lists an applicable CPT Category II (C4) code for patient reason exclusion:

PATIENT REASON (C4)
4006F-2P

OR

PROBLEMS Table lists an applicable CPT Category II (C4) code for system reason exclusion:

SYSTEM REASON (C4)
4006F-3P

Rationale:

In the absence of contraindications, beta-blocker therapy has been shown to reduce the risk of a recurrent MI and decrease mortality for those patients with a prior MI.

Clinical Recommendation Statements:

Chronic Stable Angina: Class I – Beta-blockers as initial therapy in the absence of contraindications in patients with prior MI. Class I – Beta-blockers as initial therapy in the absence of contraindications in patients without prior MI. (ACC/AHA/ACP-ASIM)

Unstable Angina and Non-ST-Segment Elevation Myocardial Infarction: Class I – Drugs required in the hospital to control ischemia should be continued after hospital discharge in patients who do not undergo coronary revascularization, patients with unsuccessful revascularization, or patients with recurrent symptoms after revascularization. Upward or downward titration of the doses may be required. Class I – Beta-blockers in the absence of contraindications. (ACC/AHA)

Acute Myocardial Infarction: Class I – All but low-risk patients without a clear contraindication to ß-adrenoceptor blocker therapy. Treatment should begin within a few days of the event (if not initiated acutely) and continue indefinitely. Class IIa – Low-risk patients without a clear contraindication to ß-adrenoceptor blocker therapy. Survivors of non-ST-elevation MI. Class IIb – Patients with moderate or severe LV failure or other relative contraindications to ß-adrenoceptor blocker therapy, provided they can be monitored closely. (ACC/AHA)

Although no study has determined if long-term ß-adrenoceptor blocker therapy should be administered to survivors of MI who subsequently have successfully undergone revascularization, there is no reason to believe that these agents act differently in coronary patients who have undergone revascularization. (ACC/AHA)

— *List of Data Elements located in Appendix A*

* **Measure #39:** Screening or Therapy for Osteoporosis for Women Aged 65 Years and Older

† **Description:** Percentage of female patients aged 65 years and older who have a central dual-energy X-ray absorptiometry (DXA) measurement ordered or performed at least once since age 60 or pharmacologic therapy prescribed within 12 months

Denominator: All female patients aged 65 years and older

Denominator Inclusions:

All female patients greater than or equal to 65 years of age at the beginning of the measurement period. To be eligible for performance calculations, patients must have at least one face-to-face office visit with the physician, physician assistant, or nurse practitioner during the measurement period.

ENCOUNTERS Table lists applicable CPT (C4) codes for inclusion:

ENCOUNTER CODE (C4)
99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215

Numerator: Patients who had a central DXA measurement ordered or performed at least once since age 60 or pharmacologic therapy prescribed within 12 months

Numerator Inclusions:

Female patients who had a central DXA measurement ordered or performed at least once since age 60 or pharmacologic therapy prescribed within 12 months before the end of the measurement period.

PROCEDURES Table lists applicable CPT (C4) and SNOMED (SNM) codes for inclusion:

DXA SCAN CODE (C4)
76499, 77080, 77081, 77082
OR
DXA SCAN CODE (SNM)
241686001, 391057001, 391058006, 391059003, 391060008, 391061007, 391062000, 391063005, 391064004, 391065003, 391066002, 391067006, 391068001, 391069009, 391070005, 391071009, 391072002, 391073007, 391074001, 391075000, 391076004, 428313006, 428377003, 428569003, 429373009, 439477003, 429529009, 440099005, 440035002, 440083004, 440496005, 440050006, 440103000, 440100002, 82066000

OR

MEDICATIONS Table lists applicable drug codes for patients who were prescribed pharmacologic therapy for osteoporosis during the measurement period and DRUG_EXCLUSION = N.

---

† *The "Percentage of patients…" who meet the criteria for this measure will be calculated by the EHR Warehouse. All measure-related EHR coding/data should be submitted to the EHR Warehouse to ensure accurate performance rates.*

Denominator Exclusions: *(Exclusions only applied if the patient has not received a DXA measurement at least once since age 60 or pharmacologic therapy)*

PROBLEMS and ALERTS Tables list applicable SNOMED (SNM) codes for medical reason exclusion:

EXCLUSION CODE (SNM)
416704001, 417013004

OR

PROBLEMS Table lists applicable CPT Category II (C4) codes for medical reason exclusion:

MEDICAL REASON (C4)
3095F-1P, 3096F-1P, 4005F-1P

OR

PROBLEMS Table lists applicable CPT Category II (C4) and SNOMED (SNM) codes for patient reason exclusion:

PATIENT REASON (C4)
3095F-2P, 3096F-2P, 4005F-2P
OR
PATIENT REASON (SNM)
416888009

OR

PROBLEMS Table lists applicable CPT Category II (C4) codes for system reason exclusion:

SYSTEM REASON (C4)
3095F-3P, 3096F-3P, 4005F-3P

Rationale:
Patients with elevated risk for osteoporosis should have the diagnosis of osteoporosis excluded or be on treatment of osteoporosis.

Clinical Recommendation Statements:
The U.S. Preventive Services Task Force (USPSTF) recommends that women aged 65 and older be screened routinely for osteoporosis. (B Recommendation) (USPSTF)

The USPSTF recommends that routine screening begin at age 60 for women at increased risk for osteoporotic fractures. Use of risk factors, particularly increasing age, low weight, and non-use of estrogen replacement, to screen younger women may identify high-risk women. (B Recommendation) (USPSTF)

BMD measurement should be performed in all women beyond 65 years of age. Dual x-ray absorptiometry of the lumbar spine and proximal femur provides reproducible values at important sites of osteoporosis-associated fracture. These sites are preferred for baseline and serial measurements. (AACE)

The most important risk factors for osteoporosis-related fractures are a prior low-trauma fracture as an adult and a low BMD in patients with or without fractures. (AACE)

BMD testing should be performed on:
- All women aged 65 and older regardless of risk factors
- Younger postmenopausal women with one or more risk factors (other than being white, postmenopausal, and female)
- Postmenopausal women who present with fractures (NQF)

The decision to test for BMD should be based on an individual's risk profile. Testing is never indicated unless the results could influence a treatment decision. (NQF)

Markers of greater osteoporosis and fracture risk include older age, hypogonadism, corticosteroid therapy, and established cirrhosis. (Level B Evidence) (NQF)

The single most powerful predictor of a future osteoporotic fracture is the presence of previous such fractures. (NQF)

Pharmacologic therapy should be initiated to reduce fracture risk in women with:
- BMD T-scores below -2.0 by central dual x-ray absorptiometry (DXA) with no risk factors
- BMD T-scores below -1.5 by central dual x-ray absorptiometry (DXA) with one or more risk factors
- A prior vertebral or hip fracture (NQF)

The decision to measure bone density should follow an individualized approach. It should be considered when it will help the patient decide whether to institute treatment to prevent osteoporotic fracture. It should also be considered in patients receiving glucocorticoid therapy for 2 months or more and patients with other conditions that place them at high risk for osteoporotic fracture. (NIH)

The most commonly used measurement to diagnose osteoporosis and predict fracture risk is based on assessment of BMD by dual-energy X-ray absorptiometry (DXA). (NIH)

Measurements of BMD made at the hip predict hip fracture better than measurements made at other sites while BMD measurement at the spine predicts spine fracture better than measures at other sites. (NIH)

- *List of Data Elements located in Appendix A*

* **Measure #47:** Advance Care Plan

† **Description:** 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

Denominator: All patients aged 65 years and older

Denominator Inclusions:

> All patients greater than or equal to 65 years of age at the beginning of the measurement period. To be eligible for performance calculations, patients must have at least one face-to-face office visit with the physician, physician assistant, or nurse practitioner during the measurement period.
>
> ENCOUNTERS Table lists applicable CPT (C4) codes for inclusion:
>
> ENCOUNTER CODE (C4)
> 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99218, 99219, 99220, 99221, 99222, 99223, 99231, 99232, 99233, 99234, 99235, 99236, 99291*, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99387 ➤, 99397 ➤, 99401 ➤, 99402 ➤, 99403 ➤, 99404 ➤
>
> ** Encounters occurring in the emergency department will not be included for this code.*

Numerator: Patients 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 patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan

Numerator Inclusions:

> Patients 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 patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan during the measurement period.
>
> AdvanceDirectiveStatusCodes on the VOCABS AND VALUESETS Table lists applicable SNOMED (SNM) codes for inclusion:
>
> AdvanceDirectiveStatusCode (SNM)
> 310305009, 425392003, 425393008, 425394002, 425396000

Denominator Exclusions:

> None

† *The "Percentage of patients…" who meet the criteria for this measure will be calculated by the EHR Warehouse. All measure-related EHR coding/data should be submitted to the EHR Warehouse to ensure accurate performance rates.*

➤ *Signifies that this CPT Category I code is a non-covered service under the PFS (Physician Fee Schedule). These non-covered services may not be counted in the denominator population for PQRI reporting calculations.*

Rationale:

It is essential that the patient's wishes regarding medical treatment be established as much as possible prior to incapacity. The Work Group has determined that the measure should remain as specified with no required timeframe based on a review of the literature. Studies have shown that people do change their preferences often with regard to advanced care planning, but it primarily occurs after a major medical event or other health status change. In the stable patient, it would be very difficult to define the correct interval. It was felt by the Work Group that the error rate in simply not having addressed the issue at all is so much more substantial (Teno 1997) than the risk that an established plan has become outdated that we should not define a specific timeframe at this time. As this measure is tested and reviewed, we will continue to evaluate if and when a specific timeframe should be included.

Clinical Recommendation Statements:

Advance directives are designed to respect patient's autonomy and determine his/her wishes about future life-sustaining medical treatment if unable to indicate wishes. Key interventions and treatment decisions to include in advance directives are: resuscitation procedures, mechanical respiration, chemotherapy, radiation therapy, dialysis, simple diagnostic tests, pain control, blood products, transfusions, and intentional deep sedation.
Oral statements

- Conversations with relatives, friends, and clinicians are most common form; should be thoroughly documented in medical record for later reference.
- Properly verified oral statements carry same ethical and legal weight as those recorded in writing.

Instructional advance directives (DNR orders, living wills)

- Written instructions regarding the initiation, continuation, withholding, or withdrawal of particular forms of life-sustaining medical treatment.
- May be revoked or altered at any time by the patient.
- Clinicians who comply with such directives are provided legal immunity for such actions.

Durable power of attorney for health care or health care proxy

- A written document that enables a capable person to appoint someone else to make future medical treatment choices for him or her in the event of decisional incapacity. (AGS)

The National Hospice and Palliative Care Organization provides the Caring Connection web site, which provides resources and information on end-of-life care, including a national repository of state-by-state advance directives.

- *List of Data Elements located in Appendix A*

* Measure #48: Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older

† Description: Percentage of female patients aged 65 years and older who were assessed for the presence or absence of urinary incontinence within 12 months

Denominator: All female patients aged 65 years and older

Denominator Inclusions:

All female patients greater than or equal to 65 years of age at the beginning of the measurement period. To be eligible for performance calculations, patients must have at least two face-to-face office visit s with the physician, physician assistant, or nurse practitioner during the measurement period.

ENCOUNTERS Table lists applicable CPT (C4) codes for inclusion:

ENCOUNTER CODE (C4)
99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241 ➤, 99242 ➤, 99243 ➤, 99244 ➤, 99245 ➤, 99315, 99316, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99386 ➤, 99387 ➤, 99396 ➤, 99397 ➤, 99401 ➤, 99402 ➤, 99403 ➤, 99404 ➤

Numerator: Patients who were assessed for the presence or absence of urinary incontinence within 12 months

Numerator Inclusions:

Female patients who were assessed for the presence or absence or urinary incontinence during the measurement period.

PROBLEMS and Table lists applicable ICD-9-CM (I9) and SNOMED (SNM) codes for inclusion:

UI CODE (I9)
307.6, 625.6, 788.30, 788.31, 788.33, 788.34, 788.35, 788.36, 788.37, 788.38, 788.39
OR
UI CODE (SNM)
129847007, 129853007, 165232002, 18886003, 1891009, 22220005, 224702002, 236659004, 236660009, 236663006, 236664000, 236665004, 236666003, 236667007, 249284009, 251979003, 281862002, 370555000, 397878005, 413343005, 420663008, 42112009, 60241006, 78459008, 87557004, 90987003
OR
UI ASSESS CODE (SNM)
129692003, 268390008, 281045008, 281046009, 281047000

---

† The "Percentage of patients…" who meet the criteria for this measure will be calculated by the EHR Warehouse. All measure-related EHR coding/data should be submitted to the EHR Warehouse to ensure accurate performance rates.

➤ Signifies that this CPT Category I code is a non-covered service under the PFS (Physician Fee Schedule). These non-covered services may not be counted in the denominator population for PQRI reporting calculations.

Denominator Exclusions: *(Exclusions only applied if patients were not assessed for presence or absence of urinary incontinence)*

PROCEDURES Table lists applicable CPT (C4) and SNOMED (SNM) codes for medical reason exclusion:

EXCLUSION CODE (C4)
50688, 50800, 50810, 50815, 50820, 50860, 51590,
51595, 51596, 51597
OR
EXCLUSION CODE (SNM)
1163003, 395321006, 57655007, 61063002

OR

PROBLEMS Table lists an applicable CPT Category II (C4) code for medical reason exclusion:

MEDICAL REASON (C4)
1090F-1P

Rationale:
Female patients may not volunteer information regarding incontinence so they should be asked by their physician.

Clinical Recommendation Statements:
Strategies to increase recognition and reporting of UI are required and especially the perception that it is an inevitable consequence of aging for which little or nothing can be done. (ICI)

Patients with urinary incontinence should undergo a basic evaluation that includes a history, physical examination, measurement of post-void residual volume, and urinalysis. (ACOG) (Level C)

Health care providers should be able to initiate evaluation and treatment of UI basing their judgment on the results of history, physical examination, post-voiding residual and urinalysis. (ICI) (Grade B for women)

- — *List of Data Elements located in Appendix A*

▲ **Measure #110:** Preventive Care and Screening: Influenza Immunization for Patients ≥ **50 Years**

✝ **Description:** Percentage of patients aged 50 years and older who received an influenza immunization during the flu season (September through February)

Denominator: All patients aged 50 years and older

Denominator Inclusions:

> All patients greater than or equal to 50 years of age at the beginning of the measurement period. To be eligible for performance calculations, patients must have at least one face-to-face office visit with the physician, physician assistant, or nurse practitioner during the measurement period.
>
> ENCOUNTERS Table lists applicable CPT (C4) codes for inclusion:
>
> ENCOUNTER CODE (C4)
> 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214,
> 99215, 99241 ➤, 99242 ➤, 99243 ➤, 99244 ➤,
> 99245 ➤, 99304, 99305, 99306, 99307, 99308, 99309,
> 99310, 99315, 99316, 99324, 99325, 99326, 99327, 99328,
> 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344,
> 99345, 99347, 99348, 99349, 99350, 99386 ➤, 99387 ➤,
> 99396 ➤, 99397 ➤, 99401 ➤, 99402 ➤, 99403 ➤,
> 99404 ➤, 99411 ➤, 99412 ➤, 99420 ➤, 99429 ➤

✝ *The "Percentage of patients…" who meet the criteria for this measure will be calculated by the EHR Warehouse. All measure-related EHR coding/data should be submitted to the EHR Warehouse to ensure accurate performance rates.*

➤ *Signifies that this CPT Category I code is a non-covered service under the PFS (Physician Fee Schedule). These non-covered services may not be counted in the denominator population for PQRI reporting calculations.*

Numerator: Patients who received an influenza immunization during the flu season (September through February)

Numerator Inclusions:

> Patients who received an influenza vaccination from September through December of the year prior to the measurement period or from January through February during the measurement period.
>
> IMMUNIZATIONS Table lists applicable ICD-9-CM (I9), CPT (C4), HL7 Vaccination (CVX), HCPCS (HCPCS) and SNOMED (SNM) codes for inclusion:
>
> INFLUENZA CODE (I9)
> V04.81, V06.6
> OR
> INFLUENZA CODE (C4)
> 90656, 90658, 90660, 90661, 90662
> OR
> INFLUENZA CODE (CVX)
> 15, 16, 88, 111, 135
> OR
> INFLUENZA CODE (HCPCS)
> G0008
> OR
> INFLUENZA CODE (SNM)
> 185900003, 185901004, 185902006, 308532005, 346525009, 348046004, 348047008, 391668002, 391669005, 408752008, 409270000, 416928007, 418707004, 419456007, 419562000, 429493002, 46233009, 86198006

OR

> MEDICATIONS Table lists applicable drug codes for patients who received the influenza immunization during the flu season on an ambulatory basis and DRUG_EXCLUSION = N.

Denominator Exclusions: *(Exclusions only applied if influenza vaccination not received)*

> PROBLEMS and ALERTS Tables list applicable ICD-9-CM (I9) codes for medical reason exclusion:
>
> EXCLUSION CODE (I9)
> 995.68, V15.03

OR

> ALERTS Table lists applicable SNOMED (SNM) codes for allergy or adverse reaction to influenza immunization:
>
> ALLERGY CODE (SNM)
> 213020009, 219074005, 293112000, 293113005, 294647003, 294648008, 294649000, 315631004, 420113004, 91930004

OR

> ALERTS Table lists applicable ICD-9-CM (I9) and SNOMED (SNM) codes for adverse effects exclusion where an ADVERSE_EFFECT_1 code must be accompanied by an ADVERSE_EFFECT_2 code:
>
> ADVERSE EFFECT 1 CODE (I9)
> 995.0, 995.1, 995.27, 995.29, 999.5
> AND
> ADVERSE EFFECT 2 CODE (I9)
> E949.6

OR

PROBLEMS and ALERTS Tables list applicable CPT Category II (C4) and SNOMED (SNM) codes for medical reason exclusion:

MEDICAL REASON (C4)
4037F-1P
OR
MEDICAL REASON (SNM)
390796006, 407573008

OR

PROBLEMS and ALERTS Tables list applicable CPT Category II (C4) and SNOMED (SNM) codes for patient reason exclusion:

PATIENT REASON (C4)
4037F-2P
OR
PATIENT REASON (SNM)
315640000

OR

PROBLEMS Table lists an applicable CPT Category II (C4) code for system reason exclusion:

SYSTEM REASON (C4)
4037F-3P

Rationale:
Influenza vaccination has shown to decrease hospitalizations for influenza, especially for those with risk factors, however annual influenza vaccination rates remain low.

Clinical Recommendation Statements:
Annual influenza immunization is recommended for all groups who are at increased risk for complications from influenza including persons aged ≥ 50 years. (CDC, USPSTF)

— *List of Data Elements located in Appendix A*

◆**Measure #111:** Preventive Care and Screening: Pneumonia Vaccination for Patients 65 Years and Older

†**Description:** Percentage of patients aged 65 years and older who have ever received a pneumococcal vaccine

Denominator: All patients 65 years and older

Denominator Inclusions:

All patients greater than or equal to 65 years of age at the beginning of the measurement period. To be eligible for performance calculations, patients must have at least one face-to-face office visits with the physician, physician assistant, or nurse practitioner during the measurement period.

ENCOUNTERS and PROBLEMS Tables list applicable CPT (C4) and ICD-9-CM (I9) codes for inclusion:

ENCOUNTER CODE (C4)
99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99241 ➤, 99242 ➤, 99243 ➤, 99244 ➤, 99245 ➤, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99356, 99357, 99387 ➤, 99397 ➤, 99401 ➤, 99402 ➤, 99403 ➤, 99404 ➤, 99411 ➤, 99412 ➤, 99420 ➤, 99429 ➤, 99455, 99456

OR

ENCOUNTER CODE (I9)
V70.0, V70.3, V70.5, V70.6, V70.8, V70.9

---

† *The "Percentage of patients…" who meet the criteria for this measure will be calculated by the EHR Warehouse. All measure-related EHR coding/data should be submitted to the EHR Warehouse to ensure accurate performance rates.*
➤ *Signifies that this CPT Category I code is a* <u>non-covered</u> *service under the PFS (Physician Fee Schedule). These* <u>non-covered services</u> *may* <u>not</u> *be counted in the denominator population for PQRI reporting calculations.*

Numerator: Patients who have <u>ever</u> received a pneumococcal vaccination

Numerator Inclusions:

Patients who received a pneumococcal vaccination before the end of the measurement period.

IMMUNIZATIONS Table lists applicable ICD-9-CM (I9), CPT (C4), HL7 Vaccination (CVX), HCPCS (HCPCS), and SNOMED (SNM) codes for inclusion:

PNEUMO CODE (I9)
V03.82, V06.6
OR
PNEUMO CODE (C4)
90669, 90670, 90732
OR
PNEUMO CODE (CVX)
33, 100, 109, 133
OR
PNEUMO CODE (HCPCS)
G0009
OR
PNEUMO CODE (SNM)
125714002, 12866006, 135642004, 135643009, 310578008, 333598008, 394678003, 400287005, 417011002, 70447008

OR

MEDICATIONS Table lists applicable drug codes for patients who received the pneumococcal vaccination before the end of the measurement period and DRUG_EXCLUSION = N.

Denominator Exclusions: *(Exclusions only applied if the patient has never received a pneumococcal vaccination)*

ALERTS Table lists applicable SNOMED (SNM) codes for medical reason exclusion:

ALLERGY CODE (SNM)
294652008, 414373006

OR

ALERTS Table lists applicable ICD-9-CM (I9) codes for adverse effects exclusion where an ADVERSE_EFFECT_1 code must be accompanied by an ADVERSE_EFFECT_2 code:

ADVERSE EFFECT 1 CODE (I9)
995.0, 995.1, 995.27, 995.29, 999.5
AND
ADVERSE EFFECT 2 CODE (I9)
E948.8

OR

PROBLEMS and ALERTS Tables list applicable CPT Category II (C4) and SNOMED (SNM) codes for medical reason exclusion:

MEDICAL REASON (C4)
4040F-1P
OR
MEDICAL REASON (SNM)
390795005

Rationale:
The elderly have a much higher mortality from community-acquired pneumonia due to increased risk factors such as comorbidities, an increase in the number of medications taken and weaknesses or disease of lung tissue. Pneumonia accounts for an estimated 20 percent of nosocomial infections among the elderly, second only to urinary tract infections. The disease burden is large for older adults and the potential for prevention is high. (Ely, E., 1997)

Drugs such as penicillin were once effective in treating these infections; but the disease has become more resistant, making treatment of pneumococcal infections more difficult. This makes prevention of the disease through vaccination even more important. (CDC. National Immunization Program—*Pneumococcal Disease,* 2005)

Clinical Recommendation Statements:
The U.S. Preventive Services Task Force's *Guide to Clinical Preventive Services* recommends pneumococcal vaccine for all immunocompetent individuals who are 65 and older or otherwise at increased risk for pneumococcal disease. Routine revaccination is not recommended, but may be appropriate in immunocompetent individuals at high risk for morbidity and mortality from pneumococcal disease (e.g., persons ≥ 75 years of age or with severe chronic disease) who were vaccinated more than five years previously. Medicare Part B fully covers the cost of the vaccine and its administration every five years. (United States Preventive Services Task Force, 1998) Pneumococcal infection is a common cause of illness and death in the elderly and persons with certain underlying conditions. In 1998, an estimated 3,400 adults aged ≥ 65 years died as a result of invasive pneumococcal disease. Pneumococcal infection accounts for more deaths than any other vaccine-preventable bacterial disease. (CDC, 2002; Pneumococcal Pneumonia, NIAID Fact Sheet, December 2004.)

One of the *Healthy People 2010* objectives is to increase pneumococcal immunization levels for the non-institutionalized, high-risk populations to at least 90 percent (objective no. 14.29). While the percent of persons 65 years and older receiving the pneumococcal vaccine has increased, it still remains considerably below the *Health People 2010* objective. According to the National Health Interview Survey (NHIS), which is used to track performance on year 2010 objectives, in 1998 only 46 percent of adults age 65 years and older report receiving the vaccine. The figure was 45 percent based on the 1997 Behavioral Risk Factor Surveillance System (BRFSS) survey. (National Center for Health Statistics., 2005; CDC, 1997)
A particular strength of this measure is that it provides an opportunity to compare performance against national, state and/or regional benchmarks, which are collected through nationally organized and administered surveys.

At the physician practice level where a patient survey may not be feasible, data collection on pneumonia vaccination status through chart abstraction is a viable option.

- *List of Data Elements located in Appendix A*

2011 EHR Measure Specifications
ANALYTIC NARRATIVES

♦ **Measure #112:** Preventive Care and Screening: Screening Mammography

✝ **Description:** Percentage of women aged 40 through 69 years who had a mammogram to screen for breast cancer within 24 months

Denominator: All female patients aged 40 through 69 years

Denominator Inclusions:

All female patients between 40 and 69 years of age at the beginning of the measurement period. To be eligible for performance calculations, patients must have at least one face-to-face office visit with the physician, physician assistant, or nurse practitioner during the measurement period.

ENCOUNTERS Table lists applicable CPT (C4) codes for inclusion:

ENCOUNTER CODE (C4)
99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213,
99214, 99215, 99217, 99218, 99219, 99220, 99241 ➤,
99242 ➤, 99243 ➤, 99244 ➤, 99245 ➤, 99304, 99305,
99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318,
99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336,
99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348,
99349, 99350, 99386 ➤, 99387 ➤, 99396 ➤, 99397 ➤,
99401 ➤, 99402 ➤, 99403 ➤, 99404 ➤, 99411 ➤,
99412 ➤, 99420 ➤, 99429 ➤, 99455, 99456

Numerator: Patients who had a mammogram at least once within 24 months

Numerator Inclusions:

Female patients who had a mammogram during the measurement period or year prior to the measurement period.

PROCEDURES Table lists applicable ICD-9-CM (I9), CPT (C4), HCPCS (HCPCS), and SNOMED (SNM) codes for inclusion:

MAMMO CODE (I9)
87.36, 87.37, V76.11, V76.12
OR
MAMMO CODE (C4)
77051, 77052, 77055, 77056, 77057
OR
MAMMO CODE (HCPCS)
G0202, G0204, G0206
OR
MAMMO CODE (SNM)
12389009, 13450007, 18102001, 241055006, 241056007,
241057003, 241058008, 241189009, 241190000, 241539009,
24623002, 258172002, 394911000, 418074003, 418378007,
420131003, 428907005, 43204002, 439324009, 50867009,
71651007, 80865008

✝ *The "Percentage of patients…" who meet the criteria for this measure will be calculated by the EHR Warehouse. All measure-related EHR coding/data should be submitted to the EHR Warehouse to ensure accurate performance rates.*
➤ *Signifies that this CPT Category I code is a non-covered service under the PFS (Physician Fee Schedule). These non-covered services may not be counted in the denominator population for PQRI reporting calculations.*

Denominator Exclusions: *(Exclusions only applied if mammogram not performed)*

PROCEDURES and PROBLEMS Tables list applicable ICD-9-CM (I9), CPT (C4) and SNOMED (SNM) codes for bilateral mastectomy exclusion:

EXCLUSION CODE (I9)
85.42, 85.44, 85.46, 85.48
OR
EXCLUSION CODE (C4)
19303-50*, 19304-50*, 19305-50*, 19306-50*, 19307-50*
OR
EXCLUSION CODE (SNM)
14693006, 14714006, 17086001, 22418005, 27865001, 52314009, 59860000, 60633004, 76468001

-50 modifier indicates the procedure was performed bilaterally

OR

PROCEDURES and PROBLEMS Tables list applicable ICD-9-CM (I9), CPT (C4) and SNOMED (SNM) codes for unilateral mastectomy exclusion when the patient had two unilateral mastectomies on two different dates of service:

UNILAT BRST CODE (I9)
85.41, 85.43, 85.45, 85.47
OR
UNILAT BRST CODE (C4)
19303, 19304, 19305, 19306, 19307
OR
UNILAT BRST CODE (SNM)
172043006, 172044000, 22964006, 237367009, 237368004, 237370008, 274957008, 287653007, 287654001, 318190001, 359728003, 359731002, 359734005, 359740003, 369896001, 369899008, 384723003, 395165008, 395702000, 406505007, 41104003, 428564008, 66398006, 70183006, 72269009, 73359007, 8115005, 88764002

OR

PROCEDURES Table lists applicable SNOMED (SNM) codes for unilateral mastectomy exclusion where a UNILAT BRST 1 CODE must be accompanied by a UNILAT BRST 2 CODE with two different dates of service:

UNILAT BRST 1 CODE (SNM)
428571003
AND
UNILAT BRST 2 CODE (SNM)
429400009

OR

PROBLEMS Table lists an applicable CPT Category II (C4) code for medical reason exclusion:

MEDICAL REASON (C4)
3014F-1P

Rationale:
Breast cancer ranks as the second leading cause of death in women. For women 40 to 49 years of age mammography can reduce mortality by 17 percent. (AMA, 2003)

Clinical Recommendation Statement:
The U.S. Preventive Services Task Force (USPSTF) recommends screening mammography, with or without clinical breast examination (CBE), every 1-2 years for women aged 40 and older. (USPSTF, 2002)

- The USPSTF found fair evidence that mammography screening every 12-33 months significantly reduces mortality from breast cancer. Evidence is strongest for women aged 50-69, the age group generally included in screening trials. (USPSTF, 2002)
- For women aged 40-49, the evidence that screening mammography reduces mortality from breast cancer is weaker, and the absolute benefit of mammography is smaller, than it is for older women. Most, but not all, studies indicate a mortality benefit for women undergoing mammography at ages 40-49, but the delay in observed benefit in women younger than 50 makes it difficult to determine the incremental benefit of beginning screening at age 40 rather than at age 50. (USPSTF, 2002)
- The absolute benefit is smaller because the incidence of breast cancer is lower among women in their 40s than it is among older women. (USPSTF, 2002)

The USPSTF concluded that the evidence is also generalizable to women aged 70 and older (who face a higher absolute risk for breast cancer) if their life expectancy is not compromised by comorbid disease. The absolute probability of benefits of regular mammography increases along a continuum with age, whereas the likelihood of harms from screening (false-positive results and unnecessary anxiety, biopsies, and cost) diminishes from ages 40-70. The balance of benefits and potential harms; therefore, grows more favorable as women age. The precise age at which the potential benefits of mammography justify the possible harms is a subjective choice. (USPSTF, 2002)

American Cancer Society: Yearly Mammograms starting at age 40 and continuing for as long as a woman is in good health. (Smith, 2003)

American College of Preventative Medicine (ACPM):

- Low-risk women (no family history, familial cancer syndrome, or prior cancer). There is inadequate evidence for or against mammography screening of women under the age of 50. Women between the ages of 50-69 should have annual or biennial, high-quality, two-view mammography. Women aged 70 and older should continue undergoing mammography screening provided their health status permits breast cancer treatment. (Ferrini, 1996)
- Higher-risk women: Women with a family history of pre-menopausal breast cancer in a first-degree relative or those with a history of breast and/or gynecologic cancer may warrant more aggressive screening. Women with these histories often begin screening at an earlier age, although there is no direct evidence of effectiveness to support this practice. The future availability of genetic screening may define new recommendations for screening high-risk women. (Ferrini, 1996)

The American Medical Association (AMA), the American College of Obstetricians and Gynecologists (ACOG), and the American College of Radiology (ACR), all support screening with mammography and CBE beginning at age 40. (AMA, 1999; ACOG, 2000; Feig, 1998)

The Canadian Task Force on Preventive Health Care (CTFPHC), and the American Academy of Family Physicians (AAFP), recommends beginning mammography for average-risk women at age 50. (Canadian Task Force on the Periodic Health Examination, 1999; AAFP, 2005)

AAFP recommends that mammography in high-risk women begin at age 40, and recommends that all women aged 40-49 be counseled about the risks and benefits of mammography before making decisions about screening. (AAFP, 2005)

—   *List of Data Elements located in Appendix A*

◆ **Measure #113:** Preventive Care and Screening: Colorectal Cancer Screening

† **Description:** Percentage of patients aged 50 through 75 years who received the appropriate colorectal cancer screening

Denominator: All patients aged 50 through 75 years

Denominator Inclusions:

> All patients between 50 and 75 years of age at the beginning of the measurement period. To be eligible for performance calculations, patients must have at least one face-to-face office visit with the physician, physician assistant, or nurse practitioner during the measurement period.
>
> ENCOUNTERS and PROBLEMS Tables list applicable CPT (C4) and ICD-9-CM (I9) codes for inclusion:
>
> ENCOUNTER CODE (C4)
> 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99241 ➤, 99242 ➤, 99243 ➤, 99244 ➤, 99245 ➤, 99251 ➤, 99252 ➤, 99253 ➤, 99254 ➤, 99255 ➤, 99281, 99282, 99283, 99284, 99285, 99291, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99386 ➤, 99387 ➤, 99396 ➤, 99397 ➤, 99401 ➤, 99402 ➤, 99403 ➤, 99404 ➤, 99411 ➤, 99412 ➤, 99420 ➤, 99429 ➤, 99455, 99456
>
> OR
>
> ENCOUNTER CODE (I9)
> V70.0, V70.3, V70.5, V70.6, V70.8, V70.9

---

† *The "Percentage of patients…" who meet the criteria for this measure will be calculated by the EHR Warehouse. All measure-related EHR coding/data should be submitted to the EHR Warehouse to ensure accurate performance rates.*

➤ *Signifies that this CPT Category I code is a* <u>*non-covered*</u> *service under the PFS (Physician Fee Schedule). These* <u>*non-covered services*</u> *may* <u>*not*</u> *be counted in the denominator population for PQRI reporting calculations.*

Numerator: Patients who had at least one or more screenings for colorectal cancer during or prior to the reporting period

Numerator Inclusions:

Patients with any of the recommended colorectal cancer screening test(s) performed.

Current colorectal cancer screening is defined as performing any of the following:
- *Fecal occult blood test during the measurement period*
- *Flexible sigmoidoscopy during the measurement period or four years prior*
- *Colonoscopy during the measurement period or nine years prior*

PROCEDURES and RESULTS Tables list applicable LOINC (LN), CPT (C4), HCPCS (HCPCS), ICD-9-CM (I9) and SNOMED (SNM) codes for inclusion:

FOBT CODE (LN)
12503-9, 12504-7, 14563-1, 14564-9, 14565-6, 2335-8,
27396-1, 27401-9, 27925-7, 27926-5, 29771-3
OR
FOBT CODE (C4)
82270, 82274
OR
FOBT CODE (HCPCS)
G0328
OR
FOBT CODE (I9)
V76.51
OR
FOBT CODE (SNM)
104435004, 252156002, 441579003, 441626002, 442067009,
442516004, 442554004, 442563002, 442722005, 61788003, 80556006
OR

FLEX SIG CODE (C4)
45330, 45331, 45332, 45333, 45334, 45335, 45337,
45338, 45339, 45340, 45341, 45342, 45345
OR
FLEX SIG CODE (HCPCS)
G0104
OR
FLEX SIG CODE (I9)
45.24
OR
FLEX SIG CODE (SNM)
112870002, 32414000, 396226005, 425634007, 44441009

OR

COLOSCOPE CODE (C4)
44388, 44389, 44390, 44391, 44392, 44393, 44394,
44397, 45355, 45378, 45379, 45380, 45381, 45382,
45383, 45384, 45385, 45386, 45387, 45391, 45392
OR
COLOSCOPE CODE (HCPCS)
G0105, G0120, G0121
OR
COLOSCOPE CODE (I9)
45.22, 45.23, 45.25, 45.42, 45.43
OR
COLOREC SCREEN CODE (SNM)
12350003, 174158000, 235150006, 235151005, 25732003,
275978004, 275979007, 28939002, 303587008, 34264006,
367535003, 427459009, 49870005, 57435001, 73761001,
80050006, 8180007

Denominator Exclusions: *(Exclusions only applied if screening for colorectal cancer not performed)*

PROBLEMS and PROCEDURES Tables list applicable ICD-9-CM (I9), CPT (C4) and SNOMED (SNM) codes for medical reason exclusion:

EXCLUSION CODE (I9)
45.81, 45.82, 45.83, 153.0, 153.1, 153.2, 153.3, 153.4, 153.5,
153.6, 153.7, 153.8, 153.9, 154.0, 154.1, 197.5, V10.05, V10.06
OR
EXCLUSION CODE (C4)
44150, 44151, 44155, 44156, 44157, 44158, 44210,
44211, 44212
OR
EXCLUSION CODE (SNM)
109838007, 126838000, 187757001, 235331003, 23968004,
255081007, 26390003, 269533000, 269544008, 285312008,
285611007, 300936002, 301756000, 307666008, 307667004,
307669001, 31130001, 312111009, 312112002, 312113007,
312114001, 312115000, 314965007, 315058005, 36192008,
363350007, 363351006, 363406005, 363411007, 363407001,
363408006, 363409003, 363410008, 363412000, 363413005,
363414004, 363510005, 371977004, 425178004, 427816007,
428283002, 429047008, 429084005, 429699009, 44751009,
456004, 80294005, 93679002, 93683002, 93761005, 93771007,
93826009, 93980002, 93984006, 94006002, 94072004, 94105000,
94175004, 94179005, 94235004, 94260004, 94271003, 94328005,
94509004, 94538001, 94604000, 94643001

OR

PROBLEMS Table lists an applicable CPT Category II (C4) code for medical reason exclusion:

MEDICAL REASON (C4)
3017F-1P

Rationale:

Colorectal cancer is the second leading cause of cancer-related death in the United States. There were an estimated 135,400 new cases and 56,700 deaths from the disease during 2001. Colorectal cancer (CRC) places significant economic burden on the society as well with treatment costs over $6.5 billion per year and, among malignancies, is second only to breast cancer at $6.6 billion per year (Schrag, 1999).

Colorectal cancer screening can detect pre-malignant polyps and early stage cancers. Unlike other screening tests that only detect disease, colorectal cancer screening can guide removal of pre-malignant polyps, which in theory can prevent development of colon cancer. Three tests are currently available for screening: fecal occult blood testing (FOBT), flexible sigmoidoscopy, and colonoscopy.

Clinical Recommendation Statements:

During the past decade, compelling evidence has accumulated that systematic screening of the population can reduce mortality from colorectal cancer. Three randomized, controlled trials demonstrated that fecal occult blood testing (FOBT), followed by complete diagnostic evaluation of the colon for a positive test, reduced colorectal cancer mortality (Hardcastle et al., 1996; Mandel & Oken, 1998; Kronborg; 1996). One of these randomized trials (Mandel et al., 1993) compared annual FOBT screening to biennial FOBT screening, and found that annual screening resulted in greater reduction in colorectal cancer mortality. Two case control studies have provided evidence that sigmoidoscopy reduces colorectal cancer mortality (Selby et al., 1992; Newcomb et al., 1992). Approximately 75% of all colorectal cancers arise sporadically (Stephenson et al., 1991). Part of the effectiveness of colorectal cancer screening is mediated by the removal of the precursor lesion—an adenomatous polyp (Vogtelstein et al., 1988). It has been shown that removal of polyps in a population can reduce the incidence of colorectal cancer (Winawer, 1993). Colorectal screening may also lower mortality by allowing detection of cancer at earlier stages, when treatment is more effective (Kavanaugh, 1998).

The U.S. Preventive Services Task Force (USPSTF) published an updated recommendation colorectal cancer screening in 2008. The guideline strongly recommends that clinicians screen men and women ages 50 to 75 years of age for colorectal cancer (A recommendation). The USPSTF recommends not screening adults age 85 and older due to possible harms (D recommendation). The appropriateness of colorectal cancer screening for men and women aged 76 to 85 years old should be considered on an individual basis (C recommendation). While the approved modalities vary for patients 50 to 75 years old, the USPSTF found there is insufficient evidence to assess the benefits and harms of computed tomographic colonography (CTC) and fecal DNA (fDNA) testing as screening modalities for colorectal cancer for all patients (I statement).

— *List of Data Elements located in Appendix A*

♠ **Measure #124:** Health Information Technology (HIT): Adoption/Use of Electronic Health Records (EHR)

✝ **Description:** Documents whether provider has adopted and is using health information technology. To qualify, the provider must have adopted and be using a certified/qualified electronic health record (EHR).

Denominator: All patient encounters

Denominator Inclusions:

All patient encounters. To be eligible for performance calculations, patients must have at least one face-to-face office visit with the clinician during the measurement period.

ENCOUNTERS Table lists applicable CPT (C4) and HCPCS (HCPCS) codes for inclusion:

ENCOUNTER CODE (C4)
90801, 90802, 90804, 90805, 90806, 90807, 90808, 90809, 92002, 92004, 92012, 92014, 96150, 96151, 96152, 97001, 97002, 97003, 97004, 97750, 97802, 97803, 97804, 98940, 98941, 98942, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241 ➤, 99242 ➤, 99243 ➤, 99244 ➤, 99245 ➤, 99381 ➤, 99382 ➤, 99383 ➤, 99384 ➤, 99385 ➤, 99386 ➤, 99387 ➤, 99391 ➤, 99392 ➤, 99393 ➤, 99394 ➤, 99395 ➤, 99396 ➤, 99397 ➤

OR

ENCOUNTER CODE (HCPCS)
D7140, D7210, G0101, G0108, G0109, G0270, G0271

Numerator: Patient encounter documentation substantiates use of certified/qualified EHR

Numerator Inclusions:

Patient encounters with documentation substantiating the use of a CCHIT certified or qualified (non-CCHIT certified) EHR during the measurement period.

STRUCTURAL CODES Table lists applicable HCPCS (HCPCS) codes for inclusion:

EHR CODE (HCPCS)
G8447, G8448

Denominator Exclusions:

None

✝ *The "Percentage of patients…" who meet the criteria for this measure will be calculated by the EHR Warehouse. All measure-related EHR coding/data should be submitted to the EHR Warehouse to ensure accurate performance rates.*

➤ *Signifies that this CPT Category I code is a non-covered service under the PFS (Physician Fee Schedule). These non-covered services may not be counted in the denominator population for PQRI reporting calculations.*

Rationale:

The need for clinical information systems to provide high-quality, safe care is a well recognized fact. This need was well publicized by Dr. Ed Wagner in his "Chronic Care Model" as one of the key elements to provide high-quality care. To quote from the Improving Chronic Care Web site, "Effective chronic illness care is virtually impossible without information systems that assure ready access to key data on individual patients as well as populations of patients. A comprehensive clinical information system can enhance the care of individual patients by providing timely reminders about needed services and summarized data to track and plan care. At the practice population level, they identify groups of patients needing additional care, as well as facilitate performance monitoring and quality improvement efforts." To be able to take advantage of many of the more advanced applications of health information technology, the facility must first implement an EMR and use it to document patient encounters.

Although some health plans and provider incentive programs do reward facilities for EMR adoption, our analysis did not reveal any established consensus-endorsed measure that measures adoption of technology and defines it in the way described above.

While it is preferable to encourage adoption of CCHIT certified EMRs, it became apparent during measure field testing that CCHIT certified EMRs are not currently available for all provider settings and specialty groups that may report this measure. Therefore, additional numerator coding was added to enable providers who have adopted a non-CCHIT certified product, which meets a set of standards, to also report this measure. The following is an excerpt taken from the CCHIT website: *"The 2006 Ambulatory EHR Criteria represent basic requirements that the Commission and its Workgroups believe are appropriate for many common ambulatory care settings. CCHIT acknowledges that these Criteria may not be suitable for settings such as behavioral health, emergency departments, or specialty practices and our current certification makes no representation for these. Purchasers should not interpret a lack of CCHIT Certification as being of significance for specialties and domains not yet addressed by CCHIT Criteria."*

Evidence Supporting the Criterion of Quality Measure:

Overall Evidence Grading: SORT Strength of Recommendation B: considerable patient-oriented evidence, i.e., re: better patient care management, higher patient satisfaction, reduction of adverse drug events, better quality performance, and improved patient safety, but not consistently high quality evidence

Committee on Quality Health Care in America (2001). Crossing the Quality Chasm: A new health system for the 21st century. Washington, D.C., National Academy Press.
>   This report explains the difficulty managing a patient's care using a written medical record, which can be cumbersome to navigate through, as well as illegible. Not only would an EMR be consistent and legible, it can provide reminders and prompts, allowing better management of patient care. In addition, patients who can access their provider using e-mail can have their needs met more quickly and cost effectively.
>   Study quality level 2 (limited-quality patient-oriented evidence)

Hillestad, R., et al. (2005). "Can electronic medical record systems transform health care? Potential health benefits, savings and costs." Health Affairs 24(5): 1103-1117.
>   This article concludes that two-thirds of the approximately 8 million adverse drug events that occur in the outpatient setting would be avoided through the widespread use of computerized physician order entry (CPOE).
>   Study quality level 2 (limited-quality patient-oriented evidence)

Jha, A. K., et al. (2003). "Effect of the transformation of the Veterans Affairs Health Care System on quality of care." NEJM 348(22): 2218-2227.
>   The Veterans Health Administration medical system uses an EMR system-wide. The authors attribute the VHA's superior quality performance in part to "an emphasis on the use of information technology."

Study quality level 2 (limited-quality patient-oriented evidence)

Middleton, B. (2005). <u>The value of health information technology in clinical practice.</u> Pennsylvania eHealth Initiative, Harrisburg.

This article highlights the impact that various components of HIT and EMR will have on improving patient safety. Additionally, Dr. Middleton enumerates the cost benefits of ambulatory computerized physician order entry (ACPOE).

Study quality level 2 (limited-quality patient-oriented evidence)

Mitchell, E., Sullivan, F. (2001). "A descriptive feast but an evaluative famine: systematic review of published articles on primary care computing during 1980-1997." <u>BMJ</u> 322(7281): 279-282.

This older systematic review documents the value of using ECI in a variety of primary care situations.

Study quality level 2 (limited-quality patient-oriented evidence; systematic review but older)

— *List of Data Elements located in Appendix A*

♠ **Measure #128:** Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up

✝ **Description:** Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside parameters, a follow-up plan is documented
> Parameters: Age 65 and older BMI ≥30 or <22
> Age 18 – 64 BMI ≥25 or <18.5

Denominator: All patients aged 18 years and older

Denominator Inclusions:

> All patients greater than or equal to 18 years of age at the beginning of the measurement period. To be eligible for performance calculations, patients must have at least one face-to-face office visit with the clinician during the measurement period.
>
> > **Note:** *BMI measured and documented in the medical record can be reported if done in the provider's office/facility or if BMI calculation within the past six months is documented in outside medical records obtained by the provider. The documentation of a follow-up plan should be based on the most recently calculated BMI.*
>
> ENCOUNTERS Table lists applicable CPT (C4) and HCPCS (HCPCS) codes for inclusion:
>
> ENCOUNTER CODE (C4)
> 90801, 90802, 90804, 90805, 90806, 90807, 90808, 90809, 97001, 97002, 97003, 97004, 97802, 97803, 98960 ➤, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350
>
> OR
>
> ENCOUNTER CODE (HCPCS)
> D7140, D7210, G0101, G0108, G0270

✝ *The "Percentage of patients…" who meet the criteria for this measure will be calculated by the EHR Warehouse. All measure-related EHR coding/data should be submitted to the EHR Warehouse to ensure accurate performance rates.*

➤ *Signifies that this CPT Category I code is a non-covered service under the PFS (Physician Fee Schedule). These non-covered services may not be counted in the denominator population for PQRI reporting calculations.*

Numerator: Patients with BMI calculated within the past six months or during the current visit and a follow-up plan documented if the BMI is outside of parameters

Numerator Inclusion – Option #1: *(Patients aged 65 years and older)*

Patients with Body Mass Index (BMI) calculated within the past six months or during the current visit with a normal BMI (less than 30 kg/m² AND greater than or equal to 22 kg/m²) during the measurement period.

VITAL SIGNS Table lists applicable LOINC (LN) and SNOMED (SNM) codes for inclusion:

BMI CODE (LN)
39156-5
WITH
Documentation of BMI < 30 kg/m² AND ≥ 22 kg/m²

OR

BMI CODE (SNM)
225171007, 301331008, 60621009
WITH
Documentation of BMI < 30 kg/m² AND ≥ 22 kg/m²

OR

Patients with BMI calculated within the past six months or during the current visit with a high BMI (greater than or equal to 30 kg/m²) and a follow up plan documented during the measurement period.

> **Note:** *A follow-up plan may include documentation of a future appointment, education, referral, prescription/administration of medication/dietary supplements, weight loss surgery.*

PROBLEMS, VITAL SIGNS and PLAN OF CARE Tables list applicable LOINC (LN), SNOMED (SNM), CPT (C4), ICD-9-CM (I9) and HCPCS (HCPCS) codes for inclusion:

BMI CODE (LN)
39156-5
WITH
Documentation of BMI ≥ 30 kg/m²
OR
BMI CODE (SNM)
225171007, 301331008, 60621009
WITH
Documentation of BMI ≥ 30 kg/m²

AND

BMI FOLLOW-UP CODE (C4)
43644, 43645, 43770, 43771, 43772, 43773, 43774,
43842, 43843, 43845, 43846, 43847, 43848, 97804,
98961, 98962, 99078
OR
BMI FOLLOW-UP CODE (I9)
V65.3
OR
BMI FOLLOW-UP CODE (HCPCS)
S9449, S9451, S9452, S9470, G8417
OR
BMI FOLLOW-UP CODE (SNM)
103699006, 169411000, 170795002, 225171007, 268523001,
275919002, 305849009, 306163007, 307818003, 401003006,
408289007

OR

Patients with BMI calculated within the past six months or during the current visit with a low BMI (less than 22 kg/m²) and a follow up plan documented during the measurement period.

> **Note:** *A follow-up plan may include documentation of a future appointment, education, referral, prescription/administration of medication/dietary supplements, weight loss surgery.*

PROBLEMS, PROCEDURES, VITAL SIGNS and PLAN OF CARE Tables list applicable LOINC (LN), SNOMED (SNM), CPT (C4), ICD-9-CM (I9) and HCPCS (HCPCS) codes for inclusion:

BMI CODE (LN)
39156-5
WITH
Documentation of BMI < 22 kg/m²
OR
BMI CODE (SNM)
225171007, 301331008, 60621009
WITH
Documentation of BMI < 22 kg/m²

AND

BMI FOLLOW-UP CODE (C4)
43644, 43645, 43770, 43771, 43772, 43773, 43774,
43842, 43843, 43845, 43846, 43847, 43848, 97804,
98961, 98962, 99078
OR
BMI FOLLOW-UP CODE (I9)
V65.3
OR
BMI FOLLOW-UP CODE (HCPCS)
S9449, S9451, S9452, S9470, G8417
OR
BMI FOLLOW-UP CODE (SNM)
103699006, 169411000, 170795002, 225171007, 268523001,
275919002, 305849009, 306163007, 307818003, 401003006,
408289007

OR

Numerator Inclusion – Option #2: *(Patients aged 18 through 64 years)*

Patients with Body Mass Index (BMI) calculated within the past six months or during the current visit with a normal BMI (less than 25 kg/m² AND greater than or equal to 18.5 kg/m²) during the measurement period.

VITAL SIGNS Table lists applicable LOINC (LN) and SNOMED (SNM) codes for inclusion:

BMI CODE (LN)
39156-5
WITH
Documentation of BMI < 25 kg/m² AND ≥ 18.5 kg/m²

OR

BMI CODE (SNM)
225171007, 301331008, 60621009
WITH
Documentation of BMI < 25 kg/m² AND ≥ 18.5 kg/m²

OR

Patients with BMI calculated within the past six months or during the current visit with a high BMI (greater than or equal to 25 kg/m²) and a follow up plan documented during the measurement period.

>   Note: *A follow-up plan may include documentation of a future appointment, education, referral, prescription/administration of medication/dietary supplements, weight loss surgery.*

PROBLEMS, VITAL SIGNS and PLAN OF CARE Tables list applicable LOINC (LN), SNOMED (SNM), CPT (C4), ICD-9-CM (I9), and HCPCS (HCPCS) codes for inclusion:

BMI CODE (LN)
39156-5
WITH
Documentation of BMI ≥ 25 kg/m²

OR

BMI CODE (SNM)
225171007, 301331008, 60621009
WITH
Documentation of BMI ≥ 25 kg/m²

AND

BMI FOLLOW-UP CODE (C4)
43644, 43645, 43770, 43771, 43772, 43773, 43774,
43842, 43843, 43845, 43846, 43847, 43848, 97804,
98961, 98962, 99078
OR
BMI FOLLOW-UP CODE (I9)
V65.3
OR
BMI FOLLOW-UP CODE (HCPCS)
S9449, S9451, S9452, S9470, G8417
OR
BMI FOLLOW-UP CODE (SNM)
103699006, 169411000, 170795002, 225171007, 268523001,
275919002, 305849009, 306163007, 307818003, 401003006,
408289007

OR

Patients with BMI calculated within the past six months or during the current visit with a low BMI (less than 18.5 kg/m²) and a follow up plan documented during the measurement period.

> **Note:** *A follow-up plan may include documentation of a future appointment, education, referral, prescription/administration of medication/dietary supplements, weight loss surgery.*

PROBLEMS, VITAL SIGNS and PLAN OF CARE Tables list applicable LOINC (LN), SNOMED (SNM), CPT (C4), ICD-9-CM (I9), and HCPCS (HCPCS) codes for inclusion:

BMI CODE (LN)
39156-5
WITH
Documentation of BMI < 18.5 kg/m²
OR
BMI CODE (SNM)
225171007, 301331008, 60621009
WITH
Documentation of BMI < 18.5 kg/m²

AND

BMI FOLLOW-UP CODE (C4)
43644, 43645, 43770, 43771, 43772, 43773, 43774,
43842, 43843, 43845, 43846, 43847, 43848, 97804,
98961, 98962, 99078
OR
BMI FOLLOW-UP CODE (I9)
V65.3
OR
BMI FOLLOW-UP CODE (HCPCS)
S9449, S9451, S9452, S9470, G8417
OR
BMI FOLLOW-UP CODE (SNM)
103699006, 169411000, 170795002, 225171007, 268523001,
275919002, 305849009, 306163007, 307818003, 401003006,
408289007

Denominator Exclusions: *(Exclusions only applied if the patient did not have a calculated BMI documented in the medical record as normal OR outside parameters with a follow-up plan documented)*

ALERTS and PROBLEMS Tables list applicable HCPCS (HCPCS) and SNOMED (SNM) codes for medical reason exclusion:

EXCLUSION CODE (HCPCS)
G8422
OR
EXCLUSION CODE (SNM)
162607003, 162608008, 300936002

OR

PROBLEMS Table lists applicable ICD-9-CM (I9) codes for medical reason exclusion:

<u>PREGNANCY CODE (I9)</u>
630, 631, 632, 633.00, 633.01, 633.10, 633.11, 633.20, 633.21,
633.80, 633.81, 633.90, 633.91, 634.00, 634.01, 634.02, 634.10,
634.11, 634.12, 634.20, 634.21, 634.22, 634.30, 634.31, 634.32,
634.40, 634.41, 634.42, 634.50, 634.51, 634.52, 634.60, 634.61,
634.62, 634.70, 634.71, 634.72, 634.80, 634.81, 634.82, 634.90,
634.91, 634.92, 635.00, 635.01, 635.02, 635.10, 635.11, 635.12,
635.20, 635.21, 635.22, 635.30, 635.31, 635.32, 635.40, 635.41,
635.42, 635.50, 635.51, 635.52, 635.60, 635.61, 635.62, 635.70,
635.71, 635.72, 635.80, 635.81, 635.82, 635.90, 635.91, 635.92,
636.00, 636.01, 636.02, 636.10, 636.11, 636.12, 636.20, 636.21,
636.22, 636.30, 636.31, 636.32, 636.40, 636.41, 636.42, 636.50,
636.51, 636.52, 636.60, 636.61, 636.62, 636.70, 636.71, 636.72,
636.80, 636.81, 636.82, 636.90, 636.91, 636.92, 637.00, 637.01,
637.02, 637.10, 637.11, 637.12, 637.20, 637.21, 637.22, 637.30,
637.31, 637.32, 637.40, 637.41, 637.42, 637.50, 637.51, 637.52,
637.60, 637.61, 637.62, 637.70, 637.71, 637.72, 637.80, 637.81,
637.82, 637.90, 637.91, 637.92, 638.0, 638.1, 638.2, 638.3, 638.4,
638.5, 638.6, 638.7, 638.8, 638.9, 639.0, 639.1, 639.2, 639.3, 639.4,
639.5, 639.6, 639.8, 639.9, 640.00, 640.01, 640.03, 640.80, 640.81,
640.83, 640.90, 640.91, 640.93, 641.00, 641.01, 641.03, 641.10,
641.11, 641.13, 641.20, 641.21, 641.23, 641.30, 641.31, 641.33,
641.80, 641.81, 641.83, 641.90, 641.91, 641.93, 642.00, 642.01,
642.02, 642.03, 642.04, 642.10, 642.11, 642.12, 642.13, 642.14,
642.20, 642.21, 642.22, 642.23, 642.24, 642.30, 642.31, 642.32,
642.33, 642.34, 642.40, 642.41, 642.42, 642.43, 642.44, 642.50,
642.51, 642.52, 642.53, 642.54, 642.60, 642.61, 642.62, 642.63,
642.64, 642.70, 642.71, 642.72, 642.73, 642.74, 642.90, 642.91,
642.92, 642.93, 642.94, 643.00, 643.01, 643.03, 643.10, 643.11,
643.13, 643.20, 643.21, 643.23, 643.80, 643.81, 643.83, 643.90,
643.91, 643.93, 644.00, 644.03, 644.10, 644.13, 644.20, 644.21,
645.10, 645.11, 645.13, 645.20, 645.21, 645.23, 646.00, 646.01,
646.03, 646.10, 646.11, 646.12, 646.13, 646.14, 646.20, 646.21,
646.22, 646.23, 646.24, 646.30, 646.31, 646.33, 646.40, 646.41,
646.42, 646.43, 646.44, 646.50, 646.51, 646.52, 646.53, 646.54,
646.60, 646.61, 646.62, 646.63, 646.64, 646.70, 646.71, 646.73,
646.80, 646.81, 646.82, 646.83, 646.84, 646.90, 646.91, 646.93,
647.00, 647.01, 647.02, 647.03, 647.04, 647.10, 647.11, 647.12,
647.13, 647.14, 647.20, 647.21, 647.22, 647.23, 647.24, 647.30,
647.31, 647.32, 647.33, 647.34, 647.40, 647.41, 647.42, 647.43,
647.44, 647.50, 647.51, 647.52, 647.53, 647.54, 647.60, 647.61,
647.62, 647.63, 647.64, 647.80, 647.81, 647.82, 647.83, 647.84,
647.90, 647.91, 647.92, 647.93, 647.94, 648.00, 648.01, 648.02,
648.03, 648.04, 648.10, 648.11, 648.12, 648.13, 648.14, 648.20,
648.21, 648.22, 648.23, 648.24, 648.30, 648.31, 648.32, 648.33,
648.34, 648.40, 648.41, 648.42, 648.43, 648.44, 648.50, 648.51,
648.52, 648.53, 648.54, 648.60, 648.61, 648.62, 648.63, 648.64,
648.70, 648.71, 648.72, 648.73, 648.74, 648.80, 648.81, 648.82,
648.83, 648.84, 648.90, 648.91, 648.92, 648.93, 648.94, 649.00,
649.01, 649.02, 649.03, 649.04, 649.10, 649.11, 649.12, 649.13,
649.14, 649.20, 649.21, 649.22, 649.23, 649.24, 649.30, 649.31,
649.32, 649.33, 649.34, 649.40, 649.41, 649.42, 649.43, 649.44,
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651.11, 651.13, 651.20, 651.21, 651.23, 651.30, 651.31, 651.33,
651.40, 651.41, 651.43, 651.50, 651.51, 651.53, 651.60, 651.61,
651.63, 651.70, 651.71, 651.73, 651.80, 651.81, 651.83, 651.90,
651.91, 651.93, 652.00, 652.01, 652.03, 652.10, 652.11, 652.13,
652.20, 652.21, 652.23, 652.30, 652.31, 652.33, 652.40, 652.41,
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653.80, 653.81, 653.83, 653.90, 653.91, 653.93, 654.00, 654.01,
654.02, 654.03, 654.04, 654.10, 654.11, 654.12, 654.13, 654.14,
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654.53, 654.54, 654.60, 654.61, 654.62, 654.63, 654.64, 654.70,
654.71, 654.72, 654.73, 654.74, 654.80, 654.81, 654.82, 654.83,
654.84, 654.90, 654.91, 654.92, 654.93, 654.94, 655.00, 655.01,
OR

PREGNANCY CODE (I9) (continued)
655.03, 655.10, 655.11, 655.13, 655.20, 655.21, 655.23, 655.30,
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655.60, 655.61, 655.63, 655.70, 655.71, 655.73, 655.80, 655.81,
655.83, 655.90, 655.91, 655.93, 656.00, 656.01, 656.03, 656.10,
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656.40, 656.41, 656.43, 656.50, 656.51, 656.53, 656.60, 656.61,
656.63, 656.70, 656.71, 656.73, 656.80, 656.81, 656.83, 656.90,
656.91, 656.93, 657.00, 657.01, 657.03, 658.00, 658.01, 658.03,
658.10, 658.11, 658.13, 658.20, 658.21, 658.23, 658.30, 658.31,
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659.43, 659.50, 659.51, 659.53, 659.60, 659.61, 659.63, 659.70,
659.71, 659.73, 659.80, 659.81, 659.83, 659.90, 659.91, 659.93,
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660.51, 660.53, 660.60, 660.61, 660.63, 660.70, 660.71, 660.73,
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661.03, 661.10, 661.11, 661.13, 661.20, 661.21, 661.23, 661.30,
661.31, 661.33, 661.40, 661.41, 661.43, 661.90, 661.91, 661.93,
662.00, 662.01, 662.03, 662.10, 662.11, 662.13, 662.20, 662.21,
662.23, 662.30, 662.31, 662.33, 663.00, 663.01, 663.03, 663.10,
663.11, 663.13, 663.20, 663.21, 663.23, 663.30, 663.31, 663.33,
663.40, 663.41, 663.43, 663.50, 663.51, 663.53, 663.60, 663.61,
663.63, 663.80, 663.81, 663.83, 663.90, 663.91, 663.93, 664.00,
664.01, 664.04, 664.10, 664.11, 664.14, 664.20, 664.21, 664.24,
664.30, 664.31, 664.34, 664.40, 664.41, 664.44, 664.50, 664.51,
664.54, 664.60, 664.61, 664.64, 664.80, 664.81, 664.84, 664.90,
664.91, 664.94, 665.00, 665.01, 665.03, 665.10, 665.11, 665.20,
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665.50, 665.51, 665.54, 665.60, 665.61, 665.64, 665.70, 665.71,
665.72, 665.74, 665.80, 665.81, 665.82, 665.83, 665.84, 665.90,
665.91, 665.92, 665.93, 665.94, 666.00, 666.02, 666.04, 666.10,
666.12, 666.14, 666.20, 666.22, 666.24, 666.30, 666.32, 666.34,
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668.02, 668.03, 668.04, 668.10, 668.11, 668.12, 668.13, 668.14,
668.20, 668.21, 668.22, 668.23, 668.24, 668.80, 668.81, 668.82,
668.83, 668.84, 668.90, 668.91, 668.92, 668.93, 668.94, 669.00,
669.01, 669.02, 669.03, 669.04, 669.10, 669.11, 669.12, 669.13,
669.14, 669.20, 669.21, 669.22, 669.23, 669.24, 669.30, 669.32,
669.34, 669.40, 669.41, 669.42, 669.43, 669.44, 669.50, 669.51,
669.60, 669.61, 669.70, 669.71, 669.80, 669.81, 669.82, 669.83,
669.84, 669.90, 669.91, 669.92, 669.93, 669.94, 670.00, 670.02,
670.04, 670.10, 670.12, 670.14, 670.20, 670.22, 670.24, 670.30,
670.32, 670.34, 670.80, 670.82, 670.84, 671.00, 671.01, 671.02,
671.03, 671.04, 671.10, 671.11, 671.12, 671.13, 671.14, 671.20,
671.21, 671.22, 671.23, 671.24, 671.30, 671.31, 671.33, 671.40,
671.42, 671.44, 671.50, 671.51, 671.52, 671.53, 671.54, 671.80,
671.81, 671.82, 671.83, 671.84, 671.90, 671.91, 671.92, 671.93,
671.94, 672.00, 672.02, 672.04, 673.00, 673.01, 673.02, 673.03,
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674.30, 674.32, 674.34, 674.40, 674.42, 674.44, 674.50, 674.51,
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675.12, 675.13, 675.14, 675.20, 675.21, 675.22, 675.23, 675.24,
675.80, 675.81, 675.82, 675.83, 675.84, 675.90, 675.91, 675.92,
675.93, 675.94, 676.00, 676.01, 676.02, 676.03, 676.04, 676.10,
676.11, 676.12, 676.13, 676.14, 676.20, 676.21, 676.22, 676.23,
676.24, 676.30, 676.31, 676.32, 676.33, 676.34, 676.40, 676.41,
676.42, 676.43, 676.44, 676.50, 676.51, 676.52, 676.53, 676.54,
676.60, 676.61, 676.62, 676.63, 676.64, 676.80, 676.81, 676.82,
676.83, 676.84, 676.90, 676.91, 676.92, 676.93, 676.94, V22.0,
V22.1, V22.2, V23.0, V23.1, V23.2, V23.3, V23.41, V23.49, V23.5,
V23.7, V23.81, V23.82, V23.83, V23.84, V23.85, V23.86, V23.89,
V23.9, V28.0, V28.1, V28.2, V28.3, V28.4, V28.5, V28.6, V28.81,
V28.82, V28.89, V28.9

OR

PREGNANCY CODE (SNM)
127363001, 16356006, 198624007, 198626009, 198627000,
237240001, 239101008, 289908002, 29399001, 31601007,
34801009, 386322007, 38720006, 41991004, 47200007,
43990006, 44782008, 60000008, 60810003, 64254006,
65147003, 69532007, 72892002, 79290002, 79586000,
80997009, 82661006, 87605005, 90968009, 9899009

OR

PROBLEMS Table lists an applicable CPT Category II (C4) code for medical reason
exclusion:

MEDICAL REASON (C4)
3008F-1P

Rationale:

Of the Medicare population, 37 percent are overweight, and 18 percent are obese. Between 1991 and 1998, the prevalence of obesity among persons age 60-69 increased by 45 percent (American Obesity Association). The economic impact of obesity and its related conditions in the U.S. economy is staggering and has been estimated at about $117 billion according to the Midcourse Review of Healthy People 2010.

A recent study predicts that by 2020 there will be an 18 percent to 22 percent increase in the prevalence of Americans between the ages of 50 and 69 who have difficulty bathing, dressing or walking across a room if the current rate of weight increase for this age group continues. According to a 1998 survey, only 52 percent of adults age 50 or older reported being asked during routine medical check-ups about physical activity or exercise. The likelihood of being asked about exercise during a routine check-up declined with age (Center for the Advancement of Health, 2004).

Elderly patients with unintentional weight loss are at higher risk for infection, depression and death. The leading causes of involuntary weight loss are depression (especially in residents of long-term care facilities), cancer (lung and gastrointestinal malignancies), cardiac disorders and benign gastrointestinal diseases. Medications that may cause nausea and vomiting, dysphagia, dysgeusia and anorexia have been implicated. Polypharmacy can cause unintended weight loss, as can psychotropic medication reduction (e.g., by unmasking problems such as anxiety). In one study it was found that a BMI of less than 22 kg per m^2 in women and less than 23.5 in men is associated with increased mortality. In another study it was found that the optimal BMI in the elderly is 24 to 29 kg per m^2. (Huffman, G. B., Evaluation and Treatment of Unintentional Weight Loss in the Elderly, American Family Physician, 2002 Feb, 4:640-650.)

A tremendous gap still exists between our knowledge of malnutrition and its sequelae and our actions in preventing and treating it. To date professionals in various disciplines have applied their own approaches to solving the problem. Yet the causes of malnutrition are multi-factorial and the solutions demand an integration of knowledge and expertise from the many different disciplines involved in geriatric care. Older people have special nutritional needs due to age and disease processes. Professionals of all disciplines need to help older individuals improve their oral health, mental health, medication use, food choices, economic situation, functional status and medical condition and thereby improve both nutritional status and quality of life (American Dietetic Association, Nutrition Screening Initiative, 2002).

A Web search of the National Quality Measures Clearinghouse on the key words of BMI, body mass index, produced three measures, all focused on possible follow-up for overweight and obesity for a broader age range. There were no measures that focused on underweight or a follow-up plan.

Clinical Recommendation Statements:

The USPSTF (2009) recommends that clinicians screen all adult patients for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults. (Level of Evidence = B, USPSTF) The clinical guideline for obesity recommends assessment of BMI at each encounter (National Heart, Lung and Blood Institute).

Management of Obesity indicates that the body mass index should be calculated at least annually for screening and as needed for management (The Institute for Clinical Systems Improvement's 2009 Guideline for Prevention and Management of Obesity).

Assessment of obesity, the first step of the Nutrition Car Process, involves gathering the necessary information to formulate a diagnosis and develop a care plan. Baseline weight and health indexes should guide weight management goals and are necessary to document outcomes. The standard measurement for weight status is BMI, calculated as kg/m^2 (The American Dietetic Association 2009 Position Statement).

Validated measure of nutrition status serves as an indicator of over-nourishment and under-nourishment. Nutrition Screening Initiative: "Nutrition Interventions Manual for Professionals Caring for Older Americans," 2002 (Co-sponsored by American Dietetic Association (ADA), AAFP and National Council on Aging, Inc.).

The NSI-suggested BMI range is 22-27 (values outside this range indicate overweight or underweight for elderly) Nutrition Screening Initiative: "Nutrition Interventions Manual for Professionals Caring for Older Americans," 2002 (Co-sponsored by American Dietetic Association (ADA), AAFP and National Council on Aging, Inc.). Interventions can be grouped into six primary categories: Social Services, Oral Health, Mental Health, Medication Use, Nutritional Education and Counseling, and Nutritional Support. For further detail on any of the potential interventional strategies, see the Nutritional Interventions Manual for Professionals Caring for Older Americans, 2002. Nutrition Screening Initiative: "Nutrition Interventions Manual for Professionals Caring for Older Americans," 2002 (Co-sponsored by American Dietetic Association (ADA), AAFP and National Council on Aging, Inc.).

— *List of Data Elements located in Appendix A*

▲Measure #173: Preventive Care and Screening: Unhealthy Alcohol Use-Screening

†Description: Percentage of patients aged 18 years and older who were screened for unhealthy alcohol use using a systematic method within 24 months

Denominator: All patients aged 18 years and older

Denominator Inclusions:

> All patients greater than or equal to 18 years of age at the beginning of the measurement period. To be eligible for performance calculations, patients must have at least one face-to-face office visit with the physician, physician assistant, or nurse practitioner during the measurement period.
>
> ENCOUNTERS Table lists applicable CPT (C4) and HCPCS (HCPCS) codes for inclusion:
>
> ENCOUNTER CODE (C4)
> 90801, 90802, 90804, 90805, 90806, 90807, 90808, 90809, 90810, 90811, 90812, 90813, 90814, 90815, 90845, 90862, 96150, 96152, 97003, 97004, 97802, 97803, 97804, 98960 ➤, 98961 ➤, 98962 ➤, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99385 ➤, 99386 ➤, 99387 ➤. 99395 ➤, 99396 ➤, 99397 ➤, 99401 ➤, 99402 ➤, 99403 ➤, 99404 ➤, 99411 ➤, 99412 ➤, 99420 ➤, 99429 ➤
> OR
> ENCOUNTER CODE (HCPCS)
> G0270, G0271

Numerator: Patients who were screened for unhealthy alcohol use using a systematic screening method within 24 months

Numerator Inclusions:

> Patients who were screened for unhealthy alcohol use using a systematic screening method during the measurement period or the year prior.
>
> PROBLEMS and SOCIAL HISTORY Tables list applicable ICD-9-CM (I9) and SNOMED (SNM) codes for inclusion:
>
> ALCOHOL ABUSE SCRN CODE (I9)
> 291.0, 291.1, 291.2, 291.3, 291.4, 291.5, 291.81, 291.82, 291.89, 291.9, 303.00, 303.01, 303.02, 303.03, 303.90, 303.91, 303.92, 303.93, 305.00, 305.01, 305.02, 305.03
> OR

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† *The "Percentage of patients…" who meet the criteria for this measure will be calculated by the EHR Warehouse. All measure-related EHR coding/data should be submitted to the EHR Warehouse to ensure accurate performance rates.*

➤ *Signifies that this CPT Category I code is a* <u>non-covered</u> *service under the PFS (Physician Fee Schedule). These* <u>non-covered services</u> *may* <u>not</u> *be counted in the denominator population for PQRI reporting calculations.*

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ALCOHOL ABUSE SCRN CODE (SNM)
102612005, 105542008, 15167005, 160573003, 160579004,
160592001, 161466001, 169942003, 171208001, 183486001,
18653004, 191475009, 191476005, 191478006, 191480000,
216633005, 219006, 226138001, 228273003, 228312003,
228315001, 230085005, 230086006, 230088007, 268645007,
269765000, 281004, 281078001, 284591009, 29212009,
29756008, 300992002, 34938008, 361267005, 361272001,
365967005, 365978002, 390857005, 408942001, 408945004,
408946003, 408947007, 408948002, 41083005, 413130000,
413473000, 413475007, 413968004, 429775004, 53936005,
61144001, 66590003, 7052005, 70701004, 7200002, 73097000,
7916009, 79578000, 85561006, 8635005, 82782008
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Denominator Exclusions: *(Exclusions only applied if patients were not screened for unhealthy alcohol use)*

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PROBLEMS and ALERTS Tables list applicable SNOMED (SNM) codes for medical
reason exclusion:

EXCLUSION CODE (SNM)
162607003, 162608008, 300936002
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OR

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PROBLEMS Table lists an applicable CPT Category II (C4) code for medical reason
exclusion:

MEDICAL REASON (C4)
3016F-1P
```

Rationale:

Screening for unhealthy alcohol use can identify patients can identify patients whose habits may put them at risk for adverse health outcomes due to their alcohol use. While this measure does not require counseling for those patients to be found at risk, brief counseling interventions for unhealthy alcohol use have shown to be effective in reducing alcohol use. It would be expected that if a provider found their patient to be at risk after screening that intervention would be provided.

A systematic method of assessing for unhealthy alcohol use should be utilized. Please refer to the National Institute on Alcohol Abuse and Alcoholism publication: *Helping Patients Who Drink Too Much: A Clinician's Guide* for additional information regarding systematic screening methods.

Clinical Recommendation Statements:

The USPSTF strongly recommends screening and behavioral counseling interventions to reduce alcohol misuse by adults, including pregnant women, in primary care settings. (B Recommendation) (USPSTF, 2004)

During new patient encounters and at least annually, patients in general and mental healthcare settings should be screened for at-risk drinking, alcohol use problems and illnesses, and any tobacco use. (NQF, 2007)

All patients identified with alcohol use in excess of National Institute on Alcohol Abuse and Alcoholism guidelines and/or any tobacco use should receive brief motivational counseling intervention by a healthcare worker trained in this technique. (NQF, 2007)

— *List of Data Elements located in Appendix A*

▲NQF Measure #0013: Hypertension (HTN): Blood Pressure Measurement

†Description: Percentage of patient visits for patients aged 18 years and older with a diagnosis of HTN with blood pressure (BP) recorded

Denominator: All visits for patients aged 18 years and older with a diagnosis of HTN

Denominator Inclusions:

All patients greater than or equal to 18 years of age with a diagnosis of hypertension at the beginning of the measurement period. To be eligible for performance calculations, patients must have at least two face-to-face office visits with the physician, physician assistant, or nurse practitioner during the measurement period.

ENCOUNTERS and PROBLEMS Tables list applicable CPT (C4), ICD-9-CM (I9) and SNOMED (SNM) codes for inclusion:

ENCOUNTER CODE (C4)
99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241 ➤, 99242 ➤, 99243 ➤, 99244 ➤, 99245 ➤, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

AND

DX CODE (I9)
401.0, 401.1, 401.9, 402.00, 402.01, 402.10, 402.11, 402.90, 402.91, 403.00, 403.01, 403.10, 403.11, 403.90, 403.91, 404.00, 404.01, 404.02, 404.03, 404.10, 404.11, 404.12, 404.13, 404.90, 404.91, 404.92, 404.93

OR

DX CODE (SNM)
10562009, 10725009, 111438007, 1201005, 123799005, 123800009, 14973001, 15394000, 15938005, 16147005, 169465000, 18416000, 193003, 194774006, 194783001, 194788005, 194783001, 194791005, 194785008, 19769006, 198941007, 198942000, 198944004, 198945003, 198946002, 198947006, 198949009, 198951008, 198952001, 198953006, 198954000, 198965005, 198966006, 198967002, 198968007, 198997005, 198999008, 199000005, 199002002, 199003007, 199005000, 199007008, 199008003, 206596003, 23130000, 23717007, 237279007, 237281009, 237282002, 23786008, 24042004, 26078007, 276789009, 28119000, 288250001, 29259002, 307632004, 308551004, 31407004, 31992008, 32916005, 34694006, 35303009, 367390009, 37618003, 371125006, 38481006, 39018007, 39727004, 397748008, 398254007, 41114007, 427889009, 428575007, 429198000, 429457004, 46481004, 46764007, 48146000, 48194001, 48552006, 49220004, 50490005, 52698002, 56218007, 57684003, 59621000, 59720008,59997006, 62275004, 63287004, 65402008, 65443008, 65518004, 67359005, 70272006, 71874008, 72022006, 73030000, 73410007, 74451002, 78544004, 78808002, 78975002, 81626002, 8218002, 84094009, 86041002, 86234004, 8762007, 89242004, 9901000

Numerator: Patient visits with blood pressure measurement recorded

Numerator Inclusions:

Patient visits with a blood pressure measurement recorded during the measurement period.

> **Note:** *Both the systolic and diastolic blood pressure measurements are required for inclusion. If there are multiple BPs on the same date of service, use the lowest systolic and lowest diastolic BP on that date as the representative BP.*

VITAL SIGNS Table lists applicable SNOMED (SNM) codes for inclusion:

SYSTOLIC CODE (SNM)
12929001, 163030003, 251070002, 251071003, 271649006, 314438006, 314439003, 314440001, 314441002, 314442009, 314443004, 314444005, 314445006, 314446007, 314447003, 314448008, 314449000, 314464000, 315612005, 399304008, 400974009, 407554009, 407556006, 72313002, 81010002
WITH
Documentation of Systolic BP (mmHg)

AND

DIASTOLIC CODE (SNM)
163031004, 174255007, 251073000, 271650006, 314451001, 314452008, 314453003, 314454009, 314455005, 314456006, 314457002, 314458007, 314459004, 314460009, 314461008, 314462001, 314465004, 315613000, 400975005, 407555005, 407557002, 42689008, 53813002
WITH
Documentation of Diastolic BP (mmHg)

Denominator Exclusions:

None

Rationale:

Data from the National Health and Nutrition Examination Survey (NHANES) have indicated that 50 million or more Americans have high blood pressure (BP) warranting some form of treatment. Worldwide prevalence estimates for hypertension may be as much as 1 billion individuals, and approximately 7.1 million deaths per year may be attributable to hypertension. The World Health Organization reports that suboptimal BP (>115 mm Hg SBP) is responsible for 62% of cerebrovascular disease and 49% of ischemic heart disease, with little variation by sex. In addition, suboptimal blood pressure is the number one attributable risk for death throughout the world. (JNC 7: Complete Report)

Hypertension is an increasingly important medical and public health issue. The prevalence of hypertension increases with advancing age to the point where more than half of people aged 60 to 69 years old and approximately three-fourths of those aged 70 years and older are affected. The age-related rise in SBP is primarily responsible for an increase in both incidence and prevalence of hypertension with increasing age. (JNC 7: Complete Report)

Clinical Recommendation Statements:

Obtaining proper blood pressure (BP) measurements at each health care encounter is recommended for hypertension detection. Repeated BP measurements (≥ 2 per patient visit) will determine if initial elevations persist and require prompt attention (Level 1 Recommendation, Level-C Evidence)

Classification of adult BP (including stages 1-3 of hypertension) is useful for making treatment decisions and is based on the average of ≥ 2 readings taken at each of 2 or more visits after an initial screening.

Hypertension is defined as systolic BP of 140 mm Hg or greater, diastolic BP of 90 mm Hg or greater or taking antihypertensive medication.

- *List of Data Elements located in Appendix A*

✦ **NQF Measure #0022:** Drugs to be Avoided in the Elderly

✝ **Description:** Percentage of patients ages 65 years and older who received at least one drug to be avoided in the elderly and/or two different drugs to be avoided in the elderly in the measurement period

Denominator: All patients ages 65 years and older

Denominator Inclusions:

> All patients greater than or equal to 65 years of age at the beginning of the measurement period. To be eligible for performance calculations, patients must have at least one face-to-face office visit with the physician, physician assistant, or nurse practitioner during the measurement period.
>
> ENCOUNTERS Table lists applicable CPT (C4) codes for inclusion:
>
> ENCOUNTER CODE (C4)
> 92002, 92004, 92012, 92014, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99241 ➤, 99242 ➤, 99243 ➤, 99244 ➤, 99245 ➤, 99251 ➤, 99252 ➤, 99253 ➤, 99254 ➤, 99255 ➤, 99281, 99282, 99283, 99284, 99285, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99387 ➤, 99397 ➤, 99401 ➤, 99402 ➤, 99403 ➤, 99404 ➤, 99411 ➤, 99412 ➤, 99420 ➤, 99429 ➤, 99455, 99456

Numerator: Patients who received at least one drug to be avoided in the elderly and/or two different drugs to be avoided in the elderly in the measurement period

Numerator Inclusion – Option #1: (*Received one drug to be avoided in the elderly*)

> MEDICATIONS Table lists applicable drug codes for patients who were prescribed drugs to be avoided in the elderly during the measurement period on an ambulatory basis and DRUG_EXCLUSION = N.

OR

Numerator Inclusion – Option #2: (*Received at least two drugs to be avoided in the elderly*)

> MEDICATIONS Table lists applicable drug codes for patients who were prescribed drugs to be avoided in the elderly during the measurement period on an ambulatory basis and DRUG_EXCLUSION = N.

Denominator Exclusions:

> None

✝ *The "Percentage of patients…" who meet the criteria for this measure will be calculated by the EHR Warehouse. All measure-related EHR coding/data should be submitted to the EHR Warehouse to ensure accurate performance rates.*

➤ *Signifies that this CPT Category I code is a non-covered service under the PFS (Physician Fee Schedule). These non-covered services may not be counted in the denominator population for PQRI reporting calculations*

Rationale:

Despite widely-accepted medical consensus that certain drugs increase the risk of harm to the elderly and should generally be avoided, (Fick, 2003) these drugs are still frequently prescribed to the elderly. Studies have found that 21% to almost 37% of elderly patients filled at least one potentially inappropriate prescription and more than 15% filled at least two (Curtis, 2004 and Simon, 2005). A study of elderly managed care patients found that almost 29% receive at least one potentially inappropriate medication (Simon, 2005). While some drugs are generally appropriate to prescribe in the elderly, the side-effects commonly associated with these drugs pose an extra risk to elderly people with certain pre-existing conditions. For example, the unsteadiness (ataxia) frequently associated with antidepressants may be a particular danger for elderly patients with a history of falls. Clinical guidelines identify drugs that are generally inappropriate for the elderly, as well as drugs that are inappropriate for elderly populations with specific diagnoses or conditions (Fick, 2003).

Seniors receiving inappropriate medications are more likely to report poorer health status at follow-up, compared to seniors who receive appropriate medications (Fu, 2004). In 2005, rates of potentially inappropriate medication use in the elderly were as large or larger than in a 1996 national sample, highlighting the need for progress in this area (Simon, 2005). While some adverse drug events are not preventable, studies estimate that between 30% and 80% of adverse drug events in the elderly are preventable (MacKinnon, 2003).

Reducing the number of inappropriate prescriptions can lead to improved patient safety and significant cost savings. Conservative estimates of extra costs due to potentially inappropriate medications in the elderly average $7.2 billion a year (Fu, 2004).

Clinical Recommendation Statements:

The measure is based on the literature and key clinical expert consensus processes by Beers in 1997, Zahn in 2001 and an updated process by Fick in 2003, which identified drugs of concern in the elderly based on various high-risk criteria. NCQA's Medication Management expert panel selected a subset of drugs that should be used with caution in the elderly for inclusion in the proposed measure based upon these two lists. NCQA analyzed the prevalence of drugs prescribed according to their Beers and Zhan's classifications and determined that drugs identified by Zhan that are classified as never or rarely appropriate would form the basis for the list (Fick, 2003). Certain medications (MacKinnon, 2003) are associated with increased risk of harms from drug side-effects and drug toxicity and pose a concern for patient safety. There is clinical consensus that these drugs pose increased risks in the elderly (Kaufman, 2005). Studies link prescription drug use by the elderly with adverse drug events that contribute to hospitalization, increased length of hospital stay, increased duration of illness, nursing home placement and falls and fractures that are further associated with physical, functional and social decline in the elderly (AHRQ, 2009).

- *List of Data Elements located in Appendix A*

2011 EHR Measure Specifications
ANALYTIC NARRATIVES

◆ **NQF Measure #0024:** Body Mass Index (BMI) 2 through 18 years of age

✝ **Description:** Percentage of children 2 through 18 years of age whose weight is classified based on BMI percentile for age and gender

Denominator: All patients aged 2 through 18 years

Denominator Inclusions:

All patients between 2 and 18 years of age at the beginning of the measurement period. To be eligible for performance calculations, patients must have at least one face-to-face office visit with the primary care or OBGYN physician, physician assistant, or nurse practitioner during the measurement period.

ENCOUNTERS and PROBLEMS Tables list applicable CPT (C4) and ICD-9-CM (I9) codes for inclusion:

ENCOUNTER CODE (C4)
99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99241 ➤, 99242 ➤, 99243 ➤, 99244 ➤, 99245 ➤, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99382 ➤, 99383 ➤, 99384 ➤, 99385 ➤, 99392 ➤, 99393 ➤, 99394 ➤, 99395 ➤, 99401 ➤, 99402 ➤, 99403 ➤, 99404 ➤, 99411 ➤, 99412 ➤, 99420 ➤, 99429 ➤, 99455, 99456

OR

ENCOUNTER CODE (I9)
V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9

✝ *The "Percentage of patients…" who meet the criteria for this measure will be calculated by the EHR Warehouse. All measure-related EHR coding/data should be submitted to the EHR Warehouse to ensure accurate performance rates.*

➤ *Signifies that this CPT Category I code is a non-covered service under the PFS (Physician Fee Schedule). These non-covered services may not be counted in the denominator population for PQRI reporting calculations.*

Numerator: Patients with BMI classified based on BMI percentile for age and gender during the measurement period OR counseled on nutrition or physical activity during the measurement period

Numerator Inclusion – Option #1: *(BMI percentile recorded)*

Patients with Body Mass Index (BMI) calculated during the measurement period.

VITAL SIGNS Table lists applicable ICD-9-CM (I9) and SNOMED (SNM) codes for inclusion:

BMI CODE (I9)
V85.51, V85.52, V85.53, V85.54
OR
BMI CODE (SNM)
225171007, 301331008, 60621009

WITH
Documentation of BMI value (kg/m²)

OR

Numerator Inclusion – Option #2: *(Counseling for nutrition performed)*

Patients who were counseled based on their nutrition during the measurement period.

PROBLEMS and PLAN OF CARE Tables list applicable CPT (C4), SNOMED (SNM), ICD-9-CM (I9) and HCPCS (HCPCS) codes for inclusion:

NUTRITION CODE (C4)
97802, 97803, 97804, 98961, 98962, 99078
OR
NUTRITION CODE (SNM)
103699006, 169411000, 225171007, 268523001,
275919002, 305849009, 306163007, 410200000
OR
NUTRITION CODE (I9)
V65.3
OR
NUTRITION CODE (HCPCS)
G0270, G0271, G8417, S9452, S9449, S9470

OR

Numerator Inclusion – Option #3: *(Counseling for physical activity performed)*

Patients who were counseled based on their physical activity during the measurement period.

PROBLEMS and PLAN OF CARE Tables list applicable CPT (C4), ICD-9-CM (I9), SNOMED (SNM) and HCPCS (HCPCS) codes for inclusion:

PHYSICAL ACT CODE (C4)
98961, 98962, 99078
OR
PHYSICAL ACT CODE (SNM)
225171007, 268523001, 275919002, 410200000
OR
PHYSICAL ACT CODE (I9)
V65.3, V65.41
OR
PHYSICAL ACT CODE (HCPCS)
S9449, S9451, G8417

OR

Denominator Exclusions: *(Exclusions only applied if the patient did not have a calculated BMI documented in the medical record OR was not counseled on nutrition or physical activity)*

PROBLEMS and ALERTS Tables list applicable HCPCS (HCPCS) and SNOMED (SNM) codes for medical reason exclusion:

EXCLUSION CODE (HCPCS)
G8422
OR
EXCLUSION CODE (SNM)
162607003, 162608008, 300936002

OR

PROBLEMS Table lists applicable ICD-9-CM (I9) and SNOMED (SNM) codes for medical reason exclusion:

PREGNANCY CODE (I9)
630, 631, 632, 633.00, 633.01, 633.10, 633.11, 633.20, 633.21,
633.80, 633.81, 633.90, 633.91, 634.00, 634.01, 634.02, 634.10,
634.11, 634.12, 634.20, 634.21, 634.22, 634.30, 634.31, 634.32,
634.40, 634.41, 634.42, 634.50, 634.51, 634.52, 634.60, 634.61,
634.62, 634.70, 634.71, 634.72, 634.80, 634.81, 634.82, 634.90,
634.91, 634.92, 635.00, 635.01, 635.02, 635.10, 635.11, 635.12,
635.20, 635.21, 635.22, 635.30, 635.31, 635.32, 635.40, 635.41,
635.42, 635.50, 635.51, 635.52, 635.60, 635.61, 635.62, 635.70,
635.71, 635.72, 635.80, 635.81, 635.82, 635.90, 635.91, 635.92,
636.00, 636.01, 636.02, 636.10, 636.11, 636.12, 636.20, 636.21,
636.22, 636.30, 636.31, 636.32, 636.40, 636.41, 636.42, 636.50,
636.51, 636.52, 636.60, 636.61, 636.62, 636.70, 636.71, 636.72,
636.80, 636.81, 636.82, 636.90, 636.91, 636.92, 637.00, 637.01,
637.02, 637.10, 637.11, 637.12, 637.20, 637.21, 637.22, 637.30,
637.31, 637.32, 637.40, 637.41, 637.42, 637.50, 637.51, 637.52,
637.60, 637.61, 637.62, 637.70, 637.71, 637.72, 637.80, 637.81,
637.82, 637.90, 637.91, 637.92, 638.0, 638.1, 638.2, 638.3, 638.4,
638.5, 638.6, 638.7, 638.8, 638.9, 639.0, 639.1, 639.2, 639.3, 639.4,
639.5, 639.6, 639.8, 639.9, 640.00, 640.01, 640.03, 640.80, 640.81,
640.83, 640.90, 640.91, 640.93, 641.00, 641.01, 641.03, 641.10,
641.11, 641.13, 641.20, 641.21, 641.23, 641.30, 641.31, 641.33,
641.80, 641.81, 641.83, 641.90, 641.91, 641.93, 642.00, 642.01,
642.02, 642.03, 642.04, 642.10, 642.11, 642.12, 642.13, 642.14,
642.20, 642.21, 642.22, 642.23, 642.24, 642.30, 642.31, 642.32,
642.33, 642.34, 642.40, 642.41, 642.42, 642.43, 642.44, 642.50,
642.51, 642.52, 642.53, 642.54, 642.60, 642.61, 642.62, 642.63,
642.64, 642.70, 642.71, 642.72, 642.73, 642.74, 642.90, 642.91,
642.92, 642.93, 642.94, 643.00, 643.01, 643.03, 643.10, 643.11,
643.13, 643.20, 643.21, 643.23, 643.80, 643.81, 643.83, 643.90,
643.91, 643.93, 644.00, 644.03, 644.10, 644.13, 644.20, 644.21,
645.10, 645.11, 645.13, 645.20, 645.21, 645.23, 646.00, 646.01,
646.03, 646.10, 646.11, 646.12, 646.13, 646.14, 646.20, 646.21,
646.22, 646.23, 646.24, 646.30, 646.31, 646.33, 646.40, 646.41,
646.42, 646.43, 646.44, 646.50, 646.51, 646.52, 646.53, 646.54,
646.60, 646.61, 646.62, 646.63, 646.64, 646.70, 646.71, 646.73,
646.80, 646.81, 646.82, 646.83, 646.84, 646.90, 646.91, 646.93,
647.00, 647.01, 647.02, 647.03, 647.04, 647.10, 647.11, 647.12,
647.13, 647.14, 647.20, 647.21, 647.22, 647.23, 647.24, 647.30,
647.31, 647.32, 647.33, 647.34, 647.40, 647.41, 647.42, 647.43,
647.44, 647.50, 647.51, 647.52, 647.53, 647.54, 647.60, 647.61,
647.62, 647.63, 647.64, 647.80, 647.81, 647.82, 647.83, 647.84,
647.90, 647.91, 647.92, 647.93, 647.94, 648.00, 648.01, 648.02,
648.03, 648.04, 648.10, 648.11, 648.12, 648.13, 648.14, 648.20,
648.21, 648.22, 648.23, 648.24, 648.30, 648.31, 648.32, 648.33,
648.34, 648.40, 648.41, 648.42, 648.43, 648.44, 648.50, 648.51,
648.52, 648.53, 648.54, 648.60, 648.61, 648.62, 648.63, 648.64,
648.70, 648.71, 648.72, 648.73, 648.74, 648.80, 648.81, 648.82,
648.83, 648.84, 648.90, 648.91, 648.92, 648.93, 648.94, 649.00,
649.01, 649.02, 649.03, 649.04, 649.10, 649.11, 649.12, 649.13,
649.14, 649.20, 649.21, 649.22, 649.23, 649.24, 649.30, 649.31,
649.32, 649.33, 649.34, 649.40, 649.41, 649.42, 649.43, 649.44,
649.50, 649.51, 649.53, 649.60, 649.61, 649.62, 649.63, 649.64,
649.70, 649.71, 649.73, 650, 651.00, 651.01, 651.03, 651.10,
OR

PREGNANCY CODE (I9) (continued)
651.11, 651.13, 651.20, 651.21, 651.23, 651.30, 651.31, 651.33,
651.40, 651.41, 651.43, 651.50, 651.51, 651.53, 651.60, 651.61,
651.63, 651.70, 651.71, 651.73, 651.80, 651.81, 651.83, 651.90,
651.91, 651.93, 652.00, 652.01, 652.03, 652.10, 652.11, 652.13,
652.20, 652.21, 652.23, 652.30, 652.31, 652.33, 652.40, 652.41,
652.43, 652.50, 652.51, 652.53, 652.60, 652.61, 652.63, 652.70,
652.71, 652.73, 652.80, 652.81, 652.83, 652.90, 652.91, 652.93,
653.00, 653.01, 653.03, 653.10, 653.11, 653.13, 653.20, 653.21,
653.23, 653.30, 653.31, 653.33, 653.40, 653.41, 653.43, 653.50,
653.51, 653.53, 653.60, 653.61, 653.63, 653.70, 653.71, 653.73,
653.80, 653.81, 653.83, 653.90, 653.91, 653.93, 654.00, 654.01,
654.02, 654.03, 654.04, 654.10, 654.11, 654.12, 654.13, 654.14,
654.20, 654.21, 654.23, 654.30, 654.31, 654.32, 654.33, 654.34,
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654.53, 654.54, 654.60, 654.61, 654.62, 654.63, 654.64, 654.70,
654.71, 654.72, 654.73, 654.74, 654.80, 654.81, 654.82, 654.83,
654.84, 654.90, 654.91, 654.92, 654.93, 654.94, 655.00, 655.01,
655.03, 655.10, 655.11, 655.13, 655.20, 655.21, 655.23, 655.30,
655.31, 655.33, 655.40, 655.41, 655.43, 655.50, 655.51, 655.53,
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655.83, 655.90, 655.91, 655.93, 656.00, 656.01, 656.03, 656.10,
656.11, 656.13, 656.20, 656.21, 656.23, 656.30, 656.31, 656.33,
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656.63, 656.70, 656.71, 656.73, 656.80, 656.81, 656.83, 656.90,
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659.71, 659.73, 659.80, 659.81, 659.83, 659.90, 659.91, 659.93,
660.00, 660.01, 660.03, 660.10, 660.11, 660.13, 660.20, 660.21,
660.23, 660.30, 660.31, 660.33, 660.40, 660.41, 660.43, 660.50,
660.51, 660.53, 660.60, 660.61, 660.63, 660.70, 660.71, 660.73,
660.80, 660.81, 660.83, 660.90, 660.91, 660.93, 661.00, 661.01,
661.03, 661.10, 661.11, 661.13, 661.20, 661.21, 661.23, 661.30,
661.31, 661.33, 661.40, 661.41, 661.43, 661.90, 661.91, 661.93,
662.00, 662.01, 662.03, 662.10, 662.11, 662.13, 662.20, 662.21,
662.23, 662.30, 662.31, 662.33, 663.00, 663.01, 663.03, 663.10,
663.11, 663.13, 663.20, 663.21, 663.23, 663.30, 663.31, 663.33,
663.40, 663.41, 663.43, 663.50, 663.51, 663.53, 663.60, 663.61,
663.63, 663.80, 663.81, 663.83, 663.90, 663.91, 663.93, 664.00,
664.01, 664.04, 664.10, 664.11, 664.14, 664.20, 664.21, 664.24,
664.30, 664.31, 664.34, 664.40, 664.41, 664.44, 664.50, 664.51,
664.54, 664.60, 664.61, 664.64, 664.80, 664.81, 664.84, 664.90,
664.91, 664.94, 665.00, 665.01, 665.03, 665.10, 665.11, 665.20,
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665.72, 665.74, 665.80, 665.81, 665.82, 665.83, 665.84, 665.90,
665.91, 665.92, 665.93, 665.94, 666.00, 666.02, 666.04, 666.10,
666.12, 666.14, 666.20, 666.22, 666.24, 666.30, 666.32, 666.34,
667.00, 667.02, 667.04, 667.10, 667.12, 667.14, 668.00, 668.01,
668.02, 668.03, 668.04, 668.10, 668.11, 668.12, 668.13, 668.14,
668.20, 668.21, 668.22, 668.23, 668.24, 668.80, 668.81, 668.82,
668.83, 668.84, 668.90, 668.91, 668.92, 668.93, 668.94, 669.00,
669.01, 669.02, 669.03, 669.04, 669.10, 669.11, 669.12, 669.13,
669.14, 669.20, 669.21, 669.22, 669.23, 669.24, 669.30, 669.32,
669.34, 669.40, 669.41, 669.42, 669.43, 669.44, 669.50, 669.51,
669.60, 669.61, 669.70, 669.71, 669.80, 669.81, 669.82, 669.83,
669.84, 669.90, 669.91, 669.92, 669.93, 669.94, 670.00, 670.02,
670.04, 670.10, 670.12, 670.14, 670.20, 670.22, 670.24, 670.30,
670.32, 670.34, 670.80, 670.82, 670.84, 671.00, 671.01, 671.02,
671.03, 671.04, 671.10, 671.11, 671.12, 671.13, 671.14, 671.20,
671.21, 671.22, 671.23, 671.24, 671.30, 671.31, 671.33, 671.40,
671.42, 671.44, 671.50, 671.51, 671.52, 671.53, 671.54, 671.80,
671.81, 671.82, 671.83, 671.84, 671.90, 671.91, 671.92, 671.93,
671.94, 672.00, 672.02, 672.04, 673.00, 673.01, 673.02, 673.03,
673.04, 673.10, 673.11, 673.12, 673.13, 673.14, 673.20, 673.21,
673.22, 673.23, 673.24, 673.30, 673.31, 673.32, 673.33, 673.34,
673.80, 673.81, 673.82, 673.83, 673.84, 674.00, 674.01, 674.02,
674.03, 674.04, 674.10, 674.12, 674.14, 674.20, 674.22, 674.24,
674.30, 674.32, 674.34, 674.40, 674.42, 674.44, 674.50, 674.51,
674.52, 674.53, 674.54, 674.80, 674.82, 674.84, 674.90, 674.92,
OR

PREGNANCY CODE (I9) (continued)
674.94, 675.00, 675.01, 675.02, 675.03, 675.04, 675.10, 675.11,
675.12, 675.13, 675.14, 675.20, 675.21, 675.22, 675.23, 675.24,
675.80, 675.81, 675.82, 675.83, 675.84, 675.90, 675.91, 675.92,
675.93, 675.94, 676.00, 676.01, 676.02, 676.03, 676.04, 676.10,
676.11, 676.12, 676.13, 676.14, 676.20, 676.21, 676.22, 676.23,
676.24, 676.30, 676.31, 676.32, 676.33, 676.34, 676.40, 676.41,
676.42, 676.43, 676.44, 676.50, 676.51, 676.52, 676.53, 676.54,
676.60, 676.61, 676.62, 676.63, 676.64, 676.80, 676.81, 676.82,
676.83, 676.84, 676.90, 676.91, 676.92, 676.93, 676.94, V22.0,
V22.1, V22.2, V23.0, V23.1, V23.2, V23.3, V23.41, V23.49, V23.5,
V23.7, V23.81, V23.82, V23.83, V23.84, V23.85, V23.86, V23.89,
V23.9, V28.0, V28.1, V28.2, V28.3, V28.4, V28.5, V28.6, V28.81,
V28.82, V28.89, V28.9

OR

PREGNANCY CODE (SNM)
127363001, 16356006, 198624007, 198626009, 198627000, 237240001, 239101008,
289908002, 29399001, 31601007, 34801009, 386322007, 38720006, 41991004, 47200007,
43990006, 44782008, 60000008, 60810003, 64254006, 65147003, 69532007, 72892002,
79290002, 79586000, 80997009, 82661006, 87605005, 90968009, 9899009

Rationale:

Of the Medicare population, 37 percent are overweight and 18 percent are obese, the economic impact of which has been estimated at $117 billion in the U.S. Additionally, elderly patients with unintentional weight loss are at higher risk for infection, depression and death. Older people have special nutritional needs due to age and disease processes and professionals of all disciplines need to help older individuals modify their nutritional status, thereby improving quality of life (American Dietetic Association, Nutrition Screening Initiative, 2002).

Clinical Recommendation Statements:

The USPSTF recommends that clinicians screen all adult patients for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults. (Level of Evidence = B, USPSTF)

The clinical guideline for obesity recommends assessment of BMI at each encounter (National Heart, Lung and Blood Institute).

Validated measure of nutrition status serves as an indicator of over-nourishment and under-nourishment. Nutrition Screening Initiative: "Nutrition Interventions Manual for Professionals Caring for Older Americans," 2002 (Co-sponsored by American Dietetic Association (ADA), AAFP and National Council on Aging, Inc.).

The NSI-suggested BMI range is 22-27 (values outside this range indicate overweight or underweight for elderly) Nutrition Screening Initiative: "Nutrition Interventions Manual for Professionals Caring for Older Americans," 2002 (Co-sponsored by American Dietetic Association (ADA), AAFP and National Council on Aging, Inc.).

Interventions can be grouped into six primary categories: Social Services, Oral Health, Mental Health, Medication Use, Nutritional Education and Counseling, and Nutritional Support. For further detail on any of the potential interventional strategies, see the Nutritional Interventions Manual for Professionals Caring for Older Americans, 2002. Nutrition Screening Initiative: "Nutrition Interventions Manual for Professionals Caring for Older Americans," 2002 (Co-sponsored by American Dietetic Association (ADA), AAFP and National Council on Aging, Inc.).

Evidence Supporting the Criterion of Quality Measure:

Overall Evidence Grading: SORT Strength of Recommendation B: considerable patient-oriented evidence, i.e., re: improved clinical outcomes, including improved blood pressure, lipid levels, and glucose metabolism, decreased diabetes incidence, and reduced mortality, but not consistently high quality evidence

Callee, E. E., Thun, M.J., Petrelli, J.M., Rodriquez, C., Heath, C.W., Jr. (1999). "Body-mass index and mortality in a prospective cohort of U.S. adults." New England Journal of Medicine 341: 1097-1105.
> BMI of less than 22 kg per m^2 in women and less than 23.5 kg per m^2 in men is associated with increased mortality.
> Study quality level 2 (limited-quality patient-oriented evidence)

Corrada, M. M., et al. (2006). "Association of body mass index and weight change with all-cause mortality in the elderly." American Journal of Epidemiology 163(10): 938-949.
> The study explored the relation of BMI and weight change to all-cause mortality in the elderly. Results highlight the influence on older-age mortality risk of being underweight or obese later in life.
> Study quality level 2 (limited-quality patient-oriented evidence)

Flegal, K. M., et al. (2005). "Excess deaths associated with underweight, overweight, and obesity." JAMA 293: 1861-1867.
> This study sought to estimate deaths associated with underweight (BMI < 18.5), overweight (BMI 25 to < 30), and obesity (BMI ≥ 30) in the United States in 2000. Underweight was associated with 33,746 excess deaths. Underweight and obesity, particularly higher levels of obesity, were associated with increased mortality relative to the normal weight category.
> Study quality level 2 (limited-quality patient-oriented evidence)

Jain, M. G., et al. (2005). "Body mass index and mortality in women: Follow-up of the Canadian national breast screening study cohort." International Journal of Obesity 29: 792-797.

A study designed to examine the relationship between obesity and all-cause mortality in women confirms the association of high BMI with increased all-cause mortality in women.

Study quality level 2 (limited-quality patient-oriented evidence)

McTigue, K. M., et al. (2003). "Screening and interventions for obesity in adults: Summary of the evidence for the U.S. preventive services task force." Annals of Internal Medicine 139(11): 933-949.

This meta-analysis concludes that counseling and pharmacotherapy can promote modest sustained weight loss, improving clinical outcomes. Weight reduction improved blood pressure, lipid levels, and glucose metabolism and decreased diabetes incidence.

Study quality level 1 (good-quality patient-oriented evidence)

— *List of Data Elements located in Appendix A*

▲ **NQF Measure #0028:** Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

✝**Description:** Percentage of patients aged 18 years or older who were screened about tobacco use at least once during the two year measurement period AND who received cessation counseling if identified as a tobacco user

Denominator: All patients aged 18 years and older

   Denominator Inclusions:

   > All patients greater than or equal to 18 years of age at the beginning of the measurement period or the year prior to the measurement period. To be eligible for performance calculations, patients must have at least one face-to-face office visit with the physician, physician assistant, or nurse practitioner during the measurement period.
   >
   > ENCOUNTERS Table lists applicable CPT (C4) codes for inclusion:
   >
   > <u>ENCOUNTER CODE (C4)</u>
   > 90801, 90802, 90804, 90805, 90806, 90807, 90808, 90809,
   > 90810, 90811, 90812, 90813, 90814, 90815, 90845, 90862,
   > 96150, 96152, 97003, 97004, 99201, 99202, 99203, 99204,
   > 99205, 99211, 99212, 99213, 99214, 99215, 99385 ➤, 99386 ➤,
   > 99387 ➤, 99395 ➤, 99396 ➤, 99397 ➤, 99401 ➤, 99402 ➤,
   > 99403 ➤, 99404 ➤, 99411 ➤, 99412 ➤, 99420 ➤, 99429 ➤

✝ *The "Percentage of patients…" who meet the criteria for this measure will be calculated by the EHR Warehouse. All measure-related EHR coding/data should be submitted to the EHR Warehouse to ensure accurate performance rates.*
➤ *Signifies that this CPT Category I code is a <u>non-covered</u> service under the PFS (Physician Fee Schedule). These <u>non-covered services</u> may <u>not</u> be counted in the denominator population for PQRI reporting calculations.*

Numerator: Patients who were screened for tobacco use* at least once during the two-year measurement period AND who received tobacco cessation counseling intervention** if identified as a tobacco user

Numerator Inclusions:

> Patients who were screened for tobacco use* at least once during the two-year measurement period AND who received tobacco cessation counseling intervention** if identified as a tobacco user during the current measurement period or year prior to the measurement period.
>
> > * Includes use of any type of tobacco
> > ** Cessation counseling intervention includes brief counseling (3 minutes or less), and/or pharmacotherapy
>
> Patients are identified as tobacco users during the measurement period or year prior AND received cessation intervention counseling.
>
> PROBLEMS, PLAN OF CARE and SOCIAL HISTORY Tables list applicable SNOMED (SNM) codes for inclusion:
>
> TOBACCO CODE (SNM)
> 110483000, 160603005, 160604004, 160605003, 160606002,
> 160619003, 169940006, 191887008, 228489002, 228494002,
> 228499007, 228504007, 228509002, 228514003, 228515002,
> 228516001, 228518000, 229819007, 230059006, 230060001,
> 230062009, 230063004, 230064005, 230065006, 266920004,
> 365980008, 365981007, 365982000, 56578002, 56771006,
> 59978006, 65568007, 77176002, 81703003, 81911001,
> 82302008, 89765005
> AND
> CESSATION CODE (SNM)
> 225323000, 315232003, 384742004, 390901002,
> 395700008, 401068004, 401160008

OR

> Patients identified as non-tobacco users during the measurement period.
>
> PROBLEMS and SOCIAL HISTORY Tables list applicable SNOMED (SNM) codes for inclusion:
>
> NON CHEWER CODE (SNM)
> 228491005, 228492003, 228493008, 228502006,
> 228503001, 228511006, 228512004, 228513009
> AND
> NON SMOKER CODE (SNM)
> 105539002, 105540000, 105541001, 160618006, 191888003, 191889006,
> 266919005, 266924008, 360890004, 360900008, 360918006, 360929005,
> 405746006, 53896009, 8392000, 8517006, 87739003

Denominator Exclusions:

> None

Rationale:

Interventions to control smoking are strategically important because smoking is the leading preventable cause of death in the United States, clinical interventions are known to be effective in increasing cessation rates, and quitting smoking has been shown to improve health outcomes. (Fiore, 2000)

Clinical Recommendation Statements:

The following evidence statements are quoted <u>verbatim</u> from the referenced clinical guidelines.

The USPSTF strongly recommends that clinicians screen all adults for tobacco use and provide tobacco cessation interventions for those who use tobacco products. (A Recommendation) (USPSTF, 2003)

During new patient encounters and at least annually, patients in general and mental healthcare settings should be screened for at-risk drinking, alcohol use problems and illnesses, and any tobacco use. (NQF, 2007)

All patients should be asked if they use tobacco and should have their tobacco-use status documented on a regular basis. Evidence has shown that clinic screening systems, such as expanding the vital signs to include tobacco status or the use of other reminder systems such as chart stickers or computer prompts, significantly increase rates of clinician intervention. (Strength of Evidence = A) (U.S. Department of Health & Human Services-Public Health Service, 2008)

All *physicians* should strongly advise every patient who smokes to quit because evidence shows that physician advice to quit smoking increases abstinence rates. (Strength of Evidence = A) (U.S. Department of Health & Human Services-Public Health Service, 2008)

Minimal interventions lasting less than 3 minutes increase overall tobacco abstinence rates. Every tobacco user should be offered at least a minimal intervention whether or not he or she is referred to an intensive intervention. (Strength of Evidence = A) (U.S. Department of Health & Human Services-Public Health Service, 2008)

— *List of Data Elements located in Appendix A*

◆ **NQF Measure #0038:** Childhood Immunization Status

✝ **Description:** The percentage of children two years of age who had four DTaP/DT, three IPV, one MMR, three H influenza type B, three hepatitis B, one chicken pox vaccine (VZV) and four pneumococcal conjugate vaccines by their second birthday.

Denominator: All patients who turn two years of age during the measurement year

Denominator Inclusions:

> All patients who turn 2 years of age during the measurement period. To be eligible for performance calculations, patients must have at least one face-to-face office visit with the physician, physician assistant, or nurse practitioner during the measurement period.
>
> ENCOUNTERS and PROBLEMS Tables list applicable CPT (C4) and ICD-9-CM (I9) codes for inclusion:
>
> **ENCOUNTER CODE (C4)**
> 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99241 ➤, 99242 ➤, 99243 ➤, 99244 ➤, 99245 ➤, 99251 ➤, 99252 ➤, 99253 ➤, 99254 ➤, 99255 ➤, 99281, 99282, 99283, 99284, 99285, 99291, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99382 ➤, 99392 ➤, 99401 ➤, 99402 ➤, 99403 ➤, 99404 ➤, 99411 ➤, 99412 ➤, 99420 ➤, 99429 ➤, 99455, 99456
>
> OR
>
> **ENCOUNTER CODE (I9)**
> V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9

✝ *The "Percentage of patients…" who meet the criteria for this measure will be calculated by the EHR Warehouse. All measure-related EHR coding/data should be submitted to the EHR Warehouse to ensure accurate performance rates.*

➤ *Signifies that this CPT Category I code is a* non-covered *service under the PFS (Physician Fee Schedule). These* non-covered services *may* not *be counted in the denominator population for PQRI reporting calculations.*

Numerator: Patients who received four DTaP/DT, three IPV, one MMR, three H influenza type B, three hepatitis B, one chicken pox vaccine (VZV) and four pneumococcal conjugate vaccines by their second birthday

Numerator Inclusion – Criterion a: *(Patients who received all four doses of DTaP vaccination)*

Patients who received all four doses of the DTaP immunization on different days between the ages of 42 days old and 2 years old for patients who turn 2 years old during the measurement period. *Evidence of the antigen or vaccine must be found.*

IMMUNIZATIONS and PROCEDURES Tables list applicable ICD-9-CM (I9), CPT (C4), HL7 Vaccination (CVX), and SNOMED (SNM) codes for inclusion:

DTAP CODE (I9)
99.39
OR
DTAP CODE (C4)
90698, 90700, 90721, 90723
OR
DTAP CODE (CVX)
20, 50, 107, 110, 120
OR
DTAP CODE (SNM)
170395004, 170396003, 170397007, 170399005, 170400003, 170401004, 170402006, 310306005, 310307001, 310308006, 312869001, 312870000, 313383003, 390846000, 390865008, 396456003, 399014008, 412755006, 412756007, 412757003, 412762002, 412763007, 412764001, 414620004

AND/OR

MEDICATIONS Table lists applicable drug codes for patients who were administered four doses of DTaP vaccine with different dates of service between the ages of 42 days and 2 years and DRUG_EXCLUSION = N.

OR Numerator Exclusions (Criterion a):

Eligible children with at least one of the medical exclusions listed below may not need to receive the complete DTaP vaccination series. Each immunization criterion should be evaluated individually and each will be used to generate a composite score for the patient.

PROBLEMS and ALERTS Tables list applicable ICD-9-CM (I9) and SNOMED (SNM) codes for reasons that vaccinations not administered:

EXCLUSION CODE (I9)
323.51
OR
EXCLUSION CODE (SNM)
293109003, 294645006

AND

Numerator Inclusion – Criterion b: (*Patients who received at least three polio vaccinations (IPV)*)

Patients who received all three doses of the IPV immunization on separate days between the ages of 42 days old and 2 years old for patients who turn 2 years old during the measurement period. *Evidence of the antigen or vaccine must be found.*

IMMUNIZATIONS and PROCEDURES Tables list applicable ICD-9-CM (I9), CPT (C4), HL7 Vaccination (CVX), and SNOMED (SNM) codes for inclusion:

IPV CODE (I9)
99.41
OR
IPV CODE (C4)
90698, 90713, 90723
OR
IPV CODE (CVX)
10, 89, 110, 120
OR
IPV CODE (SNM)
170353008, 170354002, 170355001, 170356000. 170399005, 170400003, 170401004, 170402006, 170415002, 170421003, 268499008, 310306005, 310307001, 310308006, 312869001, 312870000, 390865008, 396456003, 412762002, 412763007,412764001, 414620004, 416591003, 417211006, 417384007, 417615007, 72093006

AND/OR

MEDICATIONS Table lists applicable drug codes for patients who were administered at least three doses of IPV vaccine with different dates of service between the ages of 42 days and 2 years and DRUG_EXCLUSION = N.

OR Numerator Exclusions (Criterion b):

Eligible children with at least one of the medical exclusions listed below may not need to receive the complete polio (IPV) immunization series. Each immunization criterion should be evaluated individually and each will be used to generate a composite score for the patient.

ALERTS Table lists applicable SNOMED (SNM) codes for reasons that vaccinations not administered:

EXCLUSION CODE (SNM)
292925004, 292927007, 292990003, 292992006, 293117006, 294466005, 294468006, 294528009, 294654009

AND

Numerator Inclusion – Criterion C: (*Patients who received one measles, mumps and rubella (MMR) vaccination*)

MMR Numerator Exclusions (Criterion c):

Patients who received one dose of the MMR vaccination on or before the child's second birthday for patients who turn 2 years old during the measurement period. *Evidence of the antigen or combination vaccine, or documented history of the illness, or a seropositive test result must be found.*

IMMUNIZATIONS and PROCEDURES Tables list applicable ICD-9-CM (I9), CPT (C4), HL7 Vaccination (CVX), and SNOMED (SNM) codes for inclusion:

MMR CODE (C4)
90707, 90710
OR
MMR CODE (I9)
99.48
OR
MMR CODE (CVX)
03, 94
OR
MMR CODE (SNM)
170431005, 170432003, 170433008, 38598009, 432636005, 433733003

OR

MEDICATIONS Table lists applicable drug codes for patients who were administered at least one dose of MMR vaccine on or before the child's second birthday and DRUG_EXCLUSION = N.

OR MMR Numerator Exclusions (Criterion c):

Eligible children with at least one of the medical exclusions listed below may not need to receive the MMR vaccination. Each immunization criterion should be evaluated individually and each will be used to generate a composite score for the patient.

PROBLEMS and ALERTS Tables list applicable ICD-9-CM (I9) and SNOMED (SNM) codes for reasons that vaccinations not administered:

EXCLUSION CODE (I9)
042, 200.00, 200.01, 200.02, 200.03, 200.04, 200.05, 200.06, 200.07, 200.08, 200.10, 200.11, 200.12, 200.13, 200.14, 200.15, 200.16, 200.17, 200.18, 200.20, 200.21, 200.22, 200.23, 200.24, 200.25, 200.26, 200.27, 200.28, 200.30, 200.31, 200.32, 200.33, 200.34, 200.35, 200.36, 200.37, 200.38, 200.40, 200.41, 200.42, 200.43, 200.44, 200.45, 200.46, 200.47, 200.48, 200.50, 200.51, 200.52, 200.53, 200.54, 200.55, 200.56, 200.57, 200.58, 200.60, 200.61, 200.62,200.63, 200.64, 200.65, 200.66, 200.67, 200.68, 200.70, 200.71, 200.72, 200.73, 200.74, 200.75, 200.76, 200.77, 200.78, 200.80, 200.81, 200.82, 200.83, 200.84, 200.85, 200.86, 200.87, 200.88, 201.00, 201.01, 201.02, 201.03, 201.04, 201.05, 201.06, 201.07, 201.08, 201.10, 201.11, 201.12, 201.13, 201.14, 201.15, 201.16, 201.17, 201.18, 201.20, 201.21, 201.22, 201.23, 201.24, 201.25, 201.26, 201.27, 201.28, 201.40, 201.41, 201.42, 201.43, 201.44, 201.45, 201.46, 201.47, 201.48, 201.50, 201.51, 201.52, 201.53, 201.54, 201.55, 201.56, 201.57, 201.58, 201.60, 201.61, 201.62, 201.63, 201.64, 201.65, 201.66, 201.67, 201.68, 201.70, 201.71, 201.72, 201.73, 201.74, 201.75, 201.76, 201.77, 201.78, 201.90, 201.91, 201.92, 201.93, 201.94, 201.95, 201.96, 201.97, 201.98, 202.00, 202.01, 202.02, 202.03, 202.04, 202.05, 202.06, 202.07, 202.08, 202.10, 202.11, 202.12, 202.13, 202.14, 202.15, 202.16, 202.17, 202.18, 202.20, 202.21, 202.22, 202.23, 202.24, 202.25, 202.26, 202.27, 202.28, 202.30, 202.31, 202.32, 202.33, 202.34, 202.35, 202.36, 202.37, 202.38, 202.40, 202.41, 202.42, 202.43, 202.44, 202.45, 202.46, 202.47, 202.48, 202.50, 202.51, 202.52, 202.53, 202.54, 202.55, 202.56, 202.57, 202.58, 202.60, 202.61, 202.62, 202.63, 202.64, 202.65, 202.66, 202.67, 202.68, 202.70, 202.71, 202.72, 202.73, 202.74, 202.75, 202.76, 202.77, 202.78, 202.80, 202.81, 202.82, 202.83, 202.84, 202.85, 202.86, 202.87, 202.88, 202.90, 202.91, 202.92, 202.93, 202.94, 202.95, 202.96, 202.97, 202.98, 203.00, 203.01, 203.02, 203.10, 203.11, 203.12, 203.80, 203.81, 203.82, 204.00, 204.01, 204.02, 204.10, 204.11, 204.12, 204.20, 204.21, 204.22, 204.80, 204.81, 204.82, 204.90, 204.91,204.92, 205.00, 205.01, 205.02, 205.10, 205.11, 205.12, 205.20, 205.21, 205.22, 205.30, 205.31, 205.32, 205.80, 205.81, 205.82, 205.90, 205.91, 205.92, 206.00, 206.01, 206.02, 206.10, 206.11, 206.12, 206.20, 206.21, 206.22, 206.80, 206.81, 206.82, 206.90, 206.91, 206.92, 207.00, 207.01, 207.02, 207.10, 207.11, 207.12, 207.20, 207.21, 207.22, 207.80, 207.81, 207.82, 208.00, 208.01, 208.02, 208.10, 208.11, 208.12, 208.20, 208.21, 208.22, 208.80, 208.81, 208.82, 208.90, 208.91, 209.92, 279.00, 279.01, 279.02, 279.03, 279.04, 279.05, 279.06, 279.09, 279.10, 279.11, 279.12, 279.13, 279.19, 279.2, 279.3, 279.41, 279.49, 279.50, 279.51, 279.52, 279.53, 279.8, 279.9, V08
OR

EXCLUSION CODE (SNM)
109962001, 109964000, 109965004, 109966003, 109967007, 109968002, 109969005, 109970006, 109971005,
109972003, 109975001, 109976000, 109977009, 109978004, 109979007, 109982002, 109984001, 109989006,
109991003, 110002002, 110004001, 110005000, 110006004, 110007008, 118599009, 118600007, 118601006,
118602004, 118605002, 118606001, 118607005, 118608000, 118609008, 118610003, 118611004, 118613001,
118617000, 118618005, 123313007, 127220001, 127225006,128874001, 128875000, 13048006, 186723002,
188487008, 188489006, 188492005, 188493000, 188498009, 188500005, 188501009, 188502002, 188503007,
188504001, 188505000, 188506004, 188507008, 188510001, 188511002, 188512009, 188513004, 188514005,
188515006, 188516007, 188517003, 188524002, 188526000, 188529007, 188531003, 188534006, 188536008,
188537004, 188538009, 188541000, 188547001, 188548006, 188551004, 188554007, 188558005, 188559002,
188561006, 188562004, 188565002, 188566001, 188567005, 188568000, 188569008, 188570009, 188572001,
188575004, 188576003, 188577007, 188578002, 188579005, 188580008, 188582000, 188585003, 188586002,
188587006, 188589009, 188590000, 188591001, 188592008, 188593003, 188609000, 188612002, 188613007,
188627002, 188630009, 188631008, 188632001, 188633006, 188634000, 188635004, 188637007, 188645002,
188648000, 188649008, 188651007, 188672005, 188674006, 188675007, 188676008, 188679001, 188680003,
188718006, 188725004, 188726003, 188728002, 188729005, 188732008, 188733003, 188734009, 188736006,
188737002, 188738007, 188741003, 188744006, 188745007, 188746008, 188748009, 188754005, 188768003,
188770007, 190030009, 20224008, 20447006, 232075002, 236513009, 237865009, 240531002, 25050002,
254792006, 255101006, 255102004, 269475001, 269476000, 274905008, 276811008, 276815004, 276836002,
277473004, 277474005, 277545003, 277549009, 277550009, 277551008, 277567002, 277568007, 277569004,
277570003, 277571004, 277572006, 277573001, 277574007, 277575008, 277577000, 277579002, 277580004,
277587001, 277589003, 277601005, 277602003, 277604002, 277606000, 277608004, 277609007, 277610002,
277611003, 277612005, 277613000, 277614006, 277615007, 277616008, 277617004, 277618009, 277619001,
277622004, 277623009, 277624003, 277625002, 277626001, 277627005, 277628000, 277629008, 277632006,
277637000, 277641001, 277642008, 277643003, 277651000, 277653002, 277654008, 277664004, 278051002,
278052009, 278189009, 278453007, 285420006, 285421005, 285422003, 285423008, 285424002, 285426000,
285428004, 285430002, 285769009, 285776004, 285839005, 293125008, 294662001, 302841002, 302842009,
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359640008, 359648001, 371012000, 371134001, 372087000, 373168002, 400001003, 400122007, 402881008,
402882001, 404103007, 404104001, 404105000, 404106004, 404107008, 404108003, 404109006, 404111002,
404112009, 404113004, 404114005, 404115006, 404116007, 404117003, 404119000, 404120006, 404122003,
404123008, 404124002, 404125001, 404126000, 404128004, 404130002, 404131003, 404132005, 404133000,
404134006, 404135007, 404136008, 404137004, 404138009, 404139001, 404140004, 404141000, 404142007,
404143002, 404144008, 404145009, 404146005, 404147001, 404148006, 404150003, 404151004, 404152006,
404153001, 404154007, 404155008, 404157000, 413389003, 413441006, 413442004, 413537009, 413587002,
413656006, 413842007, 413843002, 414166008, 414553000, 414780005, 414785000, 415110002, 415111003,
415112005, 415287001, 420302007, 420519005, 420788006, 421283008, 421418009, 421696004, 421835000,
422052002, 422172005, 422853008, 425657001, 425688002, 425749006, 425869007, 425941003, 426071002,
426124006, 426217000, 426248008, 426336007, 426370008, 426642002, 426885008, 427056005, 427141003,
427642009, 427658007, 430338009, 440422002, 441313008, 441559006, 441962003, 442537007, 58961005,
60620005, 61493004, 68979007, 91854005, 91855006, 91856007, 91857003, 91858008, 91860005, 91861009,
91947003, 91948008, 92508006, 92512000, 92514004, 92515003, 92516002, 92811003, 92812005, 92813000,
92814006, 92817004, 92818009, 93142004, 93143009, 93144003, 93145002, 93146001, 93147005, 93148000,
93149008, 93150008, 93151007, 93152000, 93169003, 93191005, 93192003, 93193008, 93194002, 93195001,
93196000, 93197009, 93198004, 93199007, 93451002, 93487009, 93488004, 93489007, 93492006, 93493001,
93494007, 93495008, 93496009, 93497000, 93498005, 93500006, 93501005, 93505001, 93506000, 93507009,
93509007, 93510002, 93514006, 93515007, 93516008, 93518009, 93519001, 93520007, 93521006, 93522004,
93523009, 93524003, 93525002, 93526001, 93527005, 93528000, 93530003, 93531004, 93532006, 93533001,
93534007, 93536009, 93537000, 93541001, 93542008, 93543003, 93545005, 93546006, 93547002, 93548007,
93549004, 93550004, 93551000, 93552007, 93554008, 93555009, 94148006, 94686001, 94687005, 94688000,
94690004, 94704006, 94707004, 94708009, 94709001, 94710006, 94711005, 94712003, 94714002, 94715001,
94716000, 94718004, 94719007, 95186006, 95187002, 95188007, 95192000, 95193005, 95194004, 95209008,
95210003, 95224004, 95225003, 95226002, 95230004, 95231000, 95260009, 95261008, 95263006, 95264000

OR

Measles Numerator Inclusion (Criterion c1):

Patients who received an equivalent combination of MMR vaccinations or was diagnosed with MMR on or before the child's second birthday for patients who turn 2 years old during the measurement period. *Evidence of the antigen or combination vaccine, or documented history of the illness, or a seropositive test result must be found.*

IMMUNIZATIONS, PROBLEMS, PROCEDURES and MEDICATIONS Tables list applicable ICD-9-CM (I9), CPT (C4), HL7 Vaccination (CVX), SNOMED (SNM) and RxNorm codes for inclusion:

MEASLES RUBELLA CODE (C4)
90708
OR
MEASLES RUBELLA CODE (CVX)
04
OR
MEASLES DX CODE (I9)
055.0, 055.1, 055.2, 055.71, 055.79, 055.8, 055.9
OR
MEASLES CODE (SNM)
170364006, 3121007, 47435007
OR
MEASLES CODE (C4)
90705
OR
MEASLES CODE (CVX)
05
OR
MEDICATIONS Table lists applicable drug codes for patients who were administered at least one dose of Measles vaccine on or before the child's second birthday and DRUG_EXCLUSION = N.

OR Measles Numerator Exclusions (Criterion c1):

Eligible children with at least one of the medical exclusions listed below may not need to receive the Measles portion of the vaccination. Each immunization criterion should be evaluated individually and each will be used to generate a composite score for the patient.

ALERTS Table lists applicable SNOMED (SNM) codes for reasons that vaccinations not administered:

EXCLUSION CODE (SNM)
219096004

AND

Mumps Numerator Inclusion (Criterion c2):

IMMUNIZATIONS, PROBLEMS, PROCEDURES and MEDICATIONS Tables list applicable ICD-9-CM (I9), CPT (C4), HL7 Vaccination (CVX), SNOMED (SNM) and RxNorm codes for inclusion:

MUMPS CODE (C4)
90704
OR
MUMPS CODE (I9)
99.46
OR
MUMPS CODE (SNM)
50583002
OR
MUMPS CODE (CVX)
07
OR
MUMPS DX CODE (I9)
072.0, 072.1, 072.2, 072.3, 072.71, 072.72, 072.79, 072.8, 072.9

OR

MEDICATIONS Table lists applicable drug codes for patients who were administered at least one dose of Mumps vaccine on or before the child's second birthday and DRUG_EXCLUSION = N.

OR Mumps Numerator Exclusions (Criterion c2):

Eligible children with at least one of the medical exclusions listed below may not need to receive the MMR vaccination. Each immunization criterion should be evaluated individually and each will be used to generate a composite score for the patient.

ALERTS Table lists applicable SNOMED (SNM) codes for reasons that vaccinations not administered:

EXCLUSION CODE (SNM)
293114004, 294650000

AND

Rubella Numerator Inclusion (Criterion c3):

IMMUNIZATIONS, PROBLEMS, PROCEDURES and MEDICATIONS Tables list applicable ICD-9-CM (I9), CPT (C4), HL7 Vaccination (CVX), SNOMED (SNM) and RxNorm codes for inclusion:

MEASLES RUBELLA CODE (C4)
90708
OR
MEASLES RUBELLA CODE (CVX)
04
OR
RUBELLA CODE (C4)
90706
OR
RUBELLA CODE (I9)
99.47
OR
RUBELLA CODE (SNM)
82314000
OR
RUBELLA CODE (CVX)
06
OR
RUBELLA DX CODE (I9)
056.00, 056.01, 056.09, 056.71, 056.79, 056.8, 056.9

OR

MEDICATIONS Table lists applicable drug codes for patients who were administered at least one dose of Rubella vaccine on or before the child's second birthday and DRUG_EXCLUSION = N.

OR Rubella Numerator Exclusions (Criterion c3):

Eligible children with at least one of the medical exclusions listed below may not need to receive the MMR vaccination. Each immunization criterion should be evaluated individually and each will be used to generate a composite score for the patient.

ALERTS Table lists applicable SNOMED (SNM) codes for reasons that vaccinations not administered:

EXCLUSION CODE (SNM)
294656006

AND

Numerator Inclusion – Criterion d: (*Patients who received at least three influenza type B (HiB) vaccinations*)

> Patients who received at least three HiB vaccinations on separate days between the ages of 42 days old and 2 years old for patients who turn 2 years old during the measurement period. *Evidence of the antigen or vaccine must be found.*
>
> IMMUNIZATIONS Table lists applicable CPT (C4), HL7 Vaccination (CVX) and SNOMED (SNM) codes for inclusion:
>
> HIB CODE (C4)
> 90645, 90646, 90647, 90648, 90698, 90721, 90748
> OR
> HIB CODE (SNM)
> 127787002, 170343007, 170344001, 170345000, 170346004, 310306005, 310307001, 310308006, 312869001, 312870000, 313383003
> OR
> HIB CODE (CVX)
> 17, 46, 47, 48, 49, 50, 51, 120

AND/OR

> MEDICATIONS Table lists applicable drug codes for patients who were administered at least three doses of influenza type B (HiB) vaccine with different dates of service between the ages of 42 days and 2 years and DRUG_EXCLUSION = N.

OR Numerator Exclusions (Criterion d):

> Eligible children with at least one of the medical exclusions listed below may not need to receive the complete HiB vaccination series. Each immunization criterion should be evaluated individually and each will be used to generate a composite score for the patient.
>
> ALERTS Table lists applicable SNOMED (SNM) codes for reasons that vaccinations not administered:
>
> EXCLUSION CODE (SNM)
> 293127000, 294664000

AND

Numerator Inclusion – Criterion e: (*Patients who received at least three Hepatitis B immunizations*)

> Patients who received all three doses of the Hepatitis B immunization before 2 years of age and the patient turns 2 years old during the measurement period. *Evidence of the antigen or vaccine must be found.*
>
> IMMUNIZATIONS and PROBLEMS Tables list applicable ICD-9-CM (I9), CPT (C4), HL7 Vaccination (CVX), HCPCS (HCPCS) and SNOMED (SNM) codes for inclusion:
>
> HEP B DX CODE (I9)
> 070.20, 070.21, 070.22, 070.23, 070.30, 070.31, 070.32, 070.33, V02.61
> OR
> HEP B CODE (C4)
> 90723, 90740, 90744, 90747, 90748
> OR
> HEP B CODE (CVX)
> 08, 42, 44, 45, 51, 102, 110
> OR
> HEP B CODE (HCPCS)
> G0010
> OR
> HEP B CODE (SNM)
> 116802006, 16584000, 170370000, 170371001, 170372008, 170373003, 170374009, 170375005, 170434002, 170435001, 170436000, 170437009, 275849001, 312868009, 396456003, 416923003

OR

MEDICATIONS Table lists applicable drug codes for patients who received all three does of the Hepatitis B immunization before 2 years of age and DRUG_EXCLUSION = N.

OR Numerator Exclusions (Criterion e):

Eligible children with at least one of the medical exclusions listed below may not need to receive the complete Hepatitis B immunization series. Each immunization criterion should be evaluated individually and each will be used to generate a composite score for the patient.

ALERTS Table lists applicable SNOMED (SNM) codes for reasons that vaccinations not administered:

EXCLUSION CODE (SNM)
293110008, 294646007

AND

Numerator Inclusion – Criterion f: (*Patients who received one chicken pox (VZV) immunization*)

Patients who received one dose of the chicken pox (VZV) immunization before 2 years of age and the patient turns 2 years old during the measurement period. *Evidence of the antigen or combination vaccine, or documented history of the illness, or a seropositive test result must be found.*

IMMUNIZATIONS Table lists applicable CPT (C4), HL7 Vaccination (CVX) and SNOMED (SNM) codes for inclusion:

VZV CODE (C4)
90710, 90716
OR
VZV CODE (CVX)
21, 94
OR
VZV CODE (SNM)
425897001, 428502009, 432636005, 433733003, 68525005

OR

MEDICATIONS Table lists applicable drug codes for patients who were administered at least one dose of the chicken pox (VZV) vaccine before 2 years of age and DRUG_EXCLUSION = N.

OR Numerator Exclusions (Criterion f):

Eligible children with at least one of the medical exclusions listed below may not need to receive the chicken pox (VZV) immunization. Each immunization criterion should be evaluated individually and each will be used to generate a composite score for the patient.

PROBLEMS and ALERTS Tables list applicable ICD-9-CM (I9) and SNOMED (SNM) codes for reasons that vaccinations not administered:

EXCLUSION CODE (I9)

042, 052.0, 052.1, 052.2, 052.7, 052.8, 052.9, 053.0, 053.10, 053.11, 053.12, 053.13, 053.14, 053.19, 053.20, 053.21, 053.22, 053.29, 053.71, 053.79, 053.8, 053.9, 200.00, 200.01, 200.02, 200.03, 200.04, 200.05, 200.06, 200.07, 200.08, 200.10, 200.11, 200.12, 200.13, 200.14, 200.15, 200.16, 200.17, 200.18, 200.20, 200.21, 200.22, 200.23, 200.24, 200.25, 200.26, 200.27, 200.28, 200.30, 200.31, 200.32, 200.33, 200.34, 200.35, 200.36, 200.37, 200.38, 200.40, 200.41, 200.42, 200.43, 200.44, 200.45, 200.46, 200.47, 200.48, 200.50, 200.51, 200.52, 200.53, 200.54, 200.55, 200.56, 200.57, 200.58, 200.60, 200.61, 200.62, 200.63, 200.64, 200.65, 200.66, 200.67, 200.68, 200.70, 200.71, 200.72, 200.73, 200.74, 200.75, 200.76, 200.77, 200.78, 200.80, 200.81, 200.82, 200.83, 200.84, 200.85, 200.86, 200.87, 200.88, 201.00, 201.01, 201.02, 201.03, 201.04, 201.05, 201.06, 201.07, 201.08, 201.10, 201.11, 201.12, 201.13, 201.14, 201.15, 201.16, 201.17, 201.18, 201.20, 201.21, 201.22, 201.23, 201.24, 201.25, 201.26, 201.27, 201.28, 201.40, 201.41, 201.42, 201.43, 201.44, 201.45, 201.46, 201.47, 201.48, 201.50, 201.51, 201.52, 201.53, 201.54, 201.55, 201.56, 201.57, 201.58, 201.60, 201.61, 201.62, 201.63, 201.64, 201.65, 201.66, 201.67, 201.68, 201.70, 201.71, 201.72, 201.73, 201.74, 201.75, 201.76, 201.77, 201.78, 201.90, 201.91, 201.92, 201.93, 201.94, 201.95, 201.96, 201.97, 201.98, 202.00, 202.01, 202.02, 202.03, 202.04, 202.05, 202.06, 202.07, 202.08, 202.10, 202.11, 202.12, 202.13, 202.14, 202.15, 202.16, 202.17, 202.18, 202.20, 202.21, 202.22, 202.23, 202.24, 202.25, 202.26, 202.27, 202.28, 202.30, 202.31, 202.32, 202.33, 202.34, 202.35, 202.36, 202.37, 202.38, 202.40, 202.41, 202.42, 202.43, 202.44, 202.45, 202.46, 202.47, 202.48, 202.50, 202.51, 202.52, 202.53, 202.54, 202.55, 202.56, 202.57, 202.58, 202.60, 202.61, 202.62, 202.63, 202.64, 202.65, 202.66, 202.67, 202.68, 202.70, 202.71, 202.72, 202.73, 202.74, 202.75, 202.76, 202.77, 202.78, 202.80, 202.81, 202.82, 202.83, 202.84, 202.85, 202.86, 202.87, 202.88, 202.90, 202.91, 202.92, 202.93, 202.94, 202.95, 202.96, 202.97, 202.98, 203.00, 203.01, 203.02, 203.10, 203.11, 203.12, 203.80, 203.81, 203.82, 204.00, 204.01, 204.02, 204.10, 204.11, 204.12, 204.20, 204.21, 204.22, 204.80, 204.81, 204.82, 204.90, 204.91, 204.92, 205.00, 205.01, 205.02, 205.10, 205.11, 205.12, 205.20, 205.21, 205.22, 205.30, 205.31, 205.32, 205.80, 205.81, 205.82, 205.90, 205.91, 205.92, 206.00, 206.01, 206.02, 206.10, 206.11, 206.12, 206.20, 206.21, 206.22, 206.80, 206.81, 206.82, 206.90, 206.91, 206.92, 207.00, 207.01, 207.02, 207.10, 207.11, 207.12, 207.20, 207.21, 207.22, 207.80, 207.81, 207.82, 208.00, 208.01, 208.02, 208.10, 208.11, 208.12, 208.20, 208.21, 208.22, 208.80, 208.81, 208.82, 208.90, 208.91, 209.92, 279.00, 279.01, 279.02, 279.03, 279.04, 279.05, 279.06, 279.09, 279.10, 279.11, 279.12, 279.13, 279.19, 279.2, 279.3, 279.41, 279.49, 279.50, 279.51, 279.52, 279.53, 279.8, 279.9, V08

OR

EXCLUSION CODE (SNM)

36292003, 38907003, 397573005, 400020001, 402897003,402898008, 10491005, 10698009, 109962001, 109964000, 109965004, 109966003, 109967007, 109968002, 109969005, 109970006, 109971005, 109972003, 109975001, 109976000, 109977009, 109978004, 109979007, 109982002, 109984001, 109989006, 109991003, 110002002, 110004001, 110005000, 110006004, 110007008, 111859007, 111861003, 118599009, 118600007, 118601006, 118602004, 118605002, 118606001, 118607005, 118608000, 118609008, 118610003, 118611004, 118613001, 118617000, 118618005, 123313007, 127220001, 127225006,128874001, 128875000, 13048006, 186524006, 186525007, 186723002, 188487008, 188489006, 188492005, 188493000, 188498009, 188500005, 188501009, 188502002, 188503007, 188504001, 188505000, 188506004, 188507008, 188510001, 188511002, 188512009, 188513004, 188514005, 188515006, 188516007, 188517003, 188524002, 188526000, 188529007, 188531003, 188534006, 188536008, 188537004, 188538009, 188541000, 188547001, 188548006, 188551004, 188554007, 188558005, 188559002, 188561006, 188562004, 188565002, 188566001, 188567005, 188568000, 188569008, 188570009, 188572001, 188575004, 188576003, 188577007, 188578002, 188579005, 188580008, 188582000, 188585003, 188586002, 188587006, 188589009, 188590000, 188591001, 188592008, 188593003, 188609000, 188612002, 188613007, 188627002, 188630009, 188631008, 188632001, 188633006, 188634000, 188635004, 188637007, 188645002, 188648000, 188649008, 188651007, 188672005, 188674006, 188675007, 188676008, 188679001, 188680003, 188718006, 188725004, 188726003, 188728002, 188729005, 188732008, 188733003, 188734009, 188736006, 188737002, 188738007, 188741003, 188744006, 188745007, 188746008, 188748009, 188754005, 188768003, 188770007, 190030009, 195911009, 20224008, 20447006, 21954000, 230176008, 230198004, 230262004, 230536009, 232075002, 232400003, 236513009, 23737006, 237865009, 240468001, 240469009, 240470005, 240471009, 240472002, 240473007, 240474001, 240531002, 24059009, 235059009, 25050002, 254792006, 255101006, 255102004, 269475001, 269476000, 274905008, 276811008, 276815004, 276836002, 277473004, 277474005, 277545003, 277549009, 277550009, 277551008, 277567002, 277568007, 277569004, 277570003, 277571004, 277572006, 277573001, 277574007, 277575008, 277577000, 277579002, 277580004, 277587001, 277589003, 277601005, 277602003, 277604002, 277606000, 277608004, 277609007, 277610002, 277611003, 277612005, 277613000, 277614006, 277615007, 277616008, 277617004, 277618009, 277619001, 277622004, 277623009, 277624003, 277625002, 277626001, 277627005, 277628000, 277629008, 277632006, 277637000, 277641001, 277642008, 277643003, 277644009, 277651000, 277653002, 277654008, 277664004, 278051002, 278052009, 278189009, 278453007, 285420006, 285421005, 285422003, 285423008, 285424002, 285426000, 285428004, 285430002, 285769009, 285776004, 285839005, 293103002, 294639003, 302841002, 302842009, 302845006, 302848008, 302855005, 302856000, 303017006, 303055001, 303056000, 303057009, 307341004, 307592006, 307617006, 307622006, 307623001, 307624007, 307625008, 307633009, 307634003, 307635002, 307636001, 307637005, 307646004, 307647008, 307649006, 308121000, 309465005, 31047003, 313427003, 359631009, 359640008, 359648001, 371012000, 371134001, 372087000, 373168002, 400001003, 400122007, 402881008, 402882001, 404103007, 404104001, 404105000, 404106004, 404107008, 404108003, 404109006, 404111002, 404112009, 404113004, 404114005, 404115006, 404116007, 404117003, 404119000, 404120006, 404122003, 404123008, 404124002, 404125001, 404126000, 404128004, 404130002, 404131003, 404132005, 404133000, 404134006, 404135007, 404136008, 404137004, 404138009, 404139001, 404140004, 404141000, 404142007, 404143002, 404144008, 404145009, 404146005, 404147001, 404148006, 404150003, 404151004, 404152006, 404153001, 404154007, 404155008, 404157000, 410500004, 410509003, 413389003, 413441006, 413442004, 413537009, 413587002, 413656006, 413842007, 413843002, 414166008, 414553000, 414780005, 414785000, 415110002, 415111003, 415112005, 415287001, 416718008, 420302007, 420519005, 420788006, 421029004, 421283008, 421418009, 421696004, 421835000, 422052002, 422127002, 422172005, 422446008, 422471006, 422666006, 422853008, 423333008, 423628002, 424353002, 424435009, 42448002, 424801004, 424941009, 425356002,425657001, 425688002, 425749006, 425869007, 425941003, 426071002, 426124006, 426217000, 426248008, 426336007, 426370008, 426570007, 426642002, 426885008, 427056005, 427141003, 427642009, 427658007, 428633000, 430338009, 440422002, 441313008, 441559006, 441962003, 442537007, 4740000, 49183009, 55560002, 58961005, 60620005, 61493004, 68979007, 87513003, 90433002, 91854005, 91855006, 91856007, 91857003, 91858008, 91860005, 91861009, 91947003, 91948008, 92508006, 92512000, 92514004, 92515003, 92516002, 92811003, 92812005, 92813000, 92814006, 92817004, 92818009, 93142004, 93143009, 93144003, 93145002, 93146001, 93147005, 93148000, 93149008, 93150008, 93151007, 93152000, 93169003, 93191005, 93192003, 93193008, 93194002, 93195001, 93196000, 93197009, 93198004, 93199007, 93451002, 93487009, 93488004, 93489007, 93492006, 93493001, 93494007, 93495008, 93496009, 93497000, 93498005, 93500006, 93501005, 93505001, 93506000, 93507009, 93509007, 93510002, 93514006, 93515007, 93516008, 93519001, 93520007, 93521006, 93522004, 93523009, 93524003, 93525002, 93526001, 93527005, 93528000, 93530003, 93531004, 93532006, 93533001, 93534007, 93536009, 93537000, 93541001, 93542008, 93543003, 93545005, 93546006, 93547002, 93548007, 93549004, 93550004, 93551000, 93552007, 93554008, 93555009, 94148006, 94686001, 94687005, 94688000, 94690004, 94704006, 94707004, 94708009, 94709001, 94710006, 94711005, 94712003, 94714002, 94715001, 94716000, 94718004, 94719007, 95186006, 95187002, 95188007, 95192000, 95193005, 95194004, 95209008, 95210003, 95224004, 95225003, 95226002, 95230004, 95231000, 95260009, 95261008, 95263006, 95264000

AND

Numerator Inclusion – Criterion g: *(Patients who received all four doses of the pneumococcal conjugate vaccinations)*

Patients who received all four doses of the Pneumococcal conjugate vaccination on separate days before 2 years of age and the patient turns 2 years old during the measurement period. *Evidence of the antigen or vaccine must be found.*

IMMUNIZATIONS Table lists applicable ICD-9-CM (I9), CPT (C4), HL7 Vaccination (CVX), HCPCS (HCPCS) and SNOMED (SNM) codes for inclusion:

PNEUMO CODE (I9)
V03.82
OR
PNEUMO CODE (C4)
90669, 90670
OR
PNEUMO CODE (CVX)
100, 109, 133
OR
PNEUMO CODE (HCPCS)
G0009
OR
PNEUMO CODE (SNM)
125714002, 12866006, 135642004, 135643009, 310578008, 333598008, 394678003, 400287005, 417011002, 70447008

AND/OR

MEDICATIONS Table lists applicable drug codes for patients who were administered at least one dose of the pneumococcal vaccine before 2 years of age and DRUG_EXCLUSION = N.

OR Numerator Exclusions (Criterion g):

Eligible children with at least one of the medical exclusions listed below may not need to receive the complete Pneumococcal conjugate vaccination series. Each immunization criterion should be evaluated individually and each will be used to generate a composite score for the patient.

ALERTS Table lists applicable SNOMED (SNM) codes for reasons that vaccinations not administered:

EXCLUSION CODE (SNM)
293116002, 414373006

AND

Numerator Inclusion – Criterion h: (*Patients who received at least two doses of the Rotavirus (RV) vaccination*)

> Patients who received at least two doses of the RV immunization on different dates (if applicable) between the ages of 42 days old and 2 years old and the patient turns 2 years old during the measurement period. *Evidence of the antigen or vaccine must be found.*
>
> IMMUNIZATIONS Table lists applicable CPT (C4), HL7 Vaccination (CVX), and SNOMED (SNM) codes for inclusion:
>
> RV2 CODE (C4)
> 90681
> OR
> RV2 CODE (CVX)
> 119
> OR
> RV3 CODE (C4)
> 90680
> OR
> RV3 CODE (CVX)
> 116
> OR
> RV CODE (SNM)
> 415354003
> OR
> RV CODE (CVX)
> 122

AND/OR

> MEDICATIONS Table lists applicable drug codes for patients who were administered at least two doses of the RV vaccine between the age of 42 days and 2 years old and DRUG_EXCLUSION = N.

AND

Numerator Inclusion – Criterion i: *(Patients who received both doses of the Influenza vaccination)*

> Patients who received both doses of the Influenza immunization administered on different dates between the ages of 42 days old and 2 years old and the patient turns 2 years old during the measurement period. *Evidence of the antigen or vaccine must be found.*
>
> IMMUNIZATIONS Table lists applicable ICD-9-CM (I9), CPT (C4), HL7 Vaccination (CVX), and SNOMED (SNM) codes for inclusion:
>
> FLU CODE (I9)
> 99.52
> OR
> FLU CODE (C4)
> 90655, 90657, 90661, 90662
> OR
> FLU CODE (CVX)
> 15, 16, 88, 135
> OR
> FLU CODE (SNM)
> 185900003, 185901004, 185902006, 308532005, 346525009, 348046004, 348047008, 391668002, 391669005, 408752008, 409270000, 416928007, 418707004, 419456007, 419562000, 429493002, 46233009, 86198006

AND/OR

> MEDICATIONS Table lists applicable drug codes for patients who were administered both doses of the influenza vaccine between the age of 42 days and 2 years old and DRUG_EXCLUSION = N.

OR Numerator Exclusions (Criterion i):

Eligible children with at least one of the medical exclusions listed below may not need to receive the complete Influenza vaccination series. Each immunization criterion should be evaluated individually and each will be used to generate a composite score for the patient.

PROBLEMS and ALERTS Tables list applicable ICD-9-CM (I9) and SNOMED (SNM) codes for reasons that vaccinations not administered:

EXCLUSION CODE (I9)

042, 200.00, 200.01, 200.02, 200.03, 200.04, 200.05, 200.06, 200.07, 200.08, 200.10, 200.11, 200.12, 200.13, 200.14, 200.15, 200.16, 200.17, 200.18, 200.20, 200.21, 200.22, 200.23, 200.24, 200.25, 200.26, 200.27, 200.28, 200.30, 200.31, 200.32, 200.33, 200.34, 200.35, 200.36, 200.37, 200.38, 200.40, 200.41, 200.42, 200.43, 200.44, 200.45, 200.46, 200.47, 200.48, 200.50, 200.51, 200.52, 200.53, 200.54, 200.55, 200.56, 200.57, 200.58, 200.60, 200.61, 200.62, 200.63, 200.64, 200.65, 200.66, 200.67, 200.68, 200.70, 200.71, 200.72, 200.73, 200.74, 200.75, 200.76, 200.77, 200.78, 200.80, 200.81, 200.82, 200.83, 200.84, 200.85, 200.86, 200.87, 200.88, 201.00, 201.01, 201.02, 201.03, 201.04, 201.05, 201.06, 201.07, 201.08, 201.10, 201.11, 201.12, 201.13, 201.14, 201.15, 201.16, 201.17, 201.18, 201.20, 201.21, 201.22, 201.23, 201.24, 201.25, 201.26, 201.27, 201.28, 201.40, 201.41, 201.42, 201.43, 201.44, 201.45, 201.46, 201.47, 201.48, 201.50, 201.51, 201.52, 201.53, 201.54, 201.55, 201.56, 201.57, 201.58, 201.60, 201.61, 201.62, 201.63, 201.64, 201.65, 201.66, 201.67, 201.68, 201.70, 201.71, 201.72, 201.73, 201.74, 201.75, 201.76, 201.77, 201.78, 201.90, 201.91, 201.92, 201.93, 201.94, 201.95, 201.96, 201.97, 201.98, 202.00, 202.01, 202.02, 202.03, 202.04, 202.05, 202.06, 202.07, 202.08, 202.10, 202.11, 202.12, 202.13, 202.14, 202.15, 202.16, 202.17, 202.18, 202.20, 202.21, 202.22, 202.23, 202.24, 202.25, 202.26, 202.27, 202.28, 202.30, 202.31, 202.32, 202.33, 202.34, 202.35, 202.36, 202.37, 202.38, 202.40, 202.41, 202.42, 202.43, 202.44, 202.45, 202.46, 202.47, 202.48, 202.50, 202.51, 202.52, 202.53, 202.54, 202.55, 202.56, 202.57, 202.58, 202.60, 202.61, 202.62, 202.63, 202.64, 202.65, 202.66, 202.67, 202.68, 202.70, 202.71, 202.72, 202.73, 202.74, 202.75, 202.76, 202.77, 202.78, 202.80, 202.81, 202.82, 202.83, 202.84, 202.85, 202.86, 202.87, 202.88, 202.90, 202.91, 202.92, 202.93, 202.94, 202.95, 202.96, 202.97, 202.98, 203.00, 203.01, 203.02, 203.10, 203.11, 203.12, 203.80, 203.81, 203.82, 204.00, 204.01, 204.02, 204.10, 204.11, 204.12, 204.20, 204.21, 204.22, 204.80, 204.81, 204.82, 204.90, 204.91, 204.92, 205.00, 205.01, 205.02, 205.10, 205.11, 205.12, 205.20, 205.21, 205.22, 205.30, 205.31, 205.32, 205.80, 205.81, 205.82, 205.90, 205.91, 205.92, 206.00, 206.01, 206.02, 206.10, 206.11, 206.12, 206.20, 206.21, 206.22, 206.80, 206.81, 206.82, 206.90, 206.91, 206.92, 207.00, 207.01, 207.02, 207.10, 207.11, 207.12, 207.20, 207.21, 207.22, 207.80, 207.81, 207.82, 208.00, 208.01, 208.02, 208.10, 208.11, 208.12, 208.20, 208.21, 208.22, 208.80, 208.81, 208.82, 208.90, 208.91, 209.92, 279.00, 279.01, 279.02, 279.03, 279.04, 279.05, 279.06, 279.09, 279.10, 279.11, 279.12, 279.13, 279.19, 279.2, 279.3, 279.41, 279.49, 279.50, 279.51, 279.52, 279.53, 279.8, 279.9, V08

OR

EXCLUSION CODE (SNM)
109962001, 109964000, 109965004, 109966003, 109967007, 109968002, 109969005, 109970006, 109971005, 109972003, 109975001, 109976000, 109977009, 109978004, 109979007, 109982002, 109984001, 109989006, 109991003, 110002002, 110004001, 110005000, 110006004, 110007008, 118599009, 118600007, 118601006, 118602004, 118605002, 118606001, 118607005, 118608000, 118609008, 118610003, 118611004, 118613001, 118617000, 118618005, 123313007, 127220001, 127225006,128874001, 128875000, 13048006, 186723002, 188487008, 188489006, 188492005, 188493000, 188498000, 188500005, 188501009, 188502002, 188503007, 188504001, 188505000, 188506004, 188507008, 188510001, 188511002, 188512009, 188513004, 188514005, 188515006, 188516007, 188517003, 188524002, 188526000, 188529007, 188531003, 188534006, 188536008, 188537004, 188538009, 188541000, 188547001, 188548006, 188551004, 188554007, 188558005, 188559002, 188561006, 188562004, 188565002, 188566001, 188567005, 188568000, 188569008, 188570009, 188572001, 188575004, 188576003, 188577007, 188578002, 188579005, 188580008, 188582000, 188585003, 188586002, 188587006, 188589009, 188590000, 188591001, 188592008, 188593003, 188609000, 188612002, 188613007, 188627002, 188630009, 188631008, 188632001, 188633006, 188634000, 188635004, 188637007, 188645002, 188648000, 188649008, 188651007, 188672005, 188674006, 188675007, 188676008, 188679001, 188680003, 188718006, 188725004, 188726003, 188728002, 188729005, 188732008, 188733003, 188734009, 188736006, 188737002, 188738007, 188741003, 188744006, 188745007, 188746008, 188748009, 188754005, 188768003, 188770007, 190030009, 20224008, 20447006, 213020009, 232075002, 236513009, 237865009, 240531002, 25050002, 254792006, 255101006, 255102004, 269475001, 269476000, 274905008, 276811008, 276815004, 276836002, 277473004, 277474005, 277545003, 277549009, 277550009, 277551008, 277567002, 277568007, 277569004, 277570003, 277571004, 277572006, 277573001, 277574007, 277575008, 277577000, 277579002, 277580004, 277587001, 277589003, 277601005, 277602003, 277604002, 277606000, 277608004, 277609007, 277610002, 277611003, 277612005, 277613000, 277614006, 277615007, 277616008, 277617004, 277618009, 277619001, 277622004, 277623009, 277624003, 277625002, 277626001, 277627005, 277628000, 277629008, 277632006, 277637000, 277641001, 277642008, 277643003, 277651000, 277653002, 277654008, 277664004, 278051002, 278052009, 278189009, 278453007, 285420006, 285421005, 285422003, 285423008, 285424002, 285426000, 285428004, 285430002, 285769009, 285776004, 285839005, 293112000, 293113005, 294647003, 294648008, 294649000, 302841002, 302842009, 302845006, 302848008, 302855005, 302856006, 303017006, 303055001, 303056000, 303057009, 307341004, 307592006, 307617006, 307622006, 307623001, 307624007, 307625008, 307633009, 307634003, 307635002, 307636001, 307637005, 307646004, 307647008, 307649006, 308121000, 31047003, 313427003, 315631004, 359631009, 359640008, 359648001, 371012000, 371134001, 372087000, 373168002, 400001003, 400122007, 402881008, 402882001, 404103007, 404104001, 404105000, 404106004, 404107008, 404108003, 404109006, 404111002, 404112009, 404113004, 404114005, 404115006, 404116007, 404117003, 404119000, 404120006, 404122003, 404123008, 404124002, 404125001, 404126000, 404128004, 404130002, 404131003, 404132005, 404133000, 404134006, 404135007, 404136008, 404137004, 404138009, 404139001, 404140004, 404141000, 404142007, 404143002, 404144008, 404145009, 404146005, 404147001, 404148006, 404150003, 404151004, 404152006, 404153001, 404154007, 404155008, 404157000, 413389003, 413441006, 413442004, 413537009, 413587002, 413656006, 413842007, 413843002, 414166008, 414553000, 414780005, 414785000, 415110002, 415111003, 415112005, 415287001, 420113004, 420302007, 420519005, 420788006, 421283008, 421418009, 421696004, 421835000, 422052002, 422172005, 422853008, 425657001, 425688002, 425749006, 425869007, 425941003, 426071002, 426124006, 426217000, 426248008, 426336007, 426370008, 426642002, 426885008, 427056005, 427141003, 427642009, 427658007, 430338009, 440422002, 441313008, 441559006, 441962003, 442537007, 58961005, 60620005, 61493004, 68979007, 91854005, 91855006, 91856007, 91857003, 91858008, 91860005, 91861009, 91930004, 91947003, 91948008, 92508006, 92512000, 92514004, 92515003, 92516002, 92811003, 92812005, 92813000, 92814006, 92817004, 92818009, 93142004, 93143009, 93144003, 93145002, 93146001, 93147005, 93148000, 93149008, 93150008, 93151007, 93152000, 93169003, 93191005, 93192003, 93193008, 93194002, 93195001, 93196000, 93197009, 93198004, 93199007, 93451002, 93487009, 93488004, 93489007, 93492006, 93493001, 93494007, 93495008, 93496009, 93497000, 93498005, 93500006, 93501005, 93505001, 93506000, 93507009, 93509007, 93510002, 93514006, 93515007, 93516008, 93518009, 93519001, 93520007, 93521006, 93522004, 93523009, 93524003, 93525002, 93526001, 93527005, 93528000, 93530003, 93531004, 93532006, 93533001, 93534007, 93536009, 93537000, 93541001, 93542008, 93543003, 93545005, 93546006, 93547002, 93548007, 93549004, 93550004, 93551000, 93552007, 93554008, 93555009, 94148006, 94686001, 94687005, 94688000, 94690004, 94704006, 94707004, 94708009, 94709001, 94710006, 94711005, 94712003, 94714002, 94715001, 94716000, 94718004, 94719007, 95186006, 95187002, 95188007, 95192000, 95193005, 95194004, 95209008, 95210003, 95224004, 95225003, 95226002, 95230004, 95231000, 95260009, 95261008, 95263006, 95264000

Denominator Exclusion:

None

Rationale:

For the general community, high childhood immunization rates prevent the resurgence of many infectious diseases, such as polio, that have been virtually eradicated from most developed countries (CDC, 1999). The general clinical consensus is that if immunization practices ceased, most infectious and contagious diseases currently prevented by vaccinations would reemerge as lethal health threats. Potential for exposure to infectious disease is even greater with the increase in international travel. By ensuring proper immunization of children by the age of two, health plans can help contain the transmission of these diseases and help protect the general population.

Immunization is a critical aspect of preventive care. Lack of proper immunization lead to an increase in illness, doctor visits and hospitalizations, all of which translate into higher costs. The measles resurgence of 1989-1991, which cost $100 million in direct medical care costs, demonstrates the potential cost to the health care delivery system if the immunization system fails (Battelle, 1994b).

In 1998, the U.S. Centers for Disease Control estimated that without any vaccines there would have been over 500,000 measles related deaths in comparison to the 89 actual American cases. Furthermore, all of these cases were associated with international importations (CDC, 1999). This trend has been seen over the years as more of the population is vaccinated. However, the viruses and bacteria that cause vaccine-preventable diseases and deaths still exist and can be passed on to people who are not protected by vaccines. Immunizations are very important because they can protect people who are not immunized. The importance of vaccines is shown by the reappearance of diseases when immunization coverage drops (Kane, 2002). Vaccine-preventable diseases have a costly impact, resulting in doctor's visits, hospitalizations, and premature deaths. Sick children can also cause parents to lose time from work. Therefore, there is continued interest in strategies to increase immunization levels.

Clinical Recommendation Statements:

Concern over poor immunization rates has fostered a number of initiatives including, but not limited to, policy goals in Health People 2010. One of Healthy People 2010's objectives is to increase the proportion of providers who have measured the vaccination coverage levels among children in their practice population within the past two years (USDHHS, 2000).

Variations in immunization coverage exist among some populations. Children of lower socioeconomic status are slightly less likely to be fully immunized. According to data from the Center for Disease Control and Prevention's National Immunization Survey, white, non-Hispanic children are more likely to be fully immunized by 35 months of age than children of other race categories are. This difference in immunization rates, however, is small (0-9%) and the gap is narrowing (CDC, 2005).

Data show that in 2005 children living below the poverty level have lower immunization coverage rates as well (CDC, 2005). Although great progress has been made in improving childhood immunization rates, some disparities in overall immunization coverage rates among racial and ethnic groups still exist (NIP, 2003). This disparity is of great concern in large urban areas with underserved populations because of the potential for outbreaks of vaccine-preventable diseases. In the 2004 National Immunization Survey showed that first dose coverage for children 23 – 35 months was 54 percent for states for which the vaccination is recommended, while there is 27 percent coverage in states for which the vaccination is considered and 2 percent coverage for the rest of the United States (CDC MMWR Hepatitis A, 2006). In the United States, four of five children will have rotavirus gastroenteritis, one in seven will require a clinic or emergency department visit, one in 70 will be hospitalized, and one in 200,000 will die from the disease (CDC MMWR Rotavirus, 2006). A 2007 CDC study found across six demonstration states that less than 30 percent of children aged 6 – 23 months were fully vaccinated, with vaccination coverage for children 6 – 23 months ranging from 13.9 percent to 46.6 percent for children who received at least one dose and 3.0 percent to 26.9 percent for children who were fully vaccinated (CDC, 2007).

- *List of Data Elements located in Appendix A*

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APPENDIX A
EHR MEASURES WITH CORRESPONDING DATA ELEMENTS

2011 Measure	Data Element Short Name	Data Element Description
◆Measure #1: Diabetes Mellitus: Hemoglobin A1cPoor Control in Diabetes Mellitus		
	TOPIC INDICATOR	The specific indicator or measure
	BIRTHDATE	Birth date
	MEASURE START DATE	Date the measurement year begins
	MEASURE END DATE	Date the measurement year ends
	ENCOUNTER CODING SYSTEM	Type of coding system applicable to face-to-face office visit (CPT, HCPCS)
	ENCOUNTER CODE	Code used for encounter
	ENCOUNTER DATE	Date of encounter
	DX CODING SYSTEM	Type of coding system applicable to the diagnosis code (ICD-9-CM, SNOMED)
	DX CODE	Diagnosis code
	DX DATE	Date of diagnosis
	DRUG CODING SYSTEM	Type of coding system applicable for drug codes (RxNorm)
	DRUG CODE	Code used for insulin or oral hypoglycemics/antihyperglycemics drugs
	DRUG ORDER DATE	Date the drug was prescribed
	DRUG EXCLUSION	Is drug used as an exclusion to the measure (Yes or No)
	A1C CODING SYSTEM	Type of coding system applicable for A1C testing (CPT, LOINC, SNOMED)
	A1C CODE	Code used for A1C test performed
	A1C DATE	Date A1C testing was performed
	A1C RESULT	Numeric result for HbA1c value (%)
	EXCLUSION CODING SYSTEM	Type of coding system applicable to the medical exclusions (ICD-9-CM, SNOMED)
	EXCLUSION CODE	Code used for a medical exclusion
	EXCLUSION DATE	Date medical exclusion was documented

APPENDIX A
EHR MEASURES WITH CORRESPONDING DATA ELEMENTS

2011 Measure	Data Element Short Name	Data Element Description
✦Measure #2: Diabetes Mellitus: Low Density Liproprotein (LDL-C) Control in Diabetes Mellitus		
	TOPIC INDICATOR	The specific indicator or measure
	BIRTHDATE	Birth date
	MEASURE START DATE	Date the measurement year begins
	MEASURE END DATE	Date the measurement year ends
	ENCOUNTER CODING SYSTEM	Type of coding system applicable to face-to-face office visit (CPT, HCPCS)
	ENCOUNTER CODE	Code used for encounter
	ENCOUNTER DATE	Date of encounter
	DX CODING SYSTEM	Type of coding system applicable to the diagnosis code (ICD-9-CM, SNOMED)
	DX CODE	Diagnosis code
	DX DATE	Date of diagnosis
	DRUG CODING SYSTEM	Type of coding system applicable for drug codes (RxNorm)
	DRUG CODE	Code used for insulin or oral hypoglycemics/antihyperglycemics drugs
	DRUG ORDER DATE	Date the drug was prescribed
	DRUG EXCLUSION	Is drug used as an exclusion to the measure (Yes or No)
	LDL CODING SYSTEM	Type of coding system applicable for a LDL-C test (CPT, LOINC, SNOMED)
	LDL CODE	Code used for LDL-C testing
	LDL DATE	Date LDL-C test was performed
	LDL RESULT	Numeric result for LDL-C value (mg/dL)
	EXCLUSION CODING SYSTEM	Type of coding system applicable to the medical exclusions (ICD-9-CM, SNOMED)
	EXCLUSION CODE	Code used for a medical exclusion
	EXCLUSION DATE	Date medical exclusion was documented

APPENDIX A
EHR MEASURES WITH CORRESPONDING DATA ELEMENTS

2011 Measure	Data Element Short Name	Data Element Description
◆Measure #3: Diabetes Mellitus: High Blood Pressure Control in Diabetes Mellitus		
	TOPIC INDICATOR	The specific indicator or measure
	BIRTHDATE	Birth date
	MEASURE START DATE	Date the measurement year begins
	MEASURE END DATE	Date the measurement year ends
	ENCOUNTER CODING SYSTEM	Type of coding system applicable to face-to-face office visit (CPT, HCPCS)
	ENCOUNTER CODE	Code used for encounter
	ENCOUNTER DATE	Date of encounter
	DX CODING SYSTEM	Type of coding system applicable to the diagnosis code (ICD-9-CM, SNOMED)
	DX CODE	Diagnosis code
	DX DATE	Date of diagnosis
	DRUG CODING SYSTEM	Type of coding system applicable for drug codes (RxNorm)
	DRUG CODE	Code used for insulin or oral hypoglycemics/antihyperglycemics drugs
	DRUG ORDER DATE	Date the drug was prescribed
	DRUG EXCLUSION	Is drug used as an exclusion to the measure (Yes or No)
	SYSTOLIC CODING SYSTEM	Type of coding system applicable for a systolic blood pressure measurement (SNOMED)
	SYSTOLIC CODE	Code used for systolic blood pressure
	SYSTOLIC DATE	Date systolic blood pressure was documented
	SYSTOLIC RESULT	Result of systolic blood pressure measurement (mm Hg)
	DIASTOLIC CODING SYSTEM	Type of coding system applicable for a diastolic blood pressure measurement (SNOMED)
	DIASTOLIC CODE	Code used for diastolic blood pressure
	DIASTOLIC DATE	Date diastolic blood pressure was documented
	DIASTOLIC RESULT	Result of diastolic blood pressure measurement (mm Hg)
	EXCLUSION CODING SYSTEM	Type of coding system applicable to the medical exclusions (ICD-9-CM, SNOMED)
	EXCLUSION CODE	Code used for a medical exclusion
	EXCLUSION DATE	Date medical exclusion was documented

APPENDIX A
EHR MEASURES WITH CORRESPONDING DATA ELEMENTS

2011 Measure	Data Element Short Name	Data Element Description
▲Measure #5: Heart Failure: Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)		
	TOPIC INDICATOR	The specific indicator or measure
	BIRTHDATE	Birth date
	MEASURE START DATE	Date the measurement period begins
	MEASURE END DATE	Date the measurement period ends
	ENCOUNTER CODING SYSTEM	Type of coding system applicable to face-to-face office visit (CPT)
	ENCOUNTER CODE	Code used for encounter
	ENCOUNTER DATE	Date of encounter
	DX CODING SYSTEM	Type of coding system applicable to the diagnosis code (ICD-9-CM, SNOMED)
	DX CODE	Diagnosis code
	DX DATE	Date of diagnosis
	EJEC FRAC CODING SYSTEM	Type of coding system applicable for an ejection fraction code (CPT, SNOMED)
	EJEC FRAC CODE	Code used for an ejection fraction
	EJEC FRAC DATE	Date ejection fraction was documented
	EJEC FRAC RESULT	Numeric result of ejection fraction percentage (%)
	DRUG CODING SYSTEM	Type of coding system applicable for drug codes (RxNorm)
	DRUG CODE	Code used for ACE inhibitor or ARB therapy drugs
	ORDER DATE	Date the drug was prescribed
	DRUG EXCLUSION	Is drug used as an exclusion to the measure (Yes or No)
	EXCLUSION CODING SYSTEM	Type of coding system applicable to the medical exclusions (ICD-9-CM, SNOMED)
	EXCLUSION CODE	Code used for a medical exclusion
	EXCLUSION DATE	Date medical exclusion was documented
	PREGNANCY CODING SYSTEM	Type of coding system applicable for a pregnancy diagnosis code (ICD-9-CM, SNOMED)
	PREGNANCY CODE	Code used for pregnancy diagnosis
	PREGNANCY DATE	Date pregnancy diagnosis was documented
	ACE ALLERGY CODING SYSTEM	Type of coding system applicable for an allergy to ACE inhibitors (SNOMED)
	ACE ALLERY CODE	Code used for an ACE inhibitor allergy diagnosis
	ACE ALLERGY DATE	Date the ACE inhibitor allergy diagnosis was documented
	ARB ALLERGY CODING SYSTEM	Type of coding system applicable for an allergy to an ARB therapy (SNOMED)
	ARB ALLERY CODE	Code used for an ARB allergy therapy diagnosis
	ARB ALLERGY DATE	Date the ARB allergy diagnosis was documented
	PATIENT REASON CODING SYSTEM	Type of coding system used for patient reason for exclusion (CPT Category II)
	PATIENT REASON	Code used for patient reason for exclusion

2011 Measure	Data Element Short Name	Data Element Description
▲Measure #5: Heart Failure: Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)		
	PATIENT REASON DATE	Date patient reason for exclusion was identified
	MEDICAL REASON CODING SYSTEM	Type of coding system used for medical reason for exclusion (CPT Category II)
	MEDICAL REASON	Code used for medical reason for exclusion
	MEDICAL REASON DATE	Date medical reason for exclusion was identified
	SYSTEM REASON CODING SYSTEM	Type of coding system used for system reason for exclusion (CPT Category II)
	SYSTEM REASON	Code used for system reason for exclusion
	SYSTEM REASON DATE	Date system reason for exclusion was identified

APPENDIX A
EHR MEASURES WITH CORRESPONDING DATA ELEMENTS

2011 Measure	Data Element Short Name	Data Element Description
▲Measure #7: Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)		
	TOPIC INDICATOR	The specific indicator or measure
	BIRTHDATE	Birth date
	MEASURE START DATE	Date the measurement period begins
	MEASURE END DATE	Date the measurement period ends
	ENCOUNTER CODING SYSTEM	Type of coding system applicable to face-to-face office visit (CPT)
	ENCOUNTER CODE	Code used for encounter
	ENCOUNTER DATE	Date of encounter
	DX CODING SYSTEM	Type of coding system applicable to the diagnosis code (CPT, ICD-9-CM, SNOMED)
	DX CODE	Diagnosis and procedure codes used to identify the patients diagnosis
	DX DATE	Date of diagnosis
	MI DX CODING SYSTEM	Type of coding system applicable to the diagnosis code for myocardial infarction (ICD-9-CM, SNOMED)
	MI DX CODE	Myocardial infarction diagnosis code
	MI DX DATE	Date of myocardial infarction diagnosis
	DRUG CODING SYSTEM	Type of coding system applicable for drug codes (RxNorm)
	DRUG CODE	Code used for beta-blocker drugs
	DRUG ORDER DATE	Date the drug was prescribed
	DRUG EXCLUSION	Is drug used as an exclusion to the measure (Yes or No)
	EXCLUSION CODING SYSTEM	Type of coding system applicable to the medical exclusions (ICD-9-CM, SNOMED)
	EXCLUSION CODE	Code used for a medical exclusion
	EXCLUSION DATE	Date medical exclusion was documented
	HEART RATE CODING SYSTEM	Type of coding system applicable for a heart rate code (SNOMED)
	HEART RATE CODE	Code used for heart rate
	HEART RATE DATE	Date heart rate measurement documented
	HEART RATE RESULT	Result of heart rate measurement (bpm)
	AV BLOCK CODING SYSTEM	Type of coding system applicable to the AV block diagnosis code (ICD-9-CM, SNOMED)
	AV BLOCK CODE	Diagnosis code used for AV block
	AV BLOCK DATE	Date AV block was documented
	PERM PACEMAKER CODING SYSTEM	Type of coding system applicable for a permanent pacemaker code (ICD-9-CM, SNOMED)
	PERM PACEMAKER CODE	Code used for a permanent pacemaker
	PERM PACEMAKER DATE	Date permanent pacemaker was documented
	PATIENT REASON CODING SYSTEM	Type of coding system used for patient reason for exclusion (CPT Category II)

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2011 Measure	Data Element Short Name	Data Element Description
▲Measure #7: Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)		
	PATIENT REASON	Code used for patient reason for exclusion
	PATIENT REASON DATE	Date patient reason for exclusion was identified
	MEDICAL REASON CODING SYSTEM	Type of coding system used for medical reason for exclusion (CPT Category II)
	MEDICAL REASON	Code used for medical reason for exclusion
	MEDICAL REASON DATE	Date medical reason for exclusion was identified
	SYSTEM REASON CODING SYSTEM	Type of coding system used for system reason for exclusion (CPT Category II)
	SYSTEM REASON	Code used for system reason for exclusion
	SYSTEM REASON DATE	Date system reason for exclusion was identified

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EHR MEASURES WITH CORRESPONDING DATA ELEMENTS

2011 Measure	Data Element Short Name	Data Element Description
*Measure #39: Screening or Therapy for Osteoporosis for Women Aged 65 Years and Older		
	TOPIC INDICATOR	The specific indicator or measure
	BIRTHDATE	Birth date
	MEASURE START DATE	Date the measurement period begins
	MEASURE END DATE	Date the measurement period ends
	ENCOUNTER CODING SYSTEM	Type of coding system applicable to face-to-face office visit (CPT)
	ENCOUNTER CODE	Code used for encounter
	ENCOUNTER DATE	Date of encounter
	DXA SCAN CODING SYSTEM	Type of coding system applicable to the dual-energy X-ray absorptiometry (DXA) procedure code (CPT, SNOMED)
	DXA SCAN CODE	Dual-energy X-ray absorptiometry (DXA) procedure code
	DXA SCAN DATE	Date of dual-energy X-ray absorptiometry (DXA) procedure
	DRUG CODING SYSTEM	Type of coding system applicable for drug codes (RxNorm)
	DRUG CODE	Code used for osteoporosis drugs
	DRUG ORDER DATE	Date the drug was prescribed
	DRUG EXCLUSION	Is drug used as an exclusion to the measure (Yes or No)
	EXCLUSION CODING SYSTEM	Type of coding system applicable to the medical exclusions (SNOMED)
	EXCLUSION CODE	Code used for a medical exclusion
	EXCLUSION DATE	Date medical exclusion was documented
	PATIENT REASON CODING SYSTEM	Type of coding system used for patient reason for exclusion (CPT Category II, SNOMED)
	PATIENT REASON	Code used for patient reason for exclusion
	PATIENT REASON DATE	Date patient reason for exclusion was identified
	MEDICAL REASON CODING SYSTEM	Type of coding system used for medical reason for exclusion (CPT Category II)
	MEDICAL REASON	Code used for medical reason for exclusion
	MEDICAL REASON DATE	Date medical reason for exclusion was identified
	SYSTEM REASON CODING SYSTEM	Type of coding system used for system reason for exclusion (CPT Category II)
	SYSTEM REASON	Code used for system reason for exclusion
	SYSTEM REASON DATE	Date system reason for exclusion was identified

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EHR MEASURES WITH CORRESPONDING DATA ELEMENTS

2011 Measure	Data Element Short Name	Data Element Description
*Measure #47: Advance Care Plan		
	TOPIC INDICATOR	The specific indicator or measure
	BIRTHDATE	Birth date
	MEASURE START DATE	Date the measurement period begins
	MEASURE END DATE	Date the measurement period ends
	ENCOUNTER CODING SYSTEM	Type of coding system applicable to face-to-face office visit (CPT)
	ENCOUNTER CODE	Code used for encounter
	ENCOUNTER DATE	Date of encounter
	AdvanceDirectiveStatusCode CODING SYSTEM	Type of coding system applicable for an advance care plan code (SNOMED)
	AdvanceDirectiveStatusCode CODE	Codes used to indicate patient's advance care plan
	AdvanceDirectiveStatusCode DATE	Date advance care plan was documented

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EHR MEASURES WITH CORRESPONDING DATA ELEMENTS

2011 Measure	Data Element Short Name	Data Element Description
*Measure #48: Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older		
	TOPIC INDICATOR	The specific indicator or measure
	BIRTHDATE	Birth date
	MEASURE START DATE	Date the measurement period begins
	MEASURE END DATE	Date the measurement period ends
	ENCOUNTER CODING SYSTEM	Type of coding system applicable to face-to-face office visit (CPT)
	ENCOUNTER CODE	Code used for encounter
	ENCOUNTER DATE	Date of encounter
	UI CODING SYSTEM	Type of coding system applicable to an urinary incontinence (UI) diagnosis code (ICD-9-CM, SNOMED)
	UI CODE	Diagnosis code used for an urinary incontinence (UI) diagnosis
	UI DATE	Date urinary incontinence (UI) was documented
	UI ACCESS CODING SYSTEM	Type of coding system applicable to an assessment for urinary incontinence (UI) code (SNOMED)
	UI ACCESS CODE	Code used for urinary incontinence (UI) assessment
	UI ACCESS DATE	Date urinary incontinence (UI) was assessed
	EXCLUSION CODING SYSTEM	Type of coding system applicable to the medical exclusions (CPT, SNOMED)
	EXCLUSION CODE	Code used for a medical exclusion
	EXCLUSION DATE	Date medical exclusion was documented
	MEDICAL REASON CODING SYSTEM	Type of coding system used for medical reason for exclusion (CPT Category II)
	MEDICAL REASON	Code used for medical reason for exclusion
	MEDICAL REASON DATE	Date medical reason for exclusion was identified

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EHR MEASURES WITH CORRESPONDING DATA ELEMENTS

2011 Measure	Data Element Short Name	Data Element Description
▲Measure #110: Preventive Care and Screening: Influenza Immunization for Patients ≥ 50 Years Old		
	TOPIC INDICATOR	The specific indicator or measure
	BIRTHDATE	Birth date
	MEASURE START DATE	Date the measurement period begins
	MEASURE END DATE	Date the measurement period ends
	ENCOUNTER CODING SYSTEM	Type of coding system applicable to face-to-face office visit (CPT)
	ENCOUNTER CODE	Code used for encounter
	ENCOUNTER DATE	Date of encounter
	INFLUENZA CODING SYSTEM	Coding system applicable to influenza vaccination (ICD-9-CM, CPT, CVX, HCPCS, SNOMED)
	INFLUENZA CODE	Code for influenza vaccination
	INFLUENZA DATE	Date of influenza vaccination
	DRUG CODING SYSTEM	Type of coding system applicable for drug codes (RxNorm)
	DRUG CODE	Code used for influenza immunization drugs
	DRUG ORDER DATE	Date the drug was prescribed
	DRUG EXCLUSION	Is drug used as an exclusion to the measure (Yes or No)
	EXCLUSION CODING SYSTEM	Type of coding system applicable to the medical exclusions (ICD-9-CM)
	EXCLUSION CODE	Code used for a medical exclusion
	EXCLUSION DATE	Date medical exclusion was documented
	ALLERGY CODING SYSTEM	Coding system applicable to the allergy reasons for exclusion (SNOMED)
	ALLERGY CODE	Allergy to the influenza immunization code used for exclusion
	ALLERGY DATE	Date allergy was documented
	ADVERSE EFFECT 1 CODING SYSTEM	Coding system applicable to adverse effects (ICD-9-CM)
	ADVERSE EFFECT 1 CODE	Code (1 of 2) used for adverse effects
	ADVERSE EFFECT 1 DATE	Date adverse effect (1 of 2) was documented
	ADVERSE EFFECT 2 CODING SYSTEM	Coding system applicable to adverse effects (ICD-9-CM E codes)
	ADVERSE EFFECT 2 CODE	Code (2 of 2) used for adverse effects
	ADVERSE EFFECT 2 DATE	Date adverse effect (2 of 2) was documented
	PATIENT REASON CODING SYSTEM	Type of coding system used for patient reason for exclusion (CPT Category II, SNOMED)
	PATIENT REASON	Code used for patient reason for exclusion
	PATIENT REASON DATE	Date patient reason for exclusion was identified
	MEDICAL REASON CODING SYSTEM	Type of coding system used for medical reason for exclusion (CPT Category II, SNOMED)
	MEDICAL REASON	Code used for medical reason for exclusion
	MEDICAL REASON DATE	Date medical reason for exclusion was identified

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EHR MEASURES WITH CORRESPONDING DATA ELEMENTS

2011 Measure	Data Element Short Name	Data Element Description
▲Measure #110: Preventive Care and Screening: Influenza Immunization for Patients ≥ 50 Years Old		
	SYSTEM REASON CODING SYSTEM	Type of coding system used for system reason for exclusion (CPT Category II)
	SYSTEM REASON	Code used for system reason for exclusion
	SYSTEM REASON DATE	Date system reason for exclusion was identified

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EHR MEASURES WITH CORRESPONDING DATA ELEMENTS

2011 Measure	Data Element Short Name	Data Element Description
✦Measure #111: Preventive Care and Screening: Pneumonia Vaccination for Patients 65 Years and Older		
	TOPIC INDICATOR	The specific indicator or measure
	BIRTHDATE	Birth date
	MEASURE START DATE	Date the measurement period begins
	MEASURE END DATE	Date the measurement period ends
	ENCOUNTER CODING SYSTEM	Type of coding system applicable to face-to-face office visit (CPT, ICD-9-CM)
	ENCOUNTER CODE	Code used for encounter
	ENCOUNTER DATE	Date of encounter
	PNEUMO CODING SYSTEM	Coding system applicable to pneumococcal vaccination (ICD-9-CM, CPT, CVX, HCPCS, SNOMED)
	PNEUMO CODE	Code for pneumococcal vaccination
	PNEUMO DATE	Date of pneumococcal vaccination
	DRUG CODING SYSTEM	Type of coding system applicable for drug codes (RxNorm)
	DRUG CODE	Code used for pneumococcal vaccination drugs
	DRUG ORDER DATE	Date the drug was prescribed
	DRUG EXCLUSION	Is drug used as an exclusion to the measure (Yes or No)
	ALLERGY CODING SYSTEM	Coding system applicable to the allergy reasons for exclusion (SNOMED)
	ALLERGY CODE	Allergy code used for exclusion
	ALLERGY DATE	Date allergy was documented
	ADVERSE EFFECT 1 CODING SYSTEM	Coding system applicable to adverse effects (ICD-9-CM)
	ADVERSE EFFECT 1 CODE	Code (1 of 2) used for adverse effects
	ADVERSE EFFECT 1 DATE	Date adverse effect (1 of 2) was documented
	ADVERSE EFFECT 2 CODING SYSTEM	Coding system applicable to adverse effects (ICD-9-CM E codes)
	ADVERSE EFFECT 2 CODE	Code (2 of 2) used for adverse effects
	ADVERSE EFFECT 2 DATE	Date adverse effect (2 of 2) was documented
	MEDICAL REASON CODING SYSTEM	Type of coding system used for medical reason for exclusion (CPT Category II, SNOMED)
	MEDICAL REASON	Code used for medical reason for exclusion
	MEDICAL REASON DATE	Date medical reason for exclusion was identified

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EHR MEASURES WITH CORRESPONDING DATA ELEMENTS

2011 Measure	Data Element Short Name	Data Element Description
◆ Measure #112: Preventive Care and Screening: Screening Mammography		
	TOPIC INDICATOR	The specific indicator or measure
	BIRTHDATE	Birth date
	MEASURE START DATE	Date the measurement period begins
	MEASURE END DATE	Date the measurement period ends
	ENCOUNTER CODING SYSTEM	Type of coding system applicable to face-to-face office visit (CPT)
	ENCOUNTER CODE	Code used for encounter
	ENCOUNTER DATE	Date of encounter
	MAMMO CODING SYSTEM	Coding system applicable to mammography testing (ICD-9-CM, CPT, HCPCS, SNOMED)
	MAMMO CODE	Code used for mammography testing
	MAMMO DATE	Date mammography was performed
	UNILAT BRST CODING SYSTEM	Coding system applicable to a unilateral mastectomy procedure (ICD-9-CM, CPT, SNOMED)
	UNILAT BRST CODE	Code used for unilateral mastectomy procedure
	UNILAT BRST DATE	Date mammography was performed
	UNILAT BRST 1 CODING SYSTEM	Coding system applicable to a unilateral mastectomy (SNOMED)
	UNILAT BRST 1 CODE	Code (1 of 2) used for unilateral mastectomy
	UNILAT BRST 1 DATE	Date unilateral mastectomy procedure (1 of 2) was performed
	UNILAT BRST 2 CODING SYSTEM	Coding system applicable to unilateral mastectomy procedure (SNOMED)
	UNILAT BRST 2 CODE	Code (2 of 2) used for unilateral mastectomy
	UNILAT BRST 2 DATE	Date unilateral mastectomy procedure (2 of 2) was performed
	EXCLUSION CODING SYSTEM	Type of coding system applicable to the medical exclusions (ICD-9-CM, CPT, SNOMED)
	EXCLUSION CODE	Code used for a medical exclusion
	EXCLUSION DATE	Date medical exclusion was documented
	MEDICAL REASON CODING SYSTEM	Type of coding system used for medical reason for exclusion (CPT Category II)
	MEDICAL REASON	Code used for medical reason for exclusion
	MEDICAL REASON DATE	Date medical reason for exclusion was identified

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EHR MEASURES WITH CORRESPONDING DATA ELEMENTS

2011 Measure	Data Element Short Name	Data Element Description
✦Measure #113: Preventive Care and Screening: Colorectal Cancer Screening		
	TOPIC INDICATOR	The specific indicator or measure
	BIRTHDATE	Birth date
	MEASURE START DATE	Date the measurement period begins
	MEASURE END DATE	Date the measurement period ends
	ENCOUNTER CODING SYSTEM	Type of coding system applicable to face-to-face office visit (CPT, ICD-9-CM)
	ENCOUNTER CODE	Code used for encounter
	ENCOUNTER DATE	Date of encounter
	FOBT CODING SYSTEM	Coding system applicable to fecal occult blood testing (LOINC, CPT, HCPCS, ICD-9-CM, SNOMED)
	FOBT CODE	Fecal occult blood testing code
	FOBT DATE	Date of fecal occult blood testing
	FLEX SIG CODING SYSTEM	Coding system applicable to flexible sigmoidoscopy (CPT, HCPCS, ICD-9-CM, SNOMED)
	FLEX SIG CODE	Flexible sigmoidoscopy code
	FLEX SIG DATE	Date of flexible sigmoidoscopy
	COLOSCOPE CODING SYSTEM	Coding system applicable to colonoscopy testing (CPT, HCPCS, ICD-9-CM)
	COLOSCOPE CODE	Colonoscopy code
	COLOSCOPE DATE	Date of colonoscopy
	COLOREC SCREEN CODING SYSTEM	Coding system applicable to colorectal screening (SNOMED)
	COLOREC SCREEN CODE	Colorectal screening code
	COLOREC SCREEN DATE	Date of colorectal screening
	EXCLUSION CODING SYSTEM	Type of coding system applicable to the medical exclusions (CPT, ICD-9-CM, SNOMED)
	EXCLUSION CODE	Code used for a medical exclusion
	EXCLUSION DATE	Date medical exclusion was documented
	MEDICAL REASON CODING SYSTEM	Type of coding system used for medical reason for exclusion (CPT Category II)
	MEDICAL REASON	Code used for medical reason for exclusion
	MEDICAL REASON DATE	Date medical reason for exclusion was identified

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EHR MEASURES WITH CORRESPONDING DATA ELEMENTS

2011 Measure	Data Element Short Name	Data Element Description
♣ Measure #124: Health Information Technology (HIT) - Adoption/Use of Electronic Health Records (EHR)		
	TOPIC INDICATOR	The specific indicator or measure
	BIRTHDATE	Birth date
	MEASURE START DATE	Date the measurement period begins
	MEASURE END DATE	Date the measurement period ends
	ENCOUNTER CODING SYSTEM	Type of coding system applicable to face-to-face office visit (CPT, HCPCS)
	ENCOUNTER CODE	Code used for encounter
	ENCOUNTER DATE	Date of encounter
	EHR CODING SYSTEM	Type of coding system used to document use of electronic health record (EHR) system (HCPCS)
	EHR CODE	Code used for electronic health record (EHR) system
	EHR DATE	Date electronic health record (EHR) system was identified

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EHR MEASURES WITH CORRESPONDING DATA ELEMENTS

2011 Measure	Data Element Short Name	Data Element Description
♣Measure #128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up		
	TOPIC INDICATOR	The specific indicator or measure
	BIRTHDATE	Birth date
	MEASURE START DATE	Date the measurement period begins
	MEASURE END DATE	Date the measurement period ends
	ENCOUNTER CODING SYSTEM	Type of coding system applicable to face-to-face office visit (CPT, HCPCS)
	ENCOUNTER CODE	Code used for encounter
	ENCOUNTER DATE	Date of encounter
	BMI CODING SYSTEM	Type of coding system applicable for a body mass index code (LOINC, SNOMED)
	BMI CODE	Code used for body mass index
	BMI DATE	Date body mass index measurement documented
	BMI RESULT	Result of body mass index measurement (kg/m^2)
	BMI FOLLOW-UP CODING SYSTEM	Type of coding system applicable to follow-up regarding body mass index code (CPT, ICD-9-CM, HCPCS, SNOMED)
	BMI FOLLOW-UP CODE	Code used for follow-up regarding body mass index
	BMI FOLLOW-UP DATE	Date follow-up was performed regarding body mass index
	EXCLUSION CODING SYSTEM	Type of coding system applicable to the medical exclusions (HCPCS, SNOMED)
	EXCLUSION CODE	Code used for a medical exclusion
	EXCLUSION DATE	Date medical exclusion was documented
	PREGNANCY CODING SYSTEM	Type of coding system used to identify pregnancy (ICD-9-CM, SNOMED)
	PREGNANCY CODE	Code used for pregnancy
	PREGNANCY DATE	Date pregnancy was identified
	MEDICAL REASON CODING SYSTEM	Type of coding system used for medical reason for exclusion (CPT Category II)
	MEDICAL REASON	Code used for medical reason for exclusion
	MEDICAL REASON DATE	Date medical reason for exclusion was identified

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2011 Measure	Data Element Short Name	Data Element Description
▲Measure #173: Preventive Care and Screening: Unhealthy Alcohol Use – Screening		
	TOPIC INDICATOR	The specific indicator or measure
	BIRTHDATE	Birth date
	MEASURE START DATE	Date the measurement period begins
	MEASURE END DATE	Date the measurement period ends
	ENCOUNTER CODING SYSTEM	Type of coding system applicable to face-to-face office visit (CPT, HCPCS)
	ENCOUNTER CODE	Code used for encounter
	ENCOUNTER DATE	Date of encounter
	ALCOHOL ABUSE SCRN CODING SYSTEM	Type of coding system applicable to an alcohol abuse screening code (ICD-9-CM, SNOMED)
	ALCOHOL ABUSE SCRN CODE	Code used for alcohol abuse screening
	ALCOHOL ABUSE SCRN DATE	Date alcohol abuse screening was documented
	EXCLUSION CODING SYSTEM	Type of coding system applicable to the medical exclusions (SNOMED)
	EXCLUSION CODE	Code used for a medical exclusion
	EXCLUSION DATE	Date medical exclusion was documented
	MEDICAL REASON CODING SYSTEM	Type of coding system used for medical reason for exclusion (CPT Category II)
	MEDICAL REASON	Code used for medical reason for exclusion
	MEDICAL REASON DATE	Date medical reason for exclusion was identified

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EHR MEASURES WITH CORRESPONDING DATA ELEMENTS

2011 Measure	Data Element Short Name	Data Element Description
▲NQF Measure #0013: Hypertension (HTN): Blood Pressure Measurement		
	TOPIC INDICATOR	The specific indicator or measure
	BIRTHDATE	Birth date
	MEASURE START DATE	Date the measurement period begins
	MEASURE END DATE	Date the measurement period ends
	ENCOUNTER CODING SYSTEM	Type of coding system applicable to face-to-face office visit (CPT)
	ENCOUNTER CODE	Code used for encounter
	ENCOUNTER DATE	Date of encounter
	DX CODING SYSTEM	Type of coding system applicable to the diagnosis code (ICD-9-CM, SNOMED)
	DX CODE	Diagnosis and procedure codes used to identify the patients diagnosis
	DX DATE	Date of diagnosis
	SYSTOLIC CODING SYSTEM	Type of coding system applicable for a systolic blood pressure measurement (SNOMED)
	SYSTOLIC CODE	Code used for systolic blood pressure
	SYSTOLIC DATE	Date systolic blood pressure was documented
	SYSTOLIC RESULT	Result of systolic blood pressure measurement (mm Hg)
	DIASTOLIC CODING SYSTEM	Type of coding system applicable for a diastolic blood pressure measurement (SNOMED)
	DIASTOLIC CODE	Code used for diastolic blood pressure
	DIASTOLIC DATE	Date diastolic blood pressure was documented
	DIASTOLIC RESULT	Result of diastolic blood pressure measurement (mm Hg)

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2011 Measure	Data Element Short Name	Data Element Description
✦NQF Measure #0022: Drugs to be Avoided in the Elderly: a. Patients who receive at least one drug to be avoided, b. Patients who receive at least two different drugs to be avoided		
	TOPIC INDICATOR	The specific indicator or measure
	BIRTHDATE	Birth date
	MEASURE START DATE	Date the measurement period begins
	MEASURE END DATE	Date the measurement period ends
	ENCOUNTER CODING SYSTEM	Type of coding system applicable to face-to-face office visit (CPT)
	ENCOUNTER CODE	Code used for encounter
	ENCOUNTER DATE	Date of encounter
	DRUG CODING SYSTEM	Type of coding system applicable for drug codes (RxNorm)
	DRUG CODE	Code used for drugs to be avoided in the elderly
	DRUG ORDER DATE	Date the drug was prescribed
	DRUG EXCLUSION	Is drug used as an exclusion to the measure (Yes or No)

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2011 Measure	Data Element Short Name	Data Element Description
♦NQF Measure #0024: Body Mass Index (BMI) 2 through 18 years of age		
	TOPIC INDICATOR	The specific indicator or measure
	BIRTHDATE	Birth date
	MEASURE START DATE	Date the measurement period begins
	MEASURE END DATE	Date the measurement period ends
	ENCOUNTER CODING SYSTEM	Type of coding system applicable to face-to-face office visit (CPT, ICD-9-CM)
	ENCOUNTER CODE	Code used for encounter
	ENCOUNTER DATE	Date of encounter
	BMI CODING SYSTEM	Type of coding system applicable for a body mass index code (ICD-9-CM, SNOMED)
	BMI CODE	Code used for body mass index
	BMI DATE	Date body mass index measurement documented
	BMI RESULT	Result of body mass index measurement (kg/m^2)
	NUTRITION CODING SYSTEM	Type of coding system applicable to the nutrition counseling code (CPT, SNOMED, ICD-9-CM, HCPCS)
	NUTRITION CODE	Code used for nutrition counseling
	NUTRITION DATE	Date nutrition counseling was performed
	PHYSICAL ACT CODING SYSTEM	Type of coding system applicable to the physical activity code (CPT, SNOMED, ICD-9-CM, HCPCS)
	PHYSICAL ACT CODE	Code used for physical activity counseling
	PHYSICAL ACT DATE	Date physical activity counseling was performed
	EXCLUSION CODING SYSTEM	Type of coding system applicable to the medical exclusions (HCPCS, SNOMED)
	EXCLUSION CODE	Code used for a medical exclusion
	EXCLUSION DATE	Date medical exclusion was documented
	PREGNANCY CODING SYSTEM	Type of coding system used to identify pregnancy (ICD-9-CM, SNOMED)
	PREGNANCY CODE	Code used for pregnancy
	PREGNANCY DATE	Date pregnancy was identified

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2011 Measure	Data Element Short Name	Data Element Description
▲NQF Measure #0028: Preventive Care and Screening: Tobacco Use: Screening and Cessation		
	TOPIC INDICATOR	The specific indicator or measure
	BIRTHDATE	Birth date
	MEASURE START DATE	Date the measurement period begins
	MEASURE END DATE	Date the measurement period ends
	ENCOUNTER CODING SYSTEM	Type of coding system applicable to face-to-face office visit (CPT)
	ENCOUNTER CODE	Code used for encounter
	ENCOUNTER DATE	Date of encounter
	TOBACCO CODING SYSTEM	Coding system applicable to identify tobacco user (SNOMED)
	TOBACCO CODE	Code used to identify tobacco user
	TOBACCO DATE	Date of identification of tobacco user
	CESSATION CODING SYSTEM	Coding system applicable to cessation intervention (SNOMED)
	CESSATION CODE	Tobacco cessation intervention code
	CESSATION DATE	Date of tobacco cessation intervention
	NON CHEWER CODING SYSTEM	Coding system applicable to identify non-chewer (SNOMED)
	NON CHEWER CODE	Code used to identify non-chewer
	NON CHEWER DATE	Date of identification of non-chewer
	NON SMOKER CODING SYSTEM	Coding system applicable to identify non-smoker (SNOMED)
	NON SMOKER CODE	Code used to identify non-smoker
	NON SMOKER DATE	Date of identification of non-smoker

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2011 Measure	Data Element Short Name	Data Element Description
✦NQF Measure #0038: Childhood Immunization Status		
	TOPIC INDICATOR	The specific indicator or measure
	BIRTHDATE	Birth date
	MEASURE START DATE	Date the measurement period begins
	MEASURE END DATE	Date the measurement period ends
	ENCOUNTER CODING SYSTEM	Type of coding system applicable to face-to-face office visit (CPT, ICD-9-CM)
	ENCOUNTER CODE	Code used for encounter
	ENCOUNTER DATE	Date of encounter
	DTAP CODING SYSTEM	Type of coding system applicable for DTaP vaccination code (ICD-9-CM, CPT, CVX, SNOMED)
	DTAP CODE	Code used for a DTaP vaccination
	DTAP DATE	Date a DTaP vaccination was documented
	IPV CODING SYSTEM	Type of coding system applicable for polio vaccination code (ICD-9-CM, CPT, CVX, SNOMED)
	IPV CODE	Code used for a polio vaccination
	IPV DATE	Date a polio vaccination was documented
	MMR CODING SYSTEM	Type of coding system applicable for measles, mumps and rubella vaccination code (ICD-9-CM, CPT, CVX, SNOMED)
	MMR CODE	Code used for a measles, mumps and rubella vaccination
	MMR DATE	Date a measles, mumps and rubella vaccination was documented
	MEASLES RUBELLA CODING SYSTEM	Type of coding system applicable for measles and rubella vaccination code (CPT, CVX)
	MEASLES RUBELLA CODE	Code used for a measles and rubella vaccination
	MEASLES RUBELLA DATE	Date a measles and rubella vaccination was documented
	MEASLES DX CODING SYSTEM	Type of coding system applicable to measles diagnosis code (ICD-9-CM)
	MEASLES DX CODE	Diagnosis codes used to identify the patients with a measles diagnosis
	MEASLES DX DATE	Date of measles diagnosis
	MEASLES CODING SYSTEM	Type of coding system applicable for measles vaccination code (CPT, CVX, SNOMED)
	MEASLES CODE	Code used for a measles vaccination
	MEASLES DATE	Date a measles vaccination was documented
	MUMPS DX CODING SYSTEM	Type of coding system applicable to mumps diagnosis code (ICD-9-CM)
	MUMPS DX CODE	Diagnosis codes used to identify the patients with a mumps diagnosis
	MUMPS DX DATE	Date of mumps diagnosis
	MUMPS CODING SYSTEM	Type of coding system applicable for mumps vaccination code (CPT, ICD-9-CM, CVX, SNOMED)
	MUMPS CODE	Code used for a mumps vaccination
	MUMPS DATE	Date a mumps vaccination was documented

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2011 Measure	Data Element Short Name	Data Element Description
◆NQF Measure #0038: Childhood Immunization Status		
	RUBELLA DX CODING SYSTEM	Type of coding system applicable to rubella diagnosis code (ICD-9-CM)
	RUBELLA DX CODE	Diagnosis codes used to identify the patients with a rubella diagnosis
	RUBELLA DX DATE	Date of rubella diagnosis
	RUBELLA CODING SYSTEM	Type of coding system applicable for rubella vaccination code (CPT, ICD-9-CM, CVX, SNOMED)
	RUBELLA CODE	Code used for a rubella vaccination
	RUBELLA DATE	Date a rubella vaccination was documented
	HIB CODING SYSTEM	Type of coding system applicable for influenza type B vaccination code (CPT, CVX, SNOMED)
	HIB CODE	Code used for a influenza type B vaccination
	HIB DATE	Date a influenza type B vaccination was documented
	HEP B DX CODING SYSTEM	Type of coding system applicable to hepatitis B diagnosis code (ICD-9-CM)
	HEP B DX CODE	Diagnosis codes used to identify the patients with a hepatitis B diagnosis
	HEP B DX DATE	Date of hepatitis B diagnosis
	HEP B CODING SYSTEM	Type of coding system applicable for hepatitis B immunization code (CPT, ICD-9-CM, CVX, HCPCS, SNOMED)
	HEP B CODE	Code used for hepatitis B immunization
	HEP B DATE	Date hepatitis B immunization was documented
	VZV CODING SYSTEM	Type of coding system applicable for chicken pox immunization code (CPT, CVX, SNOMED)
	VZV CODE	Code used for a chicken pox immunization
	VZV DATE	Date a chicken pox immunization was documented
	PNEUMO CODING SYSTEM	Type of coding system applicable for pneumococcal conjugate vaccination code (CPT, ICD-9-CM, CVX, HCPCS, SNOMED)
	PNEUMO CODE	Code used for pneumococcal conjugate vaccination
	PNEUMO DATE	Date a pneumococcal conjugate vaccination was documented
	RV CODING SYSTEM	Type of coding system applicable for Rotavirus vaccination code (CVX, SNOMED)
	RV CODE	Code used for Rotavirus vaccination
	RV DATE	Date Rotavirus vaccination was documented
	RV2 CODING SYSTEM	Type of coding system applicable for Rotavirus vaccination code (CVX, CPT)
	RV2 CODE	Code used for the 2 dose schedule of Rotavirus vaccination
	RV2 DATE	Date Rotavirus vaccination was documented
	RV3 CODING SYSTEM	Type of coding system applicable for Rotavirus vaccination code (CVX, CPT)
	RV3 CODE	Code used for the 3 dose schedule of Rotavirus vaccination
	RV3 DATE	Date Rotavirus vaccination was documented
	FLU CODING SYSTEM	Type of coding system applicable for influenza vaccination code (CPT, ICD-9-CM, CVX, SNOMED)

APPENDIX A
EHR MEASURES WITH CORRESPONDING DATA ELEMENTS

2011 Measure	Data Element Short Name	Data Element Description
◆ NQF Measure #0038: Childhood Immunization Status		
	FLU CODE	Code used for influenza vaccination
	FLU DATE	Date influenza vaccination was documented
	DRUG CODING SYSTEM	Type of coding system applicable for drug codes (RxNorm)
	DRUG CODE	Code used for (DTaP/DT, IPV, MMR, H influenza type B, hepatitis B, VZV, pneumococcal conjugate) immunization drugs
	DRUG ORDER DATE	Date the drug was prescribed
	DRUG EXCLUSION	Is drug used as an exclusion to the measure (Yes or No)
	EXCLUSION CODING SYSTEM	Type of coding system applicable to the medical exclusions (ICD-9-CM, SNOMED)
	EXCLUSION CODE	Code used for a medical exclusion
	EXCLUSION DATE	Date medical exclusion was documented