2015 PQRS & Non-PQRS Narrative Measure Specifications
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**Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy (PCPI Measure #: AKID-2)**

**DESCRIPTION**

Percentage of patients aged 18 years and older with a diagnosis of CKD (Stages 1-5, not receiving RRT) and proteinuria who were prescribed ACE inhibitor or ARB therapy within a 12-month period.

**NQS DOMAIN**

Effective Clinical Care

**DENOMINATOR**

All patients aged 18 years and older with a diagnosis of chronic kidney disease (CKD) (Stages 1-5, not receiving renal replacement therapy [RRT]) and proteinuria.

**Denominator Exclusions/Exceptions**

Documentation of medical reason(s) for not prescribing ACE inhibitor or ARB therapy (eg, pregnancy, history of angioedema to ACEI, other allergy to ACEI and ARB, hyperkalemia or history of hyperkalemia while on ACEI or ARB therapy, acute kidney injury due to ACEI or ARB therapy, other medical reasons).

Documentation of patient reason(s) for not prescribing ACE inhibitor or ARB therapy (eg, patient declined, other patient reasons).

**NUMERATOR**

Patients who were prescribed angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy within a 12-month period.

**RATIONALE**

ACE inhibitors and ARBs are recommended as preferred agents for diabetic kidney disease and non-diabetic kidney diseases with proteinuria. In these diseases, they lower blood pressure, reduce proteinuria, slow the progression of kidney disease, and likely reduce CVD risk by mechanisms in addition to lowering blood pressure. In these types of CKD, ACE inhibitors and ARBs are recommended even in the absence of hypertension. ACE inhibitors and ARBs may also be used to reduce proteinuria in patients with or without hypertension.
MEASURE TYPE

Process
Adequacy of Volume Management (PCPI Measure #: AKID-4)

**DESCRIPTION**

Percentage of calendar months within a 12-month period during which patients aged 18 years and older with a diagnosis of ESRD undergoing maintenance hemodialysis in an outpatient dialysis facility have an assessment of the adequacy of volume management from a nephrologist.

**NQS DOMAIN**

Effective Clinical Care

**DENOMINATOR**

All calendar months during which patients aged 18 years and older with a diagnosis of end-stage renal disease (ESRD) are undergoing maintenance hemodialysis in an outpatient dialysis facility.

**NUMERATOR**

Calendar months during which patients have an assessment of the adequacy of volume management* from a nephrologist.

**RATIONALE**

There is ample evidence in the non-CKD population that optimal control of blood pressure influences mortality. In the HD population, available evidence indicates that control of a patient's fluid volume influences outcome. Volume and blood pressure are linked; thus, it is important to optimize ultrafiltration and dry weight to control blood pressure in an effort to improve patient outcome. From the very beginning of the dialysis therapy, noncomitant with ultrafiltration probing, dietary sodium should be restricted and use of a high dialysate sodium concentration and sodium profiling should be avoided. While decreasing the patient’s fluid volume, net fluid losses ideally should not exceed 1 to 2 kg/wk, and by restricting dietary sodium and fluid intake, weight gain between dialyses should not exceed 1 kg during the week and 1.5 to 2 kg during the weekend. It should be noted that during this dry weight–probing stage, in 90% of patients, ECF volume becomes normal within a few weeks, but the elevated blood pressure continues to decrease for another 8 months or longer. As patients lose excess fluid and their hypertension improves, therapy with antihypertensive medications can be systematically tapered or discontinued.

**MEASURE TYPE**

Process
ESRD Patients Receiving Dialysis: Hemoglobin Level < 9 g/dL (PCPI Measure #: AKID-6)

DESCRIPTION

Percentage of calendar months within a 12-month period during which patients aged 18 years and older with a diagnosis of ESRD who are receiving hemodialysis or peritoneal dialysis have a Hemoglobin level < 9 g/dL.

NQS DOMAIN

Effective Clinical Care

DENOMINATOR

Calendar months during which patients have a hemoglobin (Hgb) level <9g/dL*

*The hemoglobin values used for this measure should be the most recent (last) hemoglobin result recorded for each calendar month.

Denominator Exclusions/Exceptions
Documented medical reason(s) for patient having a hemoglobin (Hgb) level <9g/dL (eg, patients how have non-renal etiologies of anemia [eg, sickle cell anemia or other hemoglobinopathies, multiple myeloma, primary bone marrow disease, anemia related to chemotherapy for diagnosis of malignancy] or other medical reasons).

NUMERATOR

All calendar months during which patients aged 18 years and older with a diagnosis of ESRD are receiving hemodialysis or peritoneal dialysis.

RATIONALE

Anemia is a common complication of chronic kidney disease (CKD). The prevalence of anemia varies with the degree of renal impairment in pre-dialysis patients with CKD, but once end-stage kidney failure occurs, all patients are eventually affected. Anemia develops once renal function decreases to < 50% because of a deficiency in endogenous erythropoietin (EPO) production by the kidney, decreased red cell survival, blood losses, and increased red blood cell destruction once the patient begins dialysis treatment, particularly hemodialysis. Anemia reduces physical capacity, well-being, neurocognitive function, and energy level and worsens quality of life both in pre-dialysis and dialysis patients. Anemia also induces adaptive cardiovascular
mechanisms to maintain tissue oxygen supply. This leads to left ventricular hypertrophy, left ventricular dilation, and myocardial ischemia, which are risk factors for cardiovascular disease and death.

**MEASURE TYPE**

Outcome
Arteriovenous Fistula Rate (PCPI Measure #: AKID-8)

**DESCRIPTION**

Percentage of calendar months within a 12-month period during which patients aged 18 years and older with a diagnosis of ESRD and receiving maintenance hemodialysis are using an autogenous arteriovenous (AV) fistula with two needles.

**NQS DOMAIN**

Effective Clinical Care

**DENOMINATOR**

All calendar months during which patients aged 18 years and older with a diagnosis of end-stage renal disease (ESRD) are receiving maintenance hemodialysis.

**Denominator Exclusions/Exceptions**

Documentation of medical reason(s) for not having an autogenous arteriovenous (AV) fistula with two needles (eg, patient has a functioning AV graft, patient is undergoing palliative dialysis with a catheter, patient approved by a qualified transplant program and scheduled to receive a living donor kidney transplant, other medical reasons).

Documentation of patient reason(s) for not having an autogenous arteriovenous (AV) fistula with two needles (eg, patient declined fistula placement, other patient reasons).

**NUMERATOR**

Calendar months during which patients are using an autogenous arteriovenous (AV) fistula with two needles.

**RATIONALE**

Patients should have a functional permanent access at the initiation of dialysis therapy. A fistula should be placed at least 6 months before the anticipated start of HD treatments. This timing allows for access evaluation and additional time for revision to ensure a working fistula is available at initiation of dialysis therapy.

A structured approach to the type and location of long-term HD accesses should help optimize access survival and minimize complications. The access should be placed distally and in the upper extremities.
whenever possible. Options for fistula placement should be considered first, followed by prosthetic grafts if fistula placement is not possible. Catheters should be avoided for HD and used only when other options listed are not available.

**MEASURE TYPE**

Process
**Transplant Referral (PCPI Measure #: AKID-13)**

**DESCRIPTION**

Percentage of patients aged 18 years and older with a diagnosis of ESRD on hemodialysis or peritoneal dialysis for 90 days or longer who are referred to a transplant center for kidney transplant evaluation within a 12-month period.

**NQS DOMAIN**

Communication and Care Coordination

**DENOMINATOR**

All patients aged 18 years and older with a diagnosis of end-stage renal disease (ESRD) on hemodialysis or peritoneal dialysis for 90 days or longer.

**Denominator Exclusions/Exceptions**

- Documentation of medical reason(s) for not referring for kidney transplant evaluation (eg, patient undergoing palliative dialysis, patient already approved by a qualified transplant program and scheduled to receive a living donor kidney transplant, other medical reasons).
- Documentation of patient reason(s) for not referring for kidney transplant evaluation (eg, patient declined, other patient reasons).
- Documentation of system reason(s) for not referring for kidney transplant evaluation (eg, lack of insurance coverage, nearest facility too far away, other system reasons).

**NUMERATOR**

Patients who are referred to a transplant center for kidney transplant evaluation within a 12-month period.

**RATIONALE**

Kidney transplantation offers lower rates of all cause, cardiovascular and infectious hospital admissions and better long-term survival than hemodialysis in ESRD patients. In 2007, Adjusted one-year survival with a functioning transplant is 91% for recipients of first-time, deceased donor transplants and 96% for recipients of first-time, living donor transplants. Transplant patients require less hospitalization. Hospital days per patient year for transplant, hemodialysis and peritoneal dialysis patients are 12.8%, 13.3% and 5.9%, respectively.
MEASURE TYPE

Process
Advance Care Planning (PCPI Measure #: AKID-14a)

DESCRIPTION

Percentage of patients aged 18 years and older with a diagnosis of ESRD on hemodialysis or peritoneal dialysis for whom there is documentation of a discussion regarding advance care planning.

NQS DOMAIN

Person and Caregiver-Centered Experience and Outcomes

DENOMINATOR

All patients aged 18 years and older with a diagnosis of end-stage renal disease (ESRD) on hemodialysis or peritoneal dialysis.

NUMERATOR

Patients for whom there is documentation of a discussion* regarding advance care planning.

RATIONALE

The purpose of advance care planning is to help the patient understand his/her condition, identify his/her goals for care, and prepare for the decisions that may have to be made as the condition progresses over time.

- For chronic dialysis patients, the interdisciplinary renal care team should encourage patient-family discussion and advance care planning and include advance care planning in the overall plan of care for each individual patient.
- The renal care team should designate a person to be primarily responsible for ensuring that advance care planning is offered to each patient.
- Patients with decision-making capacity should be strongly encouraged while they have capacity to talk to their legal agents to ensure that the legal agent knows the patient’s wishes and agrees to make decisions according to these wishes.
- The renal care team should attempt to obtain written advance directives from all dialysis patients.
- Where legally accepted, Physician Orders for Life-Sustaining Treatment (POLST), or similar state-specific forms, also should be completed as part of the advance care planning process.
- At a minimum, each dialysis patient should be asked to designate a legal agent in a state-specific advance directive.
MEASURE TYPE

Process
Advance Directives Completed (PCPI Measure #: AKID-14b)

DESCRIPTION

Percentage of patients aged 18 years and older with a diagnosis of ESRD on hemodialysis or peritoneal dialysis who have advance directives or end of life medical orders completed based on their preferences.

NQS DOMAIN

Person and Caregiver-Centered Experience and Outcomes

DENOMINATOR

All patients aged 18 years and older with a diagnosis of end-stage renal disease (ESRD) on hemodialysis or peritoneal dialysis.

Denominator Exclusions/Exceptions

Documentation of patient reason(s) for not having advance directives completed (eg, patient declined, other patient reasons).

NUMERATOR

Patients who have advance directives or end-of-life medical orders completed based on their preferences*.

RATIONALE

The purpose of advance care planning is to help the patient understand his/her condition, identify his/her goals for care, and prepare for the decisions that may have to be made as the condition progresses over time.

- For chronic dialysis patients, the interdisciplinary renal care team should encourage patient-family discussion and advance care planning and include advance care planning in the overall plan of care for each individual patient.
- The renal care team should designate a person to be primarily responsible for ensuring that advance care planning is offered to each patient. Patients with decision-making capacity should be strongly encouraged while they have capacity to talk to their legal agents to ensure that the legal agent knows the patient’s wishes and agrees to make decisions according to these wishes.
- The renal care team should attempt to obtain written advance directives from all dialysis patients.
- Where legally accepted, Physician Orders for Life-Sustaining Treatment (POLST) or similar state-specific forms, also should be completed as part of the advance care planning process.
• At a minimum, each dialysis patient should be asked to designate a legal agent in a state-specific advance directive.

MEASURE TYPE

Outcome
**Referral to Hospice (PCPI Measure #: AKID-15)**

**DESCRIPTION**

Percentage of patients aged 18 years and older with a diagnosis of ESRD who withdraw from hemodialysis or peritoneal dialysis who are referred to hospice care.

**NQS DOMAIN**

Communication and Care Coordination

**DENOMINATOR**

All patients aged 18 years and older with a diagnosis of end-stage renal disease (ESRD) who withdraw from hemodialysis or peritoneal dialysis.

**Denominator Exclusions/Exceptions**

Documentation of patient reason(s) for not referring to hospice care (eg, patient declined, other patient reasons).

**NUMERATOR**

Patients who are referred to hospice care.

**RATIONALE**

Palliative care services are appropriate for people who chose to undergo or remain on dialysis and for those who choose not to start or to discontinue dialysis. With the patient’s consent, a multi-professional team with expertise in renal palliative care, including nephrology professionals, family or community-based professionals, and specialist hospice or palliative care providers, should be involved in managing the physical, psychological, social, and spiritual aspects of treatment for these patients, including end-of-life care. Physical and psychological symptoms should be routinely and regularly assessed and actively managed. The professionals providing treatment should be trained in assessing and managing symptoms and in advanced communication skills. Patients should be offered the option of dying where they prefer, including at home with hospice care, provided there is sufficient and appropriate support to enable this option.

**MEASURE TYPE**

Process
Advance Care Planning (Pediatric Kidney Disease) (PCPI Measure #: PKID-4)

DESCRIPTION

Percentage of patients aged 17 years and younger with a diagnosis of ESRD on hemodialysis or peritoneal dialysis for whom there is documentation of a discussion regarding advance care planning.

NQS DOMAIN

Person and Caregiver-Centered Experience and Outcomes

DENOMINATOR

All patients aged 17 years and younger with a diagnosis of ESRD on hemodialysis or peritoneal dialysis.

NUMERATOR

Patients for whom there is documentation of a discussion* regarding advance care planning.

RATIONALE

Institute family-centered advance care planning for children and adolescents with CKD and ESRD. The plan should establish treatment goals based on a child’s medical condition and prognosis. Advance care planning should be an ongoing process in which treatment goals are determined and revised based on observed benefits and burdens of dialysis and the values of the pediatric patient and the family. The renal care team should designate a person to be primarily responsible for ensuring that advance care planning is offered to each patient. Patients with decision-making capacity should be strongly encouraged to talk to their parents to ensure that they know the patient’s wishes and agrees to make decisions according to these wishes. Ongoing discussions that include reestablishing goals of care based on the child’s response to medical treatment and optimal quality of life is the mechanism by which advance care planning occurs. Discussions should include pros and cons of dialysis as well as potential morbidity associated with dialysis. Kidney transplantation should also be discussed if appropriate.

MEASURE TYPE

Process
**NHSN Bloodstream Infection in Hemodialysis Outpatients**

**DESCRIPTION**

Adjusted ranking metric (ARM) and Standardized Infection Ratio (SIR) of Bloodstream Infections (BSI) will be calculated among patients receiving hemodialysis at outpatient hemodialysis centers.

**NQS DOMAIN**

Patient Safety

**DENOMINATOR**

Number of maintenance hemodialysis patients treated in the outpatient hemodialysis center on the first 2 working days of the month.

**Denominator Exclusions/Exceptions**

Patients receiving inpatient hemodialysis and home hemodialysis are excluded.

**NUMERATOR**

The number of new positive blood culture events based on blood cultures drawn as an outpatient or within 1 calendar day after a hospital admission. A positive blood culture is considered a new event and counted only if it occurred 21 days or more after a previous positive blood culture in the same patient.

**RATIONALE**

In 2007, more than 340,000 patients received maintenance hemodialysis in the United States. The number of patients requiring maintenance dialysis for end stage renal disease (ESRD) continues to increase at a dramatic rate. The number of patients who will require maintenance dialysis in 2020 is projected to be 530,000. Patients who require maintenance hemodialysis are at high-risk for acquiring infections, because of their immunocompromised state, requirement for frequent and prolonged vascular access, and frequent exposure to healthcare environments, where healthcare associated infections (HAIs) can occur. These patients typically receive hemodialysis treatments for 3-4 hours, 3 times weekly. During this time, their bloodstream is accessed for the hemodialysis procedure and they tend to be treated in close proximity with other patients, creating opportunities for infection transmission. Infections are the second leading cause of death in this patient population and infections related to the vascular access (including bloodstream infections) are the most common type of infection experienced. A minimum of 50,000 bloodstream infections occur annually in this population. Bloodstream infections in these patients cause significant morbidity, mortality, and healthcare costs. Several studies of hemodialysis patients who were hospitalized
for staphylococcus aureus bloodstream infections identified that patients required hospitalization for 9-13 days at an average cost of about $24,000 per episode. Severe complications such as endocarditis and osteomyelitis occurred in 21-31% of these patients; hospital readmissions were also common and 12-week mortality following the bloodstream infection episode approached 20%.

**MEASURE TYPE**

Outcome
Measure #1 (NQF 0059): Diabetes: Hemoglobin A1c Poor Control

DESCRIPTION

Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period.

NQS DOMAIN

Effective Clinical Care

DENOMINATOR

Patients 18 - 75 years of age with diabetes with a visit during the measurement period.

Denominator Criteria (Eligible Cases):

Patients 18 through 75 years of age on date of encounter

AND

Diagnosis for diabetes (ICD-9-CM) [for use 1/1/2015-9/30/2015]: 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


AND

Patient encounter during reporting period (CPT or HCPCS): 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, 99281, 99282, 99283, 99284, 99285, 99291, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, G0270, G0271, G0402, G0438, G0439
NUMERATOR

Patients whose most recent HbA1c level (performed during the measurement period) is > 9.0%.

Numerator Quality-Data Coding Options for Reporting Satisfactorily:
Most Recent Hemoglobin A1c Level > 9.0%

**Performance Met:** CPT II 3046F: Most recent hemoglobin A1c level > 9.0%

**OR**

Hemoglobin A1c not Performed, Reason not Otherwise Specified

Append a reporting modifier (8P) to CPT Category II code 3046F to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

**Performance Met:** 3046F with 8P: Hemoglobin A1c level was not performed during the performance period (12 months)

**OR**

Most Recent Hemoglobin A1c Level ≤ 9.0%

**Performance Not Met:** CPT II 3044F: Most recent hemoglobin A1c (HbA1c) level < 7.0%

**OR**

**Performance Not Met:** CPT II 3045F: Most recent hemoglobin A1c (HbA1c) level 7.0 to 9.0%

RATIONALE

Diabetes mellitus (diabetes) is a group of diseases characterized by high blood glucose levels caused by the body's inability to correctly produce or utilize the hormone insulin. It is recognized as a leading cause of death and disability in the U.S. and is highly underreported as a cause of death. Diabetes may cause life-threatening, life ending or life-altering complications, including poor circulation, nerve damage or neuropathy in the feet and eventual amputation. Nearly 60-70 percent of diabetics suffer from mild or severe nervous system damage (American Diabetes Association 2009).

Randomized clinical trials have demonstrated that improved glycemic control, as evidenced by reduced levels of glycohemoglobin, correlates with a reduction in the development of microvascular complications in both Type 1 and Type 2 diabetes (Diabetes Control and Complications Trial Research Group 1993; Ohkubo 1995). In particular, the Diabetes Control and Complications Trial (DCCT) showed that for patients with Type 1 diabetes mellitus, important clinical outcomes such as retinopathy (an important precursor to blindness), nephropathy (which precedes renal failure), and neuropathy (a significant cause of foot ulcers and amputation in patients with diabetes) are directly related to level of glycemic control (Diabetes Control and Complications Trial Research Group 1993). Similar reductions in complications were noted in a smaller study of intensive therapy of patients with Type 2 diabetes by Ohkubo and co-workers, which was conducted in the Japanese population (Ohkubo et al. 1995).
MEASURE TYPE

Intermediate Outcome
Measure #2 (NQF 0064): Diabetes: Low Density Lipoprotein (LDL) Management (eCQM 163v3)*

DESCRIPTION

Percentage of patients 18–75 years of age with diabetes whose LDL-C was adequately controlled (<100 mg/dL) during the measurement period.

NQS DOMAIN

Effective Clinical Care

DENOMINATOR

Patients 18-75 years of age with diabetes with a visit during the measurement period.

NUMERATOR

Patients whose most recent LDL-C level performed during the measurement period is <100 mg/dL.

RATIONALE

Diabetes mellitus (diabetes) is a group of diseases characterized by high blood glucose levels caused by the body’s inability to correctly produce or utilize the hormone insulin. It is recognized as a leading cause of death and disability in the U.S. and is highly underreported as a cause of death. Diabetes may cause life-threatening, life-ending or life-altering complications, including poor cholesterol, specifically lipoprotein (LDL). Clinical guidelines recommend lifestyle modifications that include reducing intake of saturated fat, trans fat and cholesterol; weight loss; and increased physical activity (American Diabetes Association 2009). Statin therapy is suggested for eligible patients whose levels are consistently and significantly higher (American Diabetes Association 2009).

MEASURE TYPE

Intermediate Outcome
Measure #46 (NQF 0097): Medication Reconciliation

DESCRIPTION

Percentage of patients aged 18 years and older discharged from any inpatient facility (eg, hospital, skilled nursing facility, or rehabilitation facility) and seen within 30 days following discharge in the office by the physician, prescribing practitioner, registered nurse, or clinical pharmacist providing on-going care who had a reconciliation of the discharge medications with the current medication list in the outpatient medical record documented.

This measure is reported as two rates stratified by age group:

- Reporting Age Criteria 1: 18-64 years of age
- Reporting Age Criteria 2: 65 years and older

NQS DOMAIN

Communication and Care Coordination

DENOMINATOR

All patients 18 years of age and older discharged from any inpatient facility (eg, hospital, skilled nursing facility, or rehabilitation facility) and seen within 30 days following discharge in the office by the physician, prescribing practitioner, registered nurse, or clinical pharmacist providing on-going care.

Denominator Criteria (Eligible Cases):

REPORTING CRITERIA 1: Patients 18-64 years of age on date of encounter
REPORTING CRITERIA 2: Patients aged 65 years and older on date of encounter

AND

Patient encounter during the reporting period (CPT or HCPCS): 90791, 90792, 90832, 90834, 90837, 90839, 90845, 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, 99495, 99496, G0402, G0438, G0439

NUMERATOR (Reporting Criteria 1 & 2)

Patients who had a reconciliation of the discharge medications with the current medication list in the outpatient medical record documented.
**NUMERATOR NOTE:** Medication reconciliation should be completed and documented within 30 days of discharge. If the patient has an eligible discharge but medication reconciliation is not performed and documented within 30 days, report 1111F with 8P.

**Numerator Quality-Data Coding Options for Reporting Satisfactorily:**
Documentation of Reconciliation of Discharge Medication with Current Medication List in the Medical Record

*Performance Met: CPT II 1111F:* Discharge medications reconciled with the current medication list in outpatient medical record

OR

If patient is not eligible for this measure because patient was not discharged from an inpatient facility within the last 30 days, there are no reporting requirements in this case.

OR

Discharge Medication not Reconciled with Current Medication List in the Medical Record, Reason Not Otherwise Specified
Append a reporting modifier (8P) to CPT Category II code 1111F to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

*Performance Not Met: 1111F with 8P:* Discharge medications not reconciled with the current medication list in outpatient medical record, reason not otherwise specified

**RATIONALE**

Medications are often changed while a patient is hospitalized. Continuity between inpatient and on-going care is essential.

**MEASURE TYPE**

Process
Measure #47 (NQF 0326): 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.

**NQS DOMAIN**

Communication and Care Coordination

**DENOMINATOR**

All patients aged 65 years and older.

*DENOMINATOR NOTE: *Clinicians indicating the Place of Service as the emergency department will not be included in this measure.*

**Denominator Criteria (Eligible Cases):**

Patients aged ≥ 65 years on date of encounter

**AND**

Patient encounter during the reporting period (CPT or HCPCS): 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, G0402, G0438, G0439

**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 the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.

**Numerator Quality-Data Coding Options for Reporting Satisfactorily:**

Advance Care Planning Discussed and Documented

**Performance Met: CPT II 1123F:** Advance Care Planning discussed and documented; advance care plan or surrogate decision maker documented in the medical record

**OR**
**Performance Met: CPT II 1124F:** Advance Care Planning discussed and documented in the medical record; patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan

**OR**

**Advance Care Planning not Documented, Reason not Otherwise Specified**
Append a reporting modifier (8P) to CPT Category II code 1123F to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

**Performance Not Met: 1123F with 8P:** Advance care planning not documented, reason not otherwise specified

**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.

**MEASURE TYPE**

Process
Measure #110 (NQF 0041): Preventive Care and Screening: Influenza Immunization

DESCRIPTION

Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization.

NQS DOMAIN

Community/Population Health

DENOMINATOR

All patients aged 6 months and older seen for a visit between October 1 and March 31.

Denominator Criteria (Eligible Cases):
Patients aged ≥ 6 months seen for a visit between October 1 and March 31
AND
Patient encounter during the reporting period (CPT or HCPCS): 90945, 90947, 90951, 90952, 90953, 90954, 90955, 90956, 90957, 90958, 90959, 90960, 90961, 90962, 90963, 90964, 90965, 90966, 90967, 90968, 90969, 90970, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 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, G0438, G0439

NUMERATOR

Patients who received an influenza immunization OR who reported previous receipt of an influenza immunization.

Numerator Quality-Data Coding Options for Reporting Satisfactorily:
Influenza Immunization Administered
Performance Met: G8482: Influenza immunization administered or previously received
OR
Influenza Immunization not Administered for Documented Reasons
Other Performance Exclusion: G8483: Influenza immunization was not administered for reasons documented by clinician (e.g., patient allergy or other medical reasons, patient declined or other patient reasons, vaccine not available or other system reasons)
OR
Influenza Immunization not Administered, Reason not Given
**Performance Not Met:** G8484: Influenza immunization was **not** administered, reason not given

**RATIONALE**

Annual influenza vaccination is the most effective method for preventing influenza virus infection and its complications. Influenza vaccine is recommended for all persons aged ≥ 6 months who do not have contraindications to vaccination.

**MEASURE TYPE**

Process
Measure #111 (NQF 0043): Pneumonia Vaccination Status for Older Adults

DESCRIPTION

Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.

NQS DOMAIN

Community/Population Health

DENOMINATOR

Patients 65 years of age and older with a visit during the measurement period.

DENOMINATOR NOTE: Pneumococcal vaccination is expected once ever for patients 65 years of age or older.

Denominator Criteria (Eligible Cases):
Patients aged ≥ 65 years on date of encounter
AND
Patient encounter during the reporting period (CPT or HCPCS): 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, 99356, 99357, G0402

NUMERATOR

Patients who have ever received a pneumococcal vaccination.

Numerator Quality-Data Coding Options for Reporting Satisfactorily:
Pneumococcal Vaccination Administered or Previously Received
Performance Met:
CPT II 4040F: Pneumococcal vaccine administered or previously received
OR
Pneumococcal Vaccination not Administered or Previously Received, Reason not Otherwise Specified
Append a reporting modifier (8P) to CPT Category II code 4040F to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.
Performance Not Met:
Pneumococcal vaccine was not administered or previously received, reason not otherwise specified.

RATIONALE

Pneumonia is a common cause of illness and death in the elderly and persons with certain underlying conditions such as heart failure, diabetes, cystic fibrosis, asthma, sickle cell anemia, or chronic obstructive pulmonary disease (NHLBI, 2011). In 1998, an estimated 3,400 adults aged > 65 years died as a result of invasive pneumococcal disease (IPD) (CDC, 2003).

Among the 91.5 million US adults aged > 50 years, 29,500 cases of IPD, 502,600 cases of nonbacteremic pneumococcal pneumonia and 25,400 pneumococcal-related deaths are estimated to occur yearly; annual direct and indirect costs are estimated to total $3.7 billion and $1.8 billion, respectively. Pneumococcal disease remains a substantial burden among older US adults, despite increased coverage with 23-valent pneumococcal polysaccharide vaccine, (PPV23) and indirect benefits afforded by PCV7 vaccination of young children (Weycker, et al., 2011).

Vaccination has been found to be effective against bacteremic cases (OR: 0.34; 95% CI: 0.27–0.66) as well as nonbacteremic cases (OR: 0.58; 95% CI: 0.39–0.86). Vaccine effectiveness was highest against bacteremic infections caused by vaccine types (OR: 0.24; 95% CI: 0.09–0.66) (Vila-Corcoles, et al., 2009).

MEASURE TYPE

Process
Measure #119 (NQF 0062): Diabetes: Medical Attention for Nephropathy

DESCRIPTION

The percentage of patients 18-75 years of age with diabetes who had a nephropathy screening test or evidence of nephropathy during the measurement period.

NQS DOMAIN

Effective Clinical Care

DENOMINATOR

Patients 18 through 75 years of age who had a diagnosis of diabetes with a visit during the measurement period.

Denominator Criteria (Eligible Cases):
Patients aged 18 years through 75 years on date of encounter AND

Diagnosis for diabetes (ICD-9-CM) [for use 01/01/2015-09/30/2015]: 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, 250.42, 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


AND

Patient encounter during the reporting period (CPT or HCPCS): 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99281, 99282, 99283, 99284, 99285, 99291, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328,
NUMERATOR

Patients with a screening for nephropathy or evidence of nephropathy during the measurement period.

Numerator Quality-Data Coding Options for Reporting Satisfactorily:
Nephropathy Screening Performed

Performance Met:  CPT II 3060F:  Positive microalbuminuria test result documented and reviewed

OR

Performance Met:  CPT II 3061F:  Negative microalbuminuria test result documented and reviewed

OR

Performance Met:  CPT II 3062F:  Positive macroalbuminuria test result documented and reviewed

OR

Performance Met:  CPT II 3066F:  Documentation of treatment for nephropathy (eg, patient receiving dialysis, patient being treated for ESRD, CRF, ARF, or renal insufficiency, any visit to a nephrologist)

OR

Performance Met:  G8506:  Patient receiving angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy

OR

Nephropathy Screening not Performed, Reason not Otherwise Specified

Append a reporting modifier (8P) to CPT Category II code 3060F or 3061F or 3062F to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

Performance Not Met:  3060F or 3061F or 3062F with 8P:  Nephropathy screening was not performed, reason not otherwise specified

RATIONALE

Diabetes mellitus (diabetes) is a group of diseases characterized by high blood glucose levels caused by the body’s inability to correctly produce or utilize the hormone insulin (National Institute of Diabetes and Digestive and Kidney Diseases 2011). It is recognized as a leading cause of death and disability in the U.S. and is highly underreported as a cause of death (National Institute of Diabetes and Digestive and Kidney Diseases 2011). Diabetes may cause life-threatening, life-ending or life-altering complications, including end-stage kidney disease. Diabetes is the primary cause of kidney failure, accounting for 44 percent of newly diagnosed cases in 2005 (National Institute of Diabetes and Digestive and Kidney Diseases 2011). Clinical guidelines recommend regular testing to evaluate urine albumin excretions and serum creatinine and the estimated glomerular filtration rate derived from serum creatinine, in addition to comparing measurements

**MEASURE TYPE**

Process
Measure #126 (NQF 0417): Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy – Neurological Evaluation

DESCRIPTION

Percentage of patients aged 18 years and older with a diagnosis of diabetes mellitus who had a neurological examination of their lower extremities within 12 months.

NQS DOMAIN

Effective Clinical Care

DENOMINATOR

All patients aged 18 years and older with a diagnosis of diabetes mellitus.

Denominator Criteria (Eligible Cases):
Patients aged ≥ 18 years on date of encounter

AND

Diagnosis for diabetes (ICD-9-CM) [for use 1/1/2015-9/30/2015]: 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

AND

Patient encounter during the reporting period (CPT): 11042, 11043, 11044, 11055, 11056, 11057, 11719, 11720, 11721, 11730, 11740, 97001, 97002, 97597, 97598, 97802, 97803, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309,
Clinician documented that patient was not an eligible candidate for lower extremity neurological exam measure, for example patient bilateral amputee, patient has condition that would not allow them to accurately respond to a neurological exam (dementia, Alzheimer’s, etc.), patient has previously documented diabetic peripheral neuropathy with loss of protective sensation.

**NUMERATOR**

Patients who had a lower extremity neurological exam performed at least once within 12 months.

**Numerator Options:**

- **Performance Met:** Lower extremity neurological exam performed and documented (G8404)
- **Performance Not Met:** Lower extremity neurological exam not performed (G8405)

**RATIONALE**

Foot ulceration is the most common single precursor to lower extremity amputations among persons with diabetes. Treatment of infected foot wounds accounts for up to one-quarter of all inpatient hospital admissions for people with diabetes in the United States. Peripheral sensory neuropathy in the absence of perceived trauma is the primary factor leading to diabetic foot ulcerations. Approximately 45-60% of all diabetic ulcerations are purely neuropathic. Other forms of neuropathy may also play a role in foot ulcerations. Motor neuropathy resulting in anterior crural muscle atrophy or intrinsic muscle wasting can lead to foot deformities such as foot drop, equinus, and hammertoes. In people with diabetes, 22.8% have foot problems – such as amputations and numbness – compared with 10% of nondiabetics. Over the age of 40 years old, 30% of people with diabetes have loss of sensation in their feet.

**MEASURE TYPE**

Process
Measure #127 (NQF 0416): Diabetes Mellitus: Diabetic Foot and Ankle Care, Ulcer Prevention – Evaluation of Footwear

DESCRIPTION

Percentage of patients aged 18 years and older with a diagnosis of diabetes mellitus who were evaluated for proper footwear and sizing.

NQS DOMAIN

Effective Clinical Care

DENOMINATOR

All patients aged 18 years and older with a diagnosis of diabetes mellitus.

**Denominator Criteria (Eligible Cases):** Patients aged ≥ 18 years on date of encounter

**AND**

Diagnosis for diabetes (ICD-9-CM) [for use 1/1/2015-9/30/2015]: 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


**AND**

Patient encounter during the reporting period (CPT): 11042, 11043, 11044, 11055, 11056, 11057, 11719, 11720, 11721, 11730, 11740, 97001, 97002, 97597, 97598, 97802, 97803, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309,
NUMERATOR

Patients who were evaluated for proper footwear and sizing at least once within 12 months.

**Numerator Options:**

- **Performance Met:** Footwear evaluation performed and documented (G8410)
- **OR**
- **Other Performance Exclusion:** Clinician documented that patient was not an eligible candidate for footwear evaluation measure (G8416)
- **OR**
- **Performance Not Met:** Footwear evaluation was not performed (G8415)

RATIONALE

Foot ulceration is the most common single precursor to lower extremity amputations among persons with diabetes. Shoe trauma, in concert with loss of protective sensation and concomitant foot deformity, is the leading event precipitating foot ulceration in persons with diabetes. Treatment of infected foot wounds accounts for up to one-quarter of all inpatient hospital admissions for people with diabetes in the United States. Peripheral sensory neuropathy in the absence of perceived trauma is the primary factor leading to diabetic foot ulcerations. Approximately 45-60% of all diabetic ulcerations are purely neuropathic. In people with diabetes, 22.8% have foot problems – such as amputations and numbness – compared with 10% of non-diabetics. Over the age of 40 years old, 30% of people with diabetes have loss of sensation in their feet.

MEASURE TYPE

Process
Measure #128 (NQF 0421): Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan

DESCRIPTION

Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous six months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the current encounter.

Normal Parameters:
- Age 65 years and older BMI ≥ 23 and < 30 kg/m²
- Age 18 – 64 years BMI ≥ 18.5 and < 25 kg/m²

NQS DOMAIN

Community/Population Health

DENOMINATOR

All patients aged 18 years and older.

Denominator Criteria (Eligible Cases):
Patients aged ≥18 years on date of encounter
AND
Patient encounter during the reporting period (CPT or HCPCS): 90791, 90792, 90832, 90834, 90837, 90839, 96150, 96151, 96152, 97001, 97003, 97802, 97803, 98960, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, D7140, D7210, G0101, G0108, G0270, G0271, G0402, G0438, G0439, G0447

NUMERATOR

Patients with a documented BMI during the encounter or during the previous six months, AND when the BMI is outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the current encounter.

Numerator Quality-Data Coding Options for Reporting Satisfactorily:
BMI Documented as Normal, No Follow-Up Plan Required
(One quality-data code [G8417, G8418 or G8420] is required on the claim form to submit this numerator option)
**Performance Met: G8420:** BMI is documented within normal parameters and no follow-up plan is required

**OR**

BMI Documented as Above Normal Parameters, AND Follow-Up Documented

**Performance Met: G8417:** BMI is documented above normal parameters and a follow-up plan is documented

**OR**

BMI Documented as Below Normal Parameters, AND Follow-Up Documented

**Performance Met: G8418:** BMI is documented below normal parameters and a follow-up plan is documented

**OR**

BMI not Documented, Patient not Eligible

(One quality-data code [G8422 or G8938] is required on the claim form to submit this numerator option)

**Other Performance Exclusion: G8422:** BMI not documented, documentation the patient is not eligible for BMI calculation

**OR**

BMI Documented Outside of Normal Limits, Follow-up Plan not Documented, Patient not Eligible

**Other Performance Exclusion: G8938:** BMI is documented as being outside of normal limits, follow-up plan is not documented, documentation the patient is not eligible

**OR**

BMI not Documented, Reason not Given

(One quality-data code [G8419 or G8421] is required on the claim form to submit this numerator option)

**Performance Not Met: G8421:** BMI not documented and no reason is given

**OR**

BMI Documented Outside of Normal Parameters, Follow-Up Plan not Documented, Reason not Given

**Performance Not Met: G8419:** BMI documented outside normal parameters, no follow-up plan documented, no reason given

**RATIONALE**

**Normal Parameters for Age 65 Years and Older**

Winter et al. (2014) performed a meta-analysis looking at the relationship between BMI and all-cause mortality among adults 65 and older. They identified a higher risk of mortality among those with a BMI <23 kg/m² and recommended monitoring weight status in this group to address any modifiable causes of weight loss promptly with due consideration of individual comorbidities. Dahl et al. (2013) reported that old persons (70-79) who were overweight had a lower mortality risk than old persons who were of normal weight, even after controlling for weight change and multimorbidity. The study also shows that persons who increased or decreased in BMI had a greater mortality risk than those who had a stable BMI, particularly
those aged 70 to 79. Their results provide support to the belief that the World Health Organization guidelines for BMI are overly restrictive in old age.

**BMI Above Upper Parameters**

Obesity continues to be a costly public health concern in the United States. The Centers for Disease Control and Prevention (CDC, 2010) reported in 2009, no state met the Healthy People 2010 obesity target of 15 percent and the self-reported overall prevalence of obesity among adults had increased 1.1 percentage points in 2007 to 26.7 percent (2010). Ogden, Carroll, Kit and Flegal (2013) reported the prevalence of BMI-defined obesity in adults is high and continues to exceed 30% in most sex-age groups (34.9% overall). They also stated the overall prevalence of obesity did not differ between men and women in 2011–2012; however, among non-Hispanic black adults, 56.6% of women were obese compared with 37.1% of men. In addition to the continued high prevalence rate for adults in general, Flegal, Carroll & Kit (2012) report a significant increase for men and for non-Hispanic black and Mexican American women over the 12-year period from 1999 through 2010 (2012). Moyer (2012) reported: Obesity is associated with such health problems as an increased risk for coronary artery disease, type 2 diabetes, various types of cancer, gallstones and disability. These comorbid medical conditions are associated with higher use of health care services and costs among obese patients (p. 373).

Obesity is also associated with an increased risk of death, particularly in adults younger than age 65 years and has been shown to reduce life expectancy by 6 to 20 years depending on age and race (LeBlanc et al., 2011). Masters, et al. (2013) also showed mortality due to obesity varied by race and gender. They estimated adult deaths between 1986 and 2006 associated with overweight and obesity was 5.0% and 15.6% for Black and White men, and 26.8% and 21.7% for Black and White women, respectively. They also found a stronger association than previous research demonstrated between obesity and mortality risk at older ages.

Finkelstein, Trogdon, Cohen and Dietz (2009) found that in 2006, across all payers, per capita medical spending for the obese is $1,429 higher per year, (42 percent) than for someone of normal weight. Using 2008 dollars, this was estimated to be equivalent to $147 billion dollars in medical care costs related to obesity.

Padula, Allen and Nair (2014) examined data from a commercial claims and encounters database to estimate the cost for obesity and associated comorbidities among working-age adults who had a claim with a primary or secondary diagnosis of obesity in 2006-2007. The mean net expenditure for inpatient and outpatient claims was $1,907 per patient per visit. The increases in cost for comorbidities ranged from $527 for obesity with CHF to $15,733 for the combination of obesity, diabetes mellitus, hypertension and depression. In addition to a high prevalence rate of obesity, less than 50% of obese adults in 2010 received advice to exercise or perform physical activity (Barnes & Schoenborn, 2012).

**BMI Below Normal Parameters**
In the National Center for Health Statistics (NCHS) Health E-Stat, Fryer and Ogden (2012) reported that poor nutrition or underlying health conditions can result in underweight. Results from the 2007-2010 National Health and Nutrition Examination Survey (NHANES), using measured heights and weights, indicate an estimated 1.7% of U.S. adults are underweight with women more likely to be underweight than men (2012).

In a cohort study conducted by Borrell and Lalitha (2014), data from NHANES III (1988-1994) was linked to the National Death Index mortality file with follow-up to 2006, and showed that when compared to their normal weight counterparts (BMI 18.5-25 kg/m^2), underweight (BMI <18.5 kg/m^2) had significantly higher death rates (Hazard Ratio= 2.27; 95% confidence interval (CI) = 1.78, 2.90).

Ranhoff, Gjoen and Mowe (2005) recommended using BMI < 23 kg/m^2 for the elderly to identify positive results with malnutrition screens and poor nutritional status.

**MEASURE TYPE**

Process
Measure #130 (NQF 0419): Documentation of Current Medications in the Medical Record

DESCRIPTION

Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications’ name, dosage, frequency and route of administration.

NQS DOMAIN

Patient Safety

DENOMINATOR

All visits for patients aged 18 years and older.

Denominator Criteria (Eligible Cases):
Patients aged ≥ 18 years on date of encounter
AND
Patient encounter during the reporting period (CPT or HCPCS): 90791, 90792, 90832, 90834, 90837, 90839, 90957, 90958, 90959, 90960, 90962, 90965, 90966, 92002, 92004, 92012, 92014, 92507, 92508, 92526, 92541, 92542, 92543, 92544, 92545, 92547, 92548, 92557, 92557, 92567, 92568, 92570, 92585, 92588, 92626, 96116, 96116, 96150, 96151, 96152, 97001, 97002, 97003, 97004, 97532, 97802, 97803, 97804, 98960, 98961, 98962, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99215, 99222, 99222, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99495, 99496, G0101, G0108, G0270, G0402, G0438, G0439

NUMERATOR

Eligible professional attests to documenting, updating or reviewing a patient’s current medications using all immediate resources available on the date of encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications’ name, dosages, frequency and route of administration.

NUMERATOR NOTE: The eligible professional must document in the medical record they obtained, updated, or reviewed a medication list on the date of the encounter. Eligible professionals reporting
this measure may document medication information received from the patient, authorized representative(s), caregiver(s) or other available healthcare resources. G8427 should be reported if the eligible professional documented that the patient is not currently taking any medications

Numerator Quality-Data Coding Options for Reporting Satisfactorily:

Current Medications Documented

**Performance Met: G8427:** Eligible professional attests to documenting in the medical record they obtained, updated, or reviewed the patient’s current medications

OR

Current Medications not Documented, Patient not Eligible

**Other Performance Exclusion: G8430:** Eligible professional attests to documenting in the medical record the patient is not eligible for a current list of medications being obtained, updated, or reviewed by the eligible professional

OR

Current Medications with Name, Dosage, Frequency, or Route not Documented, Reason not Given

**Performance Not Met: G8428:** Current list of medications not documented as obtained, updated, or reviewed by the eligible professional, reason not given

RATIONAL

In the American Medical Association’s (AMA) *Physician’s Role in Medication Reconciliation* (2007), critical patient information, including medical and medication histories, current medications the patient is receiving and taking, and sources of medications, is essential to the delivery of safe medical care. However, interruptions in the continuity of care and information gaps in patient health records are common and significantly affect patient outcomes. Consequently, clinical judgments may be based on incomplete, inaccurate, poorly documented or unavailable information about the patient and his or her medication.

Medication safety efforts have primarily focused on hospitals; however, the majority of health care services are provided in the outpatient setting where two-thirds of physician visits result in writing at least one prescription (Stock et al., 2009). Chronically ill patients are increasingly being treated as outpatients, many of whom take multiple medications requiring close monitoring (Nassaralla et al., 2007).

Adverse drug events (ADEs) prove to be more fatal in outpatient settings (1 of 131 outpatient deaths) than in hospitals (1 of 854 inpatient deaths) (Nassaralla et al., 2007). According to The Commonwealth Fund report (2010) about 11 to 15 of every 1,000 Americans visit a health care provider because of ADEs in a given year, representing about three to four of every 1,000 patient visits during 1995 to 2001. The total number of visits to treat ADEs increased from 2.9 million in 1995 to 4.3 million visits in 2001.

ADEs in the ambulatory setting substantially increased the healthcare costs of elderly persons and estimated costs were $1,983 per case. Further findings of The Commonwealth Fund studies additionally identified 11% to 28% of the 4.3 million visit related ADEs (VADEs) in 2001 might have been prevented with improved
systems of care and better patient education, yielding an estimate of 473,000 to 1.2 million potentially preventable VADEs annually and potential cost-savings of $946 million to $2.4 billion.

In the Institute for Safe Medication Practices, *The White Paper on Medication Safety in the U.S. and the Roles of Community Pharmacists* (2007), the American Pharmaceutical Association identified that Americans spend more than $75 billion per year on prescription and nonprescription drugs. Unnecessary costs include: improper use of prescription medicines due to lack of knowledge costs the economy an estimated $20-100 billion per year; American businesses lose an estimated 20 million workdays per year due to incorrect use of medicines prescribed for heart and circulatory diseases alone; failure to have prescriptions dispensed and/or renewed has resulted in an estimated cost of $8.5 billion for increased hospital admissions and physician visits, nearly one percent of the country’s total health care expenditures.

In 2005, the rate of medication errors during hospitalization was estimated to be 52 per 100 admissions, or 70 per 1,000 patient days. Emerging research suggests the scope of medication-related errors in ambulatory settings is as extensive as or more extensive than during hospitalization. Ambulatory visits result in a prescription for medication 50 to 70% of the time. One study estimated the rate of ADEs in the ambulatory setting to be 27 per 100 patients. It is estimated that between 2004 and 2005 in the United States, 701,547 patients were treated for ADEs in emergency departments, and 117,318 patients were hospitalized for injuries caused by an ADE. Individuals aged 65 years and older are more likely than any other population group to require treatment in the emergency department for ADEs (AMA, 2007).

A Systematic Review on “Prevalence of Adverse Drug Events in Ambulatory Care” finds that “The median ADE prevalence rate for retrospective studies was 3.3% (interquartile range [IQR] 2.3–7.1%) vs 9.65% (IQR 3.3–17.35%) for prospective studies. Median preventable ADE rates in ambulatory care-based studies were 16.5%, and 52.9% for hospital-based studies. Median prevalence rates by age group ranged from 2.45% for children to 5.27% for adults, 16.1% for elderly patients, and 3.45% for studies including all ages (Tache et al., 2011)”.

The Agency for Healthcare Research and Quality’s (AHRQ) The National Healthcare Disparities Report (2011) identified the rate of adverse drug events (ADE) among Medicare beneficiaries in ambulatory settings as 50 per 1,000 person-years. In 2005, AHRQ reported data on adults age 65 and over who received potentially inappropriate prescription medicines in the calendar year, by race, ethnicity, income, education, insurance status, and gender. The disparities were identified as follows: older Asians were more likely than older whites to have inappropriate drug use (20.3% compared with 17.3%); older Hispanics were less likely than older non-Hispanic Whites to have inappropriate drug use (13.5% compared with 17.6%); older women were more likely than older men to have inappropriate drug use (20.2% compared with 14.3%); there were no statistically significant differences by income or education.

Weeks et al. (2010) noted that fragmented medication records across the health care continuum, inaccurate reporting of medication regimens by patients, and provider failure to acquire all of the necessary elements of medication information from the patient or record, present significant obstacles to obtaining an accurate
medication list in the ambulatory care setting. Because these obstacles require solutions demonstrating improvements in access to information and communication, the Institute of Medicine and others have encouraged the incorporation of IT solutions in the medication reconciliation process. In a survey administered to office-based physicians with high rates of EMR use, Weeks, et al found there is an opportunity for universal medication lists utilizing health IT.

**MEASURE TYPE**

Process
Measure #154 (NQF: 0101): Falls: Risk Assessment

DESCRIPTION

Percentage of patients aged 65 years and older with a history of falls that had a risk assessment for falls completed within 12 months.

NOTE:
This is a two-part measure which is paired with Measure #155: Falls: Plan of Care. If the falls risk assessment indicates the patient has documentation of two or more falls in the past year or any fall with injury in the past year (CPT II code 1100F is submitted), #155 should also be reported.

NQS DOMAIN

Patient Safety

DENOMINATOR

All patients aged 65 years and older who have a history of falls (history of falls is defined as 2 or more falls in the past year or any fall with injury in the past year). Documentation of patient reported history of falls is sufficient.

Denominator Criteria (Eligible Cases):
- Patients aged ≥ 65 years on date of encounter
- Patient encounter during the reporting period (CPT or HCPCS): 97001, 97002, 97003, 97004, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 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, G0402, G0438, G0439

NUMERATOR

Patients who had a risk assessment for falls completed within 12 months.

NUMERATOR NOTE: The correct combination of numerator code(s) must be reported on the claim form in order to properly report this measure. The “correct combination” of codes may require the submission of multiple numerator codes.

Numerator Quality-Data Coding Options for Reporting Satisfactorily:
Risk Assessment for Falls Completed
(Two CPT II codes [3288F & 1100F] are required on the claim form to submit this numerator option)

**Performance Met:**

CPT II 3288F: Falls risk assessment documented

AND

CPT II 1100F: Patient screened for future fall risk; documentation of two or more falls in the past year or any fall with injury in the past year

OR

**Risk Assessment for Falls not Completed for Medical Reasons**

(Two CPT II codes [3288F-1P & 1100F] are required on the claim form to submit this numerator option)

Append a modifier (1P) to CPT Category II code 3288F to report documented circumstances that appropriately exclude patients from the denominator.

**Medical Performance Exclusion:**

3288F with 1P: Documentation of medical reason(s) for not completing a risk assessment for falls (ie, patient is not ambulatory, bed ridden, immobile, confined to chair, wheelchair bound, dependent on helper pushing wheelchair, independent in wheelchair or minimal help in wheelchair)

AND

CPT II 1100F: Patient screened for future fall risk; documentation of two or more falls in the past year or any fall with injury in the past year

OR

If patient is not eligible for this measure because patient has documentation of no falls or only one fall without injury the past year, report:

**Patient not at Risk for Falls**

(One CPT II code [1101F] is required on the claim form to submit this numerator option)

**Other Performance Exclusion:** CPT II 1101F: Patient screened for future fall risk; documentation of no falls in the past year or only one fall without injury in the past year

OR

If patient is not eligible for this measure because falls status is not documented, report:

**Falls Status not Documented**

(One CPT II code [1101F-8P] is required on the claim form to submit this numerator option)

Append a reporting modifier (8P) to CPT Category II code 1101F to report circumstances when the patient is not eligible for the measure.

**Other Performance Exclusion:** 1101F with 8P: No documentation of falls status

OR

**Risk Assessment for Falls not Completed, Reason not Otherwise Specified**

(Two CPT II codes [3288F-8P & 1100F] are required on the claim form to submit this numerator option)

Append a reporting modifier (8P) to CPT Category II code 3288F to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

**Performance Not Met:**

3288F with 8P: Falls risk assessment not completed, reason not otherwise specified
**AND**

**CPT II 1100F:** Patient screened for future fall risk; documentation of two or more falls in the past year or any fall with injury in the past year

**RATIONALE**

Screening for specific medical conditions may direct the therapy. Although the clinical guidelines and supporting evidence calls for an evaluation of many factors, it was felt that for the purposes of measuring performance and facilitating implementation this initial measure must be limited in scope. For this reason, the work group defined an evaluation of balance and gait as a core component that must be completed on all patients with a history of falls as well as four additional evaluations – at least one of which must be completed within the 12 month period. Data elements required for the measure can be captured and the measure is actionable by the physician.

**MEASURE TYPE**

Process
Measure #155 (NQF: 0101): Falls: Plan of Care

DESCRIPTION

Percentage of patients aged 65 years and older with a history of falls that had a plan of care for falls documented within 12 months.

NOTE:
This is a two-part measure which is paired with Measure #154: Falls: Risk Assessment. This measure should be reported if CPT II code 1100F “Patient screened for future falls risk; documentation of two or more falls in the past year or any fall with injury in the past year” is submitted for Measure #154.

NQS DOMAIN

Communication and Care Coordination

DENOMINATOR

All patients aged 65 years and older with a history of falls (history of falls is defined as 2 or more falls in the past year or any fall with injury in the past year). Documentation of patient reported history of falls is sufficient.

**Denominator Criteria (Eligible Cases):**
Patients aged ≥ 65 years on date of encounter

**AND**
All eligible instances when CPT II code 1100F (Patient screened for future fall risk; documentation of two or more falls in the past year or any fall with injury in the past year) is reported in the numerator for Measure #154.

**AND**
**Patient encounter during the reporting period (CPT or HCPCS):** 97001, 97002, 97003, 97004, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 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, G0402, G0438, G0439

NUMERATOR

Patients with a plan of care for falls documented within 12 months.

**Numerator Quality-Data Coding Options for Reporting Satisfactorily:**
Plan of Care Documented
Performance Met:
CPT II 0518F: Falls plan of care documented

OR

Plan of Care not Documented for Medical Reasons
Append a modifier (1P) to CPT Category II code 0518F to report documented circumstances that appropriately exclude patients from the denominator.

*Medical Performance Exclusion: 0518F with 1P:* Documentation of medical reason(s) for no plan of care for falls (ie, patient is not ambulatory, bed ridden, immobile, confined to chair, wheelchair bound, dependent on helper pushing wheelchair, independent in wheelchair or minimal help in wheelchair)

OR

Plan of Care not Documented, Reason not Otherwise Specified
Append a reporting modifier (8P) to CPT Category II code 0518F to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

*Performance Not Met: 0518F with 8P:* Plan of care not documented, reason not otherwise specified

**RATIONALE**

Interventions to prevent future falls should be documented for the patient with 2 or more falls or injurious falls.

**MEASURE TYPE**

Process
Measure #226 (NQF 0028): Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

DESCRIPTION

Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.

NQS DOMAIN

Community/Population Health

DENOMINATOR

All patients aged 18 years and older.

Denominator Criteria (Eligible Cases):

- Patients aged ≥ 18 years on date of encounter
- Patient encounter during the reporting period (CPT or HCPCS): 90791, 90792, 90832, 90834, 90837, 90845, 92002, 92004, 92012, 92014, 96150, 96151, 96152, 97003, 97004, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99406, 99407, G0438, G0439

NUMERATOR

Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation counseling intervention if identified as a tobacco user.

Numerator Quality-Data Coding Options for Reporting Satisfactorily:

- Patient Screened for Tobacco Use, Identified as a User and Received Intervention
  - Performance Met: CPT II 4004F: Patient screened for tobacco use AND received tobacco cessation intervention (counseling, pharmacotherapy, or both), if identified as a tobacco user
  - OR
    - Patient Screened for Tobacco Use and Identified as a Non-User of Tobacco
      - Performance Met: CPT II 1036F: Current tobacco non-user
  - OR
    - Tobacco Screening not Performed for Medical Reasons
      - Append a modifier (1P) to CPT Category II code 4004F to report documented circumstances that appropriately exclude patients from the denominator
**Medical Performance Exclusion: 4004F with 1P:** Documentation of medical reason(s) for not screening for tobacco use (eg, limited life expectancy, other medical reasons)

OR

**Tobacco Screening OR Tobacco Cessation Intervention not Performed, Reason Not Otherwise Specified**

Append a reporting modifier (8P) to CPT Category II code 4004F to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

**Performance Not Met: 4004F with 8P:** Tobacco screening OR tobacco cessation intervention not performed, reason not otherwise specified

**RATIONALE**

This measure is intended to promote adult tobacco screening and tobacco cessation interventions for those who use tobacco products. There is good evidence that tobacco screening and brief cessation intervention (including counseling and/or pharmacotherapy) is successful in helping tobacco users quit. Tobacco users who are able to stop smoking lower their risk for heart disease, lung disease, and stroke.

**MEASURE TYPE**

Process
Measure #236 (NQF 0018): Controlling High Blood Pressure

DESCRIPTION

Percentage of patients 18 through 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (< 140/90 mmHg) during the measurement period.

NQS DOMAIN

Effective Clinical Care

DENOMINATOR

Patients 18 through 85 years of age who had a diagnosis of essential hypertension within the first six months of the measurement period or any time prior to the measurement period.

Denominator Criteria (Eligible Cases):
Patients 18 through 85 years of age on date of encounter
AND
Diagnosis for hypertension (ICD-9-CM) [for use 01/01/2015-09/30/2015]: 401.0, 401.1, 401.9
Diagnosis for hypertension (ICD-10-CM) [for use 10/01/2015-12/31/2015]: I10
AND
Patient encounter during reporting period (CPT or HCPCS): 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, G0402, G0438, G0439

NUMERATOR

Patients whose most recent blood pressure is adequately controlled (systolic blood pressure < 140 mmHg and diastolic blood pressure < 90 mmHg) during the measurement period.

Numerator Quality-Data Coding Options for Reporting Satisfactorily:
Most Recent Blood Pressure Measurement Performed
Systolic pressure (Select one (1) code from this section):
Performance Met: G8752: Most recent systolic blood pressure < 140 mmHg
OR
Performance Not Met: G8753: Most recent systolic blood pressure ≥ 140 mmHg
AND
Diastolic pressure (Select one (1) code from this section):
Performance Met: G8754: Most recent diastolic blood pressure < 90 mmHg
OR
**Performance Not Met: G8755**: Most recent diastolic blood pressure ≥ 90 mmHg

OR

**Patient not Eligible for Recommended Blood Pressure Parameters for Documented Reasons**

**Other Performance Exclusion: G9231**: Documentation of end stage renal disease (ESRD), dialysis, renal transplant or pregnancy.

OR

**Blood Pressure Measurement not Documented, Reason not Given**

**Performance Not Met: G8756**: No documentation of blood pressure measurement, reason not given

**RATIONALE**

Hypertension is a very significant health issue in the United States. Fifty million or more Americans have high blood pressure that warrants treatment, according to the National Health and Nutrition Examination Survey (NHANES) survey (Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure 2003). The United States Preventive Services Task Force (USPSTF) recommends that clinicians screen adults aged 18 and older for high blood pressure (United States Preventive Services Task Force 2007).

The most frequent and serious complications of uncontrolled hypertension include coronary heart disease, congestive heart failure, stroke, ruptured aortic aneurysm, renal disease, and retinopathy. The increased risks of hypertension are present in individuals ranging from 40 to 89 years of age. For every 20 mmHg systolic or 10 mmHg diastolic increase in blood pressure, there is a doubling of mortality from both ischemic heart disease and stroke (Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure 2003).

Better control of blood pressure has been shown to significantly reduce the probability that these undesirable and costly outcomes will occur. The relationship between the measure (control of hypertension) and the long-term clinical outcomes listed is well established. In clinical trials, antihypertensive therapy has been associated with reductions in stroke incidence (35-40 percent), myocardial infarction incidence (20-25 percent) and heart failure incidence (>50 percent) (Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure 2003).

**MEASURE TYPE**

Intermediate Outcome
Measure #318 (NQF 0101): Falls: Screening for Fall Risk (*eCQM 139v3*)

**DESCRIPTION**

Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period.

**NQS DOMAIN**

Patient Safety

**DENOMINATOR**

Patients aged 65 years and older with a visit during the measurement period.

*Denominator Exceptions*

Documentation of medical reason(s) for not screening for fall risk (e.g., patient is not ambulatory).

**NUMERATOR**

Patients who were screened for future fall risk at least once within the measurement period.

**RATIONALE**

As the leading cause of both fatal and nonfatal injuries for older adults, falls are one of the most common and significant health issues facing people aged 65 years or older (Schneider, Shubert and Harmon 2010). Moreover, the rate of falls increases with age (Dykes et al. 2010). Older adults are five times more likely to be hospitalized for fall-related injuries than any other cause-related injury. It is estimated that one in every three adults over 65 will fall each year (Centers for Disease Control and Prevention 2012). In those over age 80, the rate of falls increases to fifty percent (Doherty et al. 2009). Falls are also associated with substantial cost and resource use, approaching $30,000 per fall hospitalization (Woolcott et al. 2011). Identifying at-risk patients is the most important part of management, as applying preventive measures in this vulnerable population can have a profound effect on public health (al-Aama 2011). Family physicians have a pivotal role in screening older patients for risk of falls, and applying preventive strategies for patients at risk (al-Aama 2011).

**MEASURE TYPE**

Process
Measure #76 (NQF 0464): Prevention of Central Venous Catheter (CVC) - Related Bloodstream Infections

DESCRIPTION

Percentage of patients, regardless of age, who undergo central venous catheter (CVC) insertion for whom CVC was inserted with all elements of maximal sterile barrier technique, hand hygiene, skin preparation and, if ultrasound is used, sterile ultrasound techniques followed.

NQS DOMAIN

Patient Safety

DENOMINATOR

All patients, regardless of age, who undergo CVC insertion.

Denominator Criteria (Eligible Cases):
Patient encounter during the reporting period (CPT): 36555, 36556, 36557, 36558, 36560, 36561, 36563, 36565, 36566, 36568, 36569, 36570, 36571, 36578, 36580, 36581, 36582, 36583, 36584, 36585, 93503

NUMERATOR

Patients for whom central venous catheter (CVC) was inserted with all elements of maximal sterile barrier technique, hand hygiene, skin preparation and, if ultrasound is used, sterile ultrasound techniques followed.

Numerator Quality-Data Coding Options for Reporting Satisfactorily:

All Elements of Maximal Sterile Barrier Technique Followed

Performance Met: CPT II 6030F: All elements of maximal sterile barrier technique followed including: cap AND mask AND sterile gown AND sterile gloves AND a large sterile sheet AND hand hygiene AND 2% chlorhexidine for cutaneous antisepsis (or acceptable alternative antiseptics, per current guideline)

OR

All Elements of Maximal Sterile Barrier Technique not Followed for Medical Reasons

Append a modifier (1P) to CPT Category II code 6030F to report documented circumstances that appropriately exclude patients from the denominator.

Medical Performance Exclusion: 6030F with 1P: Documentation of medical reason(s) for not following all elements of maximal sterile barrier technique, hand hygiene, skin preparation and, if
ultrasound is used, sterile ultrasound techniques during CVC insertion (including increased risk of harm to patient if adherence to aseptic technique would cause delay in CVC insertion)

**OR**

**All Elements of Maximal Sterile Barrier Technique not Followed, Reason not Otherwise Specified**

Append a reporting modifier (8P) to CPT Category II code 6030F to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

**Performance Not Met: 6030F with 8P:** All elements of maximal sterile barrier technique **not** followed including: cap AND mask AND sterile gown AND sterile gloves AND a large sterile sheet AND hand hygiene AND 2% chlorhexidine for cutaneous antisepsis (or acceptable alternative antiseptics, per current guideline), reason not otherwise specified

**RATIONALE**

Catheter-related bloodstream infection is a costly complication of central venous catheter insertion, but may be avoided with routine use of aseptic technique during catheter insertion. This measure is constructed to require that all of the listed elements of aseptic technique are followed and documented.

**MEASURE TYPE**

Process
**Measure #145 (NQF 0510): Radiology: Exposure Time Reported for Procedures Using Fluoroscopy**

**DESCRIPTION**

Percentage of final reports for procedures using fluoroscopy that include documentation of radiation exposure or exposure time.

**NQS DOMAIN**

Patient Safety

**DENOMINATOR**

All final reports for procedures using fluoroscopy.

**Denominator Criteria (Eligible Cases):**

Patient encounter during the reporting period (CPT or HCPCS): 0075T, 0234T, 0235T, 0236T, 0237T, 0238T, 0338T, 0339T, 25606, 25610, 25651, 26608, 26650, 26676, 26706, 26727, 27235, 27244, 27245, 27509, 27756, 27759, 28406, 28436, 28456, 28467, 36147, 36221, 36222, 36223, 36224, 36225, 36226, 36251, 36252, 36253, 36254, 36598, 37182, 37183, 37184, 37187, 37188, 37211, 37212, 37213, 37214, 37215, 37217, 37220, 37221, 37222, 37223, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231, 37232, 37233, 37234, 37235, 37236, 37238, 37241, 37242, 37243, 37244, 43260, 43261, 43262, 43263, 43264, 43265, 43267, 43275, 43277, 43278, 43752, 44500, 49440, 49441, 49442, 49446, 49450, 49451, 49452, 49460, 49465, 50382, 50384, 50385, 50386, 50387, 50389, 50590, 61623, 61630, 61635, 62263, 62264, 62280, 62281, 62282, 63610, 64610, 64620, 70010, 70015, 70170, 70332, 70370, 70371, 70373, 70390, 71023, 71034, 72240, 72255, 72265, 72270, 72275, 72285, 72295, 73040, 73085, 73115, 73525, 73580, 73615, 74190, 74210, 74220, 74230, 74235, 74240, 74241, 74245, 74246, 74247, 74249, 74250, 74251, 74260, 74270, 74280, 74283, 74290, 74300, 74305, 74320, 74327, 74328, 74329, 74330, 74340, 74355, 74360, 74363, 74425, 74430, 74440, 74445, 74450, 74455, 74470, 74475, 74480, 74485, 74490, 74740, 74742, 75600, 75605, 75625, 75630, 75658, 75705, 75710, 75716, 75726, 75731, 75733, 75736, 75741, 75743, 75746, 75756, 75791, 75801, 75803, 75805, 75807, 75809, 75810, 75825, 75827, 75831, 75833, 75840, 75842, 75860, 75870, 75872, 75880, 75885, 75887, 75891, 75893, 75894, 75896, 75898, 75901, 75902, 75952, 75953, 75954, 75956, 75957, 75958, 75959, 75962, 75966, 75970, 75978, 75980, 75982, 75984, 76000, 76001, 76080, 76120, 76496, 77001, 77002, 77003, 92611, 93565, 93566, 93567, 93568, G0106, G0120, G0278
NUMERATOR

Final reports for procedures using fluoroscopy that include documentation of radiation exposure or exposure time.

Numerator Quality-Data Coding Options for Reporting Satisfactorily:
Radiation Exposure or Exposure Time Documented in Final Procedure Report

Performance Met: CPT II 6045F: Radiation exposure or exposure time in final report for procedure using fluoroscopy, documented

OR

Radiation Exposure or Exposure Time not Documented in Final Procedure Report, Reason not Otherwise Specified
Append a reporting modifier (8P) to CPT Category II code 6045F to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

Performance Not Met: 6045F with 8P: Radiation exposure or exposure time not documented in final report for procedure using fluoroscopy, reason not otherwise specified

RATIONALE

Increasing physician awareness of patient exposure to radiation is an important step towards reducing the potentially harmful effects of radiation as a result of imaging studies. One study by Darling et al found a significant correlation between documentation of fluoroscopy time by the radiologist in the dictated radiology report and reduced overall fluoroscopy time. Additional studies demonstrate that providing physicians with feedback regarding their fluoroscopy time leads to a reduction in average fluoroscopy times.

MEASURE TYPE

Process
Measure #357: Surgical Site Infection (SSI)

DESCRIPTION

Percentage of patients aged 18 years and older who had a surgical site infection (SSI).

NQS DOMAIN

Effective Clinical Care

DENOMINATOR

Patients aged 18 years and older that have a specific general surgery procedure performed.

**Denominator Criteria (Eligible Cases):**

Patients aged 18 years and older on date of encounter

AND

**Patient encounter during reporting period (CPT procedure):** 19101, 19301, 19302, 19303, 19304, 19305, 19306, 19307, 36818, 36819, 36820, 36821, 36825, 36830, 43644, 43645, 43775, 43846, 43847, 44140, 44141, 44143, 44144, 44145, 44146, 44147, 44150, 44151, 44160, 44204, 44205, 44206, 44207, 44208, 44210, 44950, 44950, 44950, 44970, 44970, 47562, 47563, 47564, 47600, 47605, 47610, 49560, 49561, 49565, 49566, 49572, 49585, 49587, 49590, 49652, 49653, 49654, 49655, 49656, 49657, 60200, 60210, 60212, 60220, 60225, 60240, 60252, 60254, 60260, 60270, 60271

NUMERATOR

Number of patients with a surgical site infection.

**NUMERATOR NOTE:** A lower calculated performance rate for this measure indicates better clinical care or control.

**Numerator Options:**

- **Performance Met:** Surgical site infection (G9312)
- **Performance Not Met:** No surgical site infection (G9311)

RATIONALE

This is an adverse surgical outcome, which is often a preventable cause of harm, thus it is important to measure and report. It is feasible to collect the data and produces reliable and valid results about the quality
of care. It is useful and understandable to stakeholders. As highlighted earlier, this measure was developed in a collaborative effort by the American College of Surgeons and the American Board of Surgery. This measure addresses the National Quality Strategy Priorities, and was identified by an expert panel of physician providers to be a critical outcome for this procedure. This measure addresses a high-impact condition as it is one of the most common procedures performed in the U.S. The measure aligns well with the intended use. The care settings include Acute Care Facilities/Hospitals. Data are being collected in a clinical registry that has been in existence for over 5 years, with over 4000 current users. Thus, we are requesting consideration of this measure in the “Registry Reporting” option. The level of analysis is the clinician/individual. All populations are included, except children. The measure allows measurement across the person-centered episode of care out to 30 days after the procedure whether an inpatient, outpatient, or readmitted. The measure addresses disparities in care. The risk adjustment is performed with a parsimonious dataset and aims to allow efficient data collection resources and data reporting. Measures have been harmonized when possible.

**MEASURE TYPE**

Outcome
Measure #122: Adult Kidney Disease: Blood Pressure Management

DESCRIPTION

Percentage of patient visits for those patients aged 18 years and older with a diagnosis of chronic kidney disease (CKD) (stage 3, 4, or 5, not receiving Renal Replacement Therapy [RRT]) with a blood pressure < 140/90 mmHg OR ≥ 140/90 mmHg with a documented plan of care.

NQS DOMAIN

Effective Clinical Care

DENOMINATOR

All patient visits for those patients aged 18 years and older with a diagnosis of CKD (stage 3, 4, or 5, not receiving RRT).

Denominator Criteria (Eligible Cases):
Patients aged ≥ 18 years on date of encounter
AND
Diagnosis for stage 3, 4, or 5 CKD (ICD-9-CM) [for use 1/1/2015-9/30/2015]: 585.3, 585.4, 585.5
Diagnosis for stage 3, 4, or 5 CKD (ICD-10-CM) [for use 10/01/2015-12/31/2015]: N18.3, N18.4, N18.5
AND
Patient encounter during the reporting period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 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

NUMERATOR

Patient visits with blood pressure < 140/90 mmHg OR ≥ 140/90 mmHg with a documented plan of care.

Numerator Options:
(One quality-data code [G8476] is required on the claim form to submit this numerator option)
Performance Met: Most recent blood pressure has a systolic measurement of < 140 mmHg and a diastolic measurement of < 90 mmHg (G8476)
OR
Performance Met: Most recent blood pressure has a systolic measurement of ≥ 140 mmHg and/or a diastolic measurement of ≥ 90 mmHg (G8477)
AND
Elevated blood pressure plan of care documented (0513F)

OR

**Performance Not Met:** Blood pressure measurement **not** performed or documented, reason not given (G8478)

OR

**Performance Not Met:**
No documentation of elevated blood pressure plan of care, reason not otherwise specified (0513F with 8P)

AND
Most recent blood pressure has a systolic measurement of ≥140 mmHg and/or a diastolic measurement of ≥ 90 mmHg (G8477)

**RATIONALE**

Accurate measurement in CKD is especially important, because hypertension is more common in CKD, and because JNC 8 identifies CKD as a "compelling indication" for more aggressive antihypertensive therapy because of the higher risk of CVD in CKD than in the general population.

**MEASURE TYPE**

Intermediate Outcome
Measure #121 (NQF 1668): Adult Kidney Disease: Laboratory Testing (Lipid Profile)

DESCRIPTION

Percentage of patients aged 18 years and older with a diagnosis of chronic kidney disease (CKD) (stage 3, 4, or 5, not receiving Renal Replacement Therapy [RRT]) who had a fasting lipid profile performed at least once within a 12-month period.

NQS DOMAIN

Effective Clinical Care

DENOMINATOR

All patients aged 18 years and older with a diagnosis of CKD (stage 3, 4, or 5, not receiving RRT).

Denominator Criteria (Eligible Cases):
Patients aged ≥ 18 years on date of encounter
AND
Diagnosis for stage 3, 4, or 5 CKD (ICD-9-CM) [for use 1/1/2015-9/30/2015]: 585.3, 585.4, 585.5
Diagnosis for stage 3, 4, or 5 CKD (ICD-10-CM) [for use 10/01/2015-12/31/2015]: N18.3, N18.4, N18.5
AND
Patient encounter during the reporting period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 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

NUMERATOR

Patients who had a fasting lipid profile performed at least once within a 12-month period.

Numerator Options:
Fasting Lipid Profile Performed

Performance Met: Fasting lipid profile performed (Triglycerides, LDL-C, HDL-C, and Total Cholesterol) (G8725)

OR

Other Performance Exclusion: Clinician has documented reason for not performing fasting lipid profile (eg, patient declined, other patient reasons) (G8726)
OR

*Performance Not Met:* Fasting lipid profile *not* performed, reason not given *(G8728)*

**RATIONALE**

The principal reason to evaluate dyslipidemias in patients with CKD is to detect abnormalities that may be treated to reduce the incidence of ACVD. A number of observational studies have reported that various dyslipidemias are associated with decreased kidney function in the general population and in patients with CKD. (KDOQI)

Many factors influence the prevalence of dyslipidemias in CKD. Changes in proteinuria, GFR, and treatment of CKD may alter lipoprotein levels. Therefore, it is prudent to evaluate dyslipidemias more often than is recommended in the general population. (KDOQI)

**MEASURE TYPE**

Process
Measure #329: Adult Kidney Disease: Catheter Use at Initiation of Hemodialysis

DESCRIPTION

Percentage of patients aged 18 years and older with a diagnosis of End Stage Renal Disease (ESRD) who initiate maintenance hemodialysis during the measurement period, whose mode of vascular access is a catheter at the time maintenance hemodialysis is initiated.

NOTE:
This is a two part measure which is paired with Measure #330: Adult Kidney Disease: Catheter Use for Greater Than or Equal to 90 Days. If there is documentation that the patient initiated hemodialysis with a catheter, then Measure #330 should also be reported.

NQS DOMAIN

Effective Clinical Care

DENOMINATOR

All patients aged 18 years and older with a diagnosis of ESRD who initiate maintenance hemodialysis during the measurement period.

Denominator Criteria (Eligible Cases):
Patients aged ≥ 18 years on date of encounter
AND
Diagnosis for ESRD (ICD-9-CM) [for use 1/1/2015-9/30/2015]: 585.6, V56.0
Diagnosis for ESRD (ICD-10-CM) [for use 10/01/2015-12/31/2015]: N18.6, Z49.31
AND
Patient encounter during reporting period (CPT): 90957, 90958, 90959, 90960, 90961, 90962, 90966, 90970
AND
Initiation of maintenance hemodialysis during the reporting/maintenance period

NUMERATOR

Patients whose mode of vascular access is a catheter at the time maintenance hemodialysis is initiated.

Numerator Options:
Performance Met: Patient whose mode of vascular access is a catheter at the time maintenance hemodialysis is initiated (G9240)
OR

**Other Performance Exclusion:** Documentation of reasons for patient initiating maintenance hemodialysis with a catheter as the mode of vascular access (e.g., patient has a maturing AVF/AVG, time-limited trial of hemodialysis, patients undergoing palliative dialysis, other medical reasons, patient declined AVF/AVG, other patient reasons, patient followed by reporting nephrologist for fewer than 90 days, other system reasons) (G9239)

OR

**Performance Not Met:** Patient whose mode of vascular access is not a catheter at the time maintenance hemodialysis is initiated (G9241)

**RATIONALE**

Cuffed tunneled central venous catheters should be discouraged as permanent vascular access.

Among vascular access modalities, catheters have the highest rates of infectious complications, thrombosis, risk of permanent central venous stenosis or occlusion.

Patients receiving catheters and grafts have greater mortality risk than patients dialyzed with fistulae.

**MEASURE TYPE**

Outcome
Measure #330: Adult Kidney Disease: Catheter Use for Greater Than or Equal to 90 Days

DESCRIPTION

Percentage of patients aged 18 years and older with a diagnosis of End Stage Renal Disease (ESRD) receiving maintenance hemodialysis for greater than or equal to 90 days whose mode of vascular access is a catheter.

NOTE:
This is a two part measure which is paired with Measure #329: Adult Kidney Disease: Catheter Use at Initiation of Hemodialysis.

This measure should be reported if quality-data code G9240 “Documentation of patient with a catheter at the time maintenance hemodialysis is initiated” is submitted for Measure #329.

NQS DOMAIN

Effective Clinical Care

DENOMINATOR

All patients aged 18 years and older with a diagnosis of ESRD receiving maintenance hemodialysis for greater than or equal to 90 days.

Denominator Criteria (Eligible Cases):
Patients aged ≥ 18 years on date of encounter
AND
Diagnosis for ESRD (ICD-9-CM) [for use 1/1/2015-9/30/2015]: 585.6, V56.0
Diagnosis for ESRD (ICD-10-CM) [for use 10/01/2015-12/31/2015]: N18.6, Z49.31
AND
Patient encounter during reporting period (CPT): 90957, 90958, 90959, 90960, 90961, 90962, 90966, 90970
AND
All eligible instances of quality-data code G9240 (Documentation of patient with a catheter at the time maintenance hemodialysis is initiated as applied in the numerator for Measure #329 Adult Kidney Disease: Catheter Use at Initiation of Hemodialysis)
NUMERATOR

Patients whose mode of vascular access is a catheter.

Numerator Options:

Performance Met: Patient receiving maintenance hemodialysis for greater than or equal to 90 days with a catheter as the mode of vascular access (G9265)

OR

Other Performance Exclusion: Documentation of patient receiving maintenance hemodialysis for greater than or equal to 90 days with a catheter for documented reasons (e.g., patient is undergoing palliative dialysis with a catheter, patient approved by a qualified transplant program and scheduled to receive a living donor kidney transplant, other medical reasons, patient declined AVF/AVG, other patient reasons) (G9264)

OR

Performance Not Met: Patient receiving maintenance hemodialysis for greater than or equal to 90 days without a catheter as the mode of vascular access (G9266)

RATIONALE

Long-term catheter use without appropriate adjustments in treatment duration can compromise dialysis adequacy. Compromise of dialysis adequacy is associated with increased morbidity and mortality. Long-term catheter access is associated with a risk for central venous stenosis development, which can preclude the establishment of a permanent vascular access for HD.

Data suggest that a change from non-cuffed to long-term cuffed catheters, and the reduction in catheter placement rates, may reflect longer duration of catheter use and longer exposure to potential infections.

The infection rate for long-term cuffed catheters is one episode per 252 catheter days, and their use is associated with lower blood flows, less hemodialysis, and an increased risk of sepsis, endocarditis, and metastatic infections.

MEASURE TYPE

Outcome
Measure #81 (NQF 0323): Adult Kidney Disease: Hemodialysis Adequacy: Solute

DESCRIPTION

Percentage of calendar months within a 12-month period during which patients aged 18 years and older with a diagnosis of End Stage Renal Disease (ESRD) receiving hemodialysis three times a week for ≥ 90 days have a spKt/V ≥ 1.2.

NQS DOMAIN

Communication and Care Coordination

DENOMINATOR

All calendar months during which patients aged 18 years and older with a diagnosis of ESRD are receiving hemodialysis three times a week for ≥ 90 days.

DENOMINATOR NOTE: There should be documentation in the patient’s chart that he/she is receiving hemodialysis three times per week for ≥ 90 days.

Denominator Criteria (Eligible Cases):
Patients aged ≥ 18 years on date of encounter
AND
Diagnosis for ESRD (ICD-9-CM) [for use 1/1/2015-9/30/2015]: 585.6
Diagnosis for ESRD (ICD-10-CM) [for use 10/01/2015-12/31/2015]: N18.6
AND
Encounter for Dialysis and Dialysis Catheter Care (ICD-9-CM) [for use 1/1/2015-9/30/2015]: V56.0, V56.1, V56.32
Encounter for Dialysis and Dialysis Catheter Care (ICD-10-CM) [for use 10/01/2015-12/31/2015]: Z49.01, Z49.31, Z49.32
AND
Hemodialysis treatment performed exactly three times per week for ≥ 90 days: G8714
AND
Patient encounter during the reporting period (CPT): 90957, 90958, 90959, 90960, 90961, 90962, 90965, 90966, 90969, 90970

NUMERATOR

Calendar months during which patients have a spKt/V ≥ 1.2.
**NUMERATOR NOTE:** Urea kinetic modeling (UKM) or the second generation Daugirdas formula (simplified multivariable equation) are the most appropriate ways to calculate spKt/V, and the two accepted methods for calculating spKt/V per the KDOQI guidelines. For more information on these methods, please refer to National Kidney Foundation’s KDOQI Clinical Practice Guidelines and Clinical Practice Recommendations for 2006 Updates: Hemodialysis Adequacy, Peritoneal Dialysis Adequacy and Vascular Access. Am J Kidney Dis 48:S1-S322, 2006 (suppl 1).

**Numerator Options:**

*Performance Met:* spKt/V greater than or equal to 1.2 (single-pool clearance of urea [Kt] / volume [V])  
(G8713)

OR

*Performance Not Met:* spKt/V less than 1.2 (single-pool clearance of urea [Kt] / volume [V]), reason not given  
(G8717)

**RATIONALE**

Adequate dialysis dose (Kt/V ≥ 1.2), is strongly associated with better outcomes, including decreased mortality, fewer hospitalizations, decreased length of hospitalizations, and decreased hospital costs. (Plantinga et al, 2007 and Sehgal et al, 2001)

**MEASURE TYPE**

Outcome
Measure #82 (NQF 0321): Adult Kidney Disease: Peritoneal Dialysis Adequacy: Solute

DESCRIPTION

Percentage of patients aged 18 years and older with a diagnosis of End Stage Renal Disease (ESRD) receiving peritoneal dialysis that have a total Kt/V ≥ 1.7 per week measured once every 4 months.

NQS DOMAIN

Effective Clinical Care

DENOMINATOR

All patients aged 18 years and older with a diagnosis of ESRD receiving peritoneal dialysis.

Denominator Criteria (Eligible Cases):
Patients aged ≥ 18 years on date of encounter
AND
Diagnosis for ESRD (ICD-9-CM) [for use 1/1/2015-9/30/2015]: 585.6
Diagnosis for ESRD (ICD-10-CM) [for use 10/01/2015-12/31/2015]: N18.6
AND
Encounter for Dialysis and Dialysis Catheter Care (ICD-9-CM) [for use 1/1/2015-9/30/2015]: V56.2, V56.32, V56.8
Encounter for Dialysis and Dialysis Catheter Care (ICD-10-CM) [for use 10/01/2015-12/31/2015]: Z49.02, Z49.32
AND
Patient encounter during the reporting period (CPT): 90945, 90947, 90957, 90958, 90959, 90960, 90961, 90962, 90965, 90966, 90969, 90970

NUMERATOR

Patients who have a total Kt/V ≥ 1.7 per week measured once every 4 months.

Numerator Options:
Performance Met: Total Kt/V greater than or equal to 1.7 per week (Total clearance of urea [Kt]/volume [V]) (G8718)
OR
Performance Not Met: Total Kt/V less than 1.7 per week (Total clearance of urea [Kt]/volume [V] (G8720)

RATIONALE

Adequate dialysis dose is strongly associated with better outcomes, including decreased mortality, fewer hospitalizations, fewer days in the hospital, and decreased hospital costs. (Plantinga et al, 2007)

MEASURE TYPE

Outcome
Measure #327: Pediatric Kidney Disease: Adequacy of Volume Management

DESCRIPTION

Percentage of calendar months within a 12-month period during which patients aged 17 years and younger with a diagnosis of End Stage Renal Disease (ESRD) undergoing maintenance hemodialysis in an outpatient dialysis facility have an assessment of the adequacy of volume management from a nephrologist.

NQS DOMAIN

Effective Clinical Care

DENOMINATOR

All calendar months during which patients aged 17 years and younger with a diagnosis of ESRD are undergoing maintenance hemodialysis in an outpatient dialysis facility.

Denominator Criteria (Eligible Cases):

Patients aged ≤ 17 years on date of encounter

AND

Diagnosis for ESRD (ICD-9-CM) [for use 1/1/2015-9/30/2015]: 585.6
Diagnosis for ESRD (ICD-10-CM) [for use 10/01/2015-12/31/2015]: N18.6

AND

Patient encounter during the reporting period (CPT): 90951, 90952, 90953, 90954, 90955, 90956, 90957, 90958, 90959, 90963, 90964, 90965, 90967, 90968, 90969

AND

Patient receiving maintenance hemodialysis in an outpatient dialysis facility: G8956

NUMERATOR

Calendar months during which patients have an assessment of the adequacy of volume management from a nephrologist.

Numerator Options

Performance Met: Most recent assessment of adequacy of volume management (G8955)

OR

Performance Not Met: Assessment of adequacy of volume management not documented, reason not given (G8958)
RATIONALE

Management of hypertension in dialysis patients includes the management of the fluid status. Poor extracellular volume control may exacerbate hypertension and so it is important to optimize ultrafiltration, volume status and dry weight to control blood pressure in an effort to improve patient outcomes. (KDOQI, 2006)

MEASURE TYPE

Outcome
Measure #328 (NQF 1667): Pediatric Kidney Disease: ESRD Patients Receiving Dialysis: Hemoglobin Level < 10 g/dL

DESCRIPTION

Percentage of calendar months within a 12-month period during which patients aged 17 years and younger with a diagnosis of End Stage Renal Disease (ESRD) receiving hemodialysis or peritoneal dialysis have a hemoglobin level < 10 g/dL.

NQS DOMAIN

Effective Clinical Care

DENOMINATOR

All calendar months during which patients aged 17 years and younger with a diagnosis of ESRD are receiving hemodialysis or peritoneal dialysis.

Denominator Criteria (Eligible Cases):

- Patients aged ≤ 17 years on date of encounter
- Diagnosis for ESRD (ICD-9-CM) [for use 1/1/2015-9/30/2015]: 585.6
- Diagnosis for ESRD (ICD-10-CM) [for use 10/01/2015-12/31/2015]: N18.6
- Patient encounter during the reporting period (CPT): 90945, 90947, 90951, 90952, 90953, 90954, 90955, 90956, 90957, 90958, 90959, 90963, 90964, 90965, 90967, 90968, 90969

NUMERATOR

Calendar months during which patients have a hemoglobin level < 10 g/dL.

Numerator Options:

- Performance Met: Most recent hemoglobin (Hgb) level < 10 g/dL (G8973)
- Other Performance Exclusion: Hemoglobin level measurement not documented, reason not given (G8974)
- Medical Performance Exclusion: Documentation of medical reason(s) for patient having a hemoglobin level < 10 g/dL (eg, patients who have non-renal etiologies of anemia (eg, sickle cell
anemia or other hemoglobinopathies, hypersplenism, primary bone marrow disease, anemia related to chemotherapy for diagnosis of malignancy, postoperative bleeding, active bloodstream or peritoneal infection), other medical reasons) \((G8975)\)

**OR**

**Performance Not Met:** Most recent hemoglobin (Hgb) level ≥ 10 g/dL \((G8976)\)

**RATIONALE**

The clinical issues that impact achievement of the target hemoglobin in the pediatric population differ from the adult population. Normative, adult population data should not be used to assess performance in the pediatric population. Consideration(s) should be given to using age-specific normative data across the pediatric age range.

Anemia is a common complication of chronic kidney disease (CKD). The prevalence of anemia varies with the degree of renal impairment in predialysis patients with CKD, but once end-stage kidney failure occurs, all patients are eventually affected. Anemia develops once renal function decreases to < 50% because of a deficiency in endogenous erythropoietin (EPO) production by the kidney, decreased red cell survival, blood losses, and increased red blood cell destruction once the patient begins dialysis treatment, particularly hemodialysis. Anemia reduces physical capacity, well-being, neurocognitive function, and energy level and worsens quality of life both in predialysis and dialysis patients. Anemia also induces adaptive cardiovascular mechanisms to maintain tissue oxygen supply. This leads to left ventricular hypertrophy, left ventricular dilation, and myocardial ischemia, which are risk factors for cardiovascular disease and death. It is plausible that reversing anemia may reduce this risk. (Strippoli et al., 2004)

**MEASURE TYPE**

Intermediate Outcome
Measure #238 (NQF 0022): Use of High-Risk Medications in the Elderly

DESCRIPTION

Percentage of patients 66 years of age and older who were ordered high-risk medications. Two rates are reported.

1) Percentage of patients who were ordered at least one high-risk medication.
2) Percentage of patients who were ordered at least two different high-risk medications.

NQS DOMAIN

Patient Safety

DENOMINATOR (REPORTING CRITERIA 1)

Patients 66 years and older who had a visit during the measurement period.

Denominator Criteria (Eligible Cases) 1:
Patients aged ≥ 66 years on date of encounter
AND
Patient encounter during reporting period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, G0438, G0439

DENOMINATOR (REPORTING CRITERIA 2)

Patients 66 years and older who had a visit during the measurement period.

Denominator Criteria (Eligible Cases) 2:
Patients aged ≥ 66 years on date of encounter
AND
Patient encounter during reporting period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, G0438, G0439

NUMERATOR (REPORTING CRITERIA 1)

Percentage of patients who were ordered at least one high-risk medication during the measurement period.
NUMERATOR OPTIONS

Performance Met: One high-risk medication ordered (G9365)

OR

Performance Not Met: One high-risk medication not ordered (G9366)

NUMERATOR (REPORTING CRITERIA 2)

Percentage of patients who were ordered at least two different high-risk medications during the measurement period.

Numerator Options:

Performance Met: At least two different high-risk medications ordered (G9367)

OR

Performance Not Met: At least two different high-risk medications not ordered (G9368)

RATIONALE

Seniors receiving inappropriate medications are more likely to report poorer health status at follow-up, compared to seniors who receive appropriate medications (Fu, Liu, and Christensen 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 et al. 2005). While some adverse drug events are not preventable, studies estimate that between 30 and 80 percent of adverse drug events in the elderly are preventable (MacKinnon and Hepler 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, Liu, and Christensen 2004). Medication use by older adults will likely increase further as the U.S. population ages, new drugs are developed, and new therapeutic and preventive uses for medications are discovered (Rothberg et al. 2008). By the year 2030, nearly one in five U.S. residents is expected to be aged 65 years or older; this age group is projected to more than double in number from 38.7 million in 2008 to more than 88.5 million in 2050. Likewise, the population aged 85 years or older is expected to increase almost four-fold, from 5.4 million to 19 million between 2008 and 2050. As the elderly population continues to grow, the number of older adults who present with multiple medical conditions for which several medications are prescribed continues to increase, resulting in polypharmacy (Gray and Gardner 2009).

MEASURE TYPE

Process
For more detailed numerator and denominator criteria on eCQM measures, please download the 2015 eCQM specifications from the CMS:


Use the measure’s eCQM identifier to locate a specific measure (eg, 139v3).