

Measures Based On Procedure (No Diagnosis Required)

111 Preventive Care and Screening: Pneumonia Vaccination for Patients 65 Years and Older

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

# Question	Yes	No
1 Is the patient 65 years of age or older?	Continue to question 2	No reporting
2 Was pneumococcal vaccine administered or previously received?	Report 4040F	Continue to question 3
3 Was pneumococcal vaccine NOT administered or NOT previously received for MEDICAL reason?	Report 4040F-1P	Continue to question 4
4 Was pneumococcal vaccine NOT administered or NOT previously received for OTHER or UNSPECIFIED reason?	Report 4040F-8P	

112 Preventive Care and Screening: Screening Mammography

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

# Question	Yes	No
1 Is the patient age 40 through 69?	Continue to question 2	No reporting
2 Was screening mammography performed?	Report 3014F	Continue to question 3
3 Was screening mammography NOT performed for MEDICAL reason?	Report 3014F-1P	Continue to question 4
4 Was screening mammography NOT performed for OTHER or UNKNOWN reason?	Report 3014F-8P	

113 Preventive Care and Screening: Colorectal Cancer Screening

Patients are considered to have appropriate screening for colorectal cancer if any of the following are documented:

- Fecal occult blood test (FOBT) during the reporting period
- Flexible sigmoidoscopy during the reporting period or the four years prior to the reporting period
- Double contrast barium enema (DCBE) or air contrast barium enema during the reporting period or the four years prior to the reporting period
- Colonoscopy during the reporting period or the nine years prior to the reporting period

# Question	Yes	No
1 Is the patient 50 through 80 years of age?	Continue to question 2	No reporting
2 Was appropriate screening for colorectal cancer performed?	Report 3017F	Continue to question 3
3 Was appropriate medical screening for colorectal cancer NOT performed for MEDICAL reasons?	Report 3017F-1P	Report 3017F-8P

114 Preventive Care and Screening: Inquiry Regarding Tobacco Use

Percentage of patients aged 18 years or older who were queried about tobacco use one or more times within 24 months

# Question	Yes	No
1 Is the patient 18 years of age or older?	Continue to question 2	No reporting
2 Is the patient a current tobacco smoker?	Report 1000F and 1034F	Continue to question 3
3 Is the patient a current smokeless tobacco user?	Report 1000F and 1035F	Continue to question 4
4 Is the patient a current tobacco non-user?	Report 1000F and 1036F	Continue to question 5
5 Was tobacco use not reported?	Report 1000F-8P	

115 Preventive Care and Screening: Advising Smokers to Quit

Percentage of patients aged 18 years and older and are smokers who received advice to quit smoking

# Question	Yes	No
1 Is the patient 18 years of age or older?	Continue to question 2	No reporting
2 Does the patient currently smoke tobacco?	Report G8455 Continue to question 3	Report G8457 for tobacco non-users and stop Report G8456 for current smokeless tobacco users and stop.
3 Was counseling for tobacco use cessation intervention performed?	Report 4000F	Continue to question 4
4 Was pharmacologic therapy for tobacco use cessation given?	Report 4001F	Continue to question 5
5 Was Tobacco use cessation intervention NOT counseled, reason not otherwise specified?	Report 4000F-8P	

124 Health Information Technology (HIT): Adoption/Use of Electronic Health Records (EHR)

Documents whether provider has adopted and is using health information technology. To qualify, the provider must have adopted and be using a certified/qualified HER

A qualified system must be capable of all of the following: managing a medication list; managing a problem list; manually entering or electronically receiving, storing and displaying laboratory results as discrete searchable data elements; meeting basic privacy and security elements.

#	Question	Yes	No
1	Was a CCHIT certified EHR used?	Report G8447	Continue to question 2
2	Was a qualified(non-CCHIT certified) EHR used?	Report G8448	No reporting

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

Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside parameters, a follow-up plan is documented

Definitions:

BMI - Body Mass Index (BMI) is a number calculated from a persons weight and height. BMI provides a reliable indicator of body fatness for most people and is used to screen for weight categories that may lead to health problems. BMI is calculated by dividing a persons weight (in kilograms) by his/her height (in meters, squared). BMI can also be calculated by multiplying weight (in pounds) by 705, then dividing by height (in inches) twice. A simpler method to calculate the BMI involves the use of a chart. The weight is plotted on one axis and the height is plotted on the other axis. The BMI can then be read where the two points intersect. Example BMI charts are widely available via the internet.

Calculated BMI - Requires that both the height and weight are actually measured. Values merely reported by the patient cannot be used.

Follow-up Plan - Proposed outline of treatment to be conducted as a result of abnormal BMI measurement. Such follow-up can include documentation of a future appointment, education, referral, prescription/administration of medications/dietary supplements, etc.

Terminal Illness - Life expectancy is 6 months or less

Not Eligible/Not Appropriate for BMI Measurement - Patients can be considered not eligible in the following situations:

- There is documentation in the medical record that the patient is over or under weight and is being managed by another provider
- If the patient has a terminal illness
- If the patient refuses BMI measurement
- If there is any other reason documented in the medical record by the provider explaining why BMI measurement was not appropriate
- Patient is in an urgent or emergent medical situation where time is of the essence and to delay treatment would jeopardize the patients health status

#	Question	Yes	No
1	Is the patient 18 years of age or older?	Continue to question 2	No reporting
2	Was the calculated BMI within normal parameters and document and no further follow-up plan needed?	Report G8420	Continue to question 3
3	Was the calculated BMI above the upper parameter and the follow-up plan documented in the medical record?	Report G8417 Record in medical record	Continue to question 4
4	Was the calculated BMI below the lower paramter and follow-up plan documented in the medical record?	Report G8418 Record in medical record	Continue to question 5
5	Was the BMI NOT documented for a DOCUMENTED reason? (eg. Patient not eligible)	Report G8422	Report G8421 (BMI not calculated) OR Report G8419 (BMI =>30 or <22 was calculated but no follow up plan was documented.)

130 Documentation and Verification of Current Medications in the Medical Record

Percentage of patients aged 18 years and older with a list of current medications with dosages (includes prescription, over-the-counter, herbals, vitamin/mineral/dietary [nutritional] supplements) and verification with the patient or authorized representative is documented by the provider

Authorized Representative - A person who is acting on the patients behalf and who does not have a conflict of interest with the patient, when the patient is temporarily or permanently unable to act for him or herself. This person should have the patients best interests at heart and should be reasonably expected to act in a manner that is protective of the person and the rights of the patient. Preferably, the patient appoints this individual.

Current Medications - All medications (includes prescription, over-the-counter, herbals, vitamin/mineral/dietary [nutritional] supplements) a patient may be taking routinely and/or on a PRN basis

Verification - Documentation of acknowledgment by the patient and/or authorized representative or provider that signifies discussion, assessment, or review to confirm accuracy of information.

Not Eligible - A patient is not eligible if one or more of the following condition(s) exist:

- Patient refuses to participate
- Patient is in an urgent or emergent medical situation where time is of the essence and to delay treatment would jeopardize the patients health status
- Patient cognitively impaired and no authorized representative available

#	Question	Yes	No
1	Is the patient 18 years of age or older?	Continue to question 2	No reporting
2	Are current medications and dosages documented AND verified with the patient or authorized representative?	Report G8427	Continue to question 3
3	Are current medications and dosages NOT documented for a DOCUMENTED reason? (see list in notes section)	Report G8430 Record reason in medical record	Continue to question 4

4 Are current medications and dosages documented but NOT verified for a DOCUMENTED reason? (see list in notes section) Report G8507

Report G8428 (provider documentation of current medications with dosages without documented patient verification)
OR
G8429 (incomplete or no provider documentation that the patient's current medications with dosages were assessed)

173 Preventive Care and Screening: Unhealthy Alcohol Use - Screening

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

Unhealthy Alcohol Use - Covers a spectrum that is associated with varying degrees of risk to health. Categories representing unhealthy alcohol use include risky use, problem drinking, harmful use, and alcohol abuse, and the less common but more severe alcoholism and alcohol dependence. Risky use is defined as > 7 standard drinks per week or > 3 drinks per occasion for women and persons > 65 years of age; > 14 standard drinks per week or > 4 drinks per occasion for men ? 65 years of age.

Question

	Yes	No
1 Is the patient 18 years of age or older?	Continue to question 2	No reporting
2 Was unhealthy alcohol use screening performed with a systematic screening method?	Report 3016F	Continue to question 3
3 Was unhealthy alcohol use screening NOT performed for MEDICAL reasons? (eg limited life expectancy)	Report 3016F-1P	Report 3016F-8P (not performed, reason not otherwise specified)

Measures With Diagnosis and Procedure Code Match

143 Oncology: Medical and Radiation - Pain Intensity Quantified

Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified

This is a two-part measure which is paired with Measure #144: Oncology: Medical and Radiation: Plan of Care for Pain. If pain is present (CPT II code 1125F is submitted), #144 should also be reported.

Pain intensity should be quantified using a standard instrument, such as a 0-10 numeric rating scale, a categorical scale, or the pictorial scale.

Question

	Yes	No
1 Was the patient's pain intensity quantified? (see notes)	Report 1126F (no pain), stop, do not report measure 144 Report 1125 (pain present) and report measure 144	Report 1125F-8P, do not report measure 144