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Quality Measures with Substantive Changes for MIPS Year 3 (2019) & Future Years

Quality#: 046 – Medication Reconciliation Post-Discharge

CMS ID: N/A

Substantive Change: **Modified collection type:** Claims, CQMs

Quality#: 111 – Pneumococcal Vaccination Status for Older Adults

CMS ID: 127v6

Substantive Change: **Modified collection type:** Claims, eCQM, CQM

Quality#: 117 – Diabetes: Eye Exam

CMS ID: 131v6

Substantive Change: **Modified collection type:** Claims, eCQM, CQM

Quality#: 128 – Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan

CMS ID: 69v6

Substantive Change: **Modified collection type:** Claims, eCQMs, CQM

Updated the denominator exception logic: for the eCQM specifications collection type to allow medical reasons for not obtaining the BMI

Quality#: 144 – Oncology: Medical and Radiation – Plan of Care for Pain

CMS ID: N/A

Substantive Change: **New Numerator is revised to read:** Patients for whom a plan of care to address moderate to severe pain is documented on or before the date of the second visit with a clinician. Updated the denominator to clearly state that population for this measure would be limited to patients who had moderate to severe pain.

The new denominator is revised to read: All patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy who report having moderate to severe pain or All patients, regardless of age, with a diagnosis of cancer currently receiving radiation therapy.

Quality#: 176 – Rheumatoid Arthritis (RA): Tuberculosis Screening

CMS ID: N/A

Substantive Change: **The new description is revised to read:** Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have documentation of a tuberculosis (TB) screening performed and results interpreted within 12 months prior to receiving a first course of therapy using a biologic disease-modifying anti-rheumatic drug (DMARD).

The new numerator is revised to read: Patients for whom a TB screening was performed and results interpreted within 12 months prior to receiving a first course of therapy using a biologic DMARD.

Quality#: 177 – Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity

CMS ID: N/A

Substantive Change: **The new numerator is revised to read:** Patients with disease activity assessed by an ACR-endorsed rheumatoid arthritis disease activity measurement tool classified into one of the following categories: remission, low, moderate or high at least $\geq 50\%$ of total number of outpatient RA encounters in the measure year.

The new definition is revised to read: Assessment and Classification of Disease Activity – Assess if physicians are utilizing a standardized systematic approach for evaluating the level of disease activity for each patient at least for $\geq 50\%$ of total number of outpatient RA encounters. The scales instruments listed are the ACR endorsed tools that should be used to define activity level and cut off points:

- Clinical Disease Activity Index (CDAI)
- Disease Activity Score with 28-joint counts (erythrocyte sedimentation rate or C-reactive protein) (DAS-28)
- Patient Activity Scale (PAS)
- Patient Activity Score II (PAS-II)
- Routine Assessment of Patient Index Data with 3 measures (RAPID 3)
- Simplified Disease Activity Index (SDAI)
- A result of any kind qualifies for meeting numerator performance

Quality#: 364 – Optimizing Patient Exposure to Ionizing Radiation: Appropriateness: Follow-up CT

CMS ID: N/A **Imaging for Incidentally Detected Pulmonary Nodules According to Recommended Guidelines**

Substantive Change: **Updated the denominator:** To patients 35 years and older

Updated denominator exclusions: Added heavy tobacco smokers

Updated denominator exceptions: To include medical reasons

Updated numerator: Includes a recommended interval and modality for follow-up

The new description is revised to read: Percentage of final reports for CT imaging studies with a finding of an incidental pulmonary nodule for patients aged 35 years and older that contain an impression or conclusion that includes a recommend interval and modality for follow-up (e.g., type of imaging or biopsy) or for no follow-up, and source of recommendations (e.g., guidelines such as Fleischner Society, American Lung Association, American College of Chest Physicians)

Quality#: 370 – Depression Remission at Twelve Months

CMS ID: 159v6

Substantive Change: **The new description is revised to read:** The percentage of adolescent patients 12 to 17 years of age and adult patients 18 years of age or older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event date.

The new denominator is revised to read: Adolescent patients 12 to 17 years of age with a diagnosis of major depression or dysthymia and an initial PHQ-9 or PHQ-9M score greater than nine during the index event.

The new numerator is revised to read: Adolescent patients aged 12 to 17 years of age who achieved remission at twelve months as demonstrated by a twelve month (+/- 60 days) PHQ-9 or PHQ-9M score of less than five.

Quality#: 371 – Depression Utilization of the PHQ-9 Tool

CMS ID: 160v6

Substantive Change: **The new description is revised to read:** The percentage of adolescent patients (12 to 17 years of age) and adult patients (18 years of age or older) with a diagnosis of major depression or dysthymia who have a completed PHQ-9 or PHQ-9M tool during the measurement period.

The new denominator is revised to read: Adolescent patients (12 to 17 years of age) and adult patients (18 year of age or older) with a diagnosis of major depression or dysthymia.

The new numerator is revised to read: Adolescent patients (12 to 17 years of age) and adult patients (18 years of age or older) included in the denominator who have at least one PHQ-9 or PHQ-9M tool administered and completed during a four month measurement period.

Quality#: 397 – Melanoma Reporting

CMS ID: N/A

Substantive Change: **The new numerator is revised to read:** Pathology reports for primary malignant cutaneous melanoma that included the pT category and a statement on thickness, ulceration and mitotic rate.

Quality#: 410 – Psoriasis: Clinical Response to Oral Systemic or Biologic Medications

CMS ID: N/A

Substantive Change: **The new description is revised to read:** Percentage of psoriasis vulgaris patients receiving systemic therapy who meet minimal physician-or patient- reported disease activity levels. It is implied that establishment and maintenance of an established minimum level of disease control as measured by physician-and/or patient-reported outcomes will increase patient satisfaction with and adherence to treatment.

The new denominator is revised to read: All patients with a diagnosis of psoriasis vulgaris and treated with a systemic medication

The new numerator is revised to read: Patients who have a documented physician global assessment (PGA; 5-point OR 6-point scale), body surface area (BSA), psoriasis area and severity index (PASI) and/or dermatology life quality index (DLQI) that meet any one of the below specified benchmarks.

Quality#: 411 – Depression Remission at Six Months

CMS ID: N/A

Substantive Change: **The new description is revised to read:** The percentage of adolescent patients 12 to 17 years of age and adult patients 18 years of age or older with major depression or dysthymia who reached remission 6 months (+/- 60 days) after an index event date.

The new denominator is revised to read: Submission Criteria 1: Adolescent patients 12 to 17 years of age with a diagnosis of major depression or dysthymia and an initial PHQ-9 or PHQ-9M score greater than nine during the index event. Submission Criteria 2: Adult patients 18 years of age or older with a diagnosis of major depression or dysthymia and an initial PHQ-9 or PHQ-9M score greater than nine during the index event.

Quality#: 415 – Emergency Medicine: Emergency Department Utilization of CT for Minor Blunt Head

CMS ID: N/A **Trauma for Patients Aged 18 Years and Older**

Substantive Change: Updated the measure description and denominator to remove the requirement of a patient presenting to the emergency department within 24 hours of a minor blunt head trauma, as well as remove the requirement to document a GCS of 15.

The new description is revised to read: Percentage of emergency department visits for patients aged 18 years and older who presented within 24 hours of a minor blunt head trauma with a Glasgow Coma Scale (GCS) score of 15 and who had a head CT for trauma ordered by an emergency care provider who have an indication for a head CT.

The new denominator is revised to read: All emergency department visits for patients aged 18 years and older who presented with a minor blunt head trauma who had a head CT for trauma ordered by an emergency care provider.

Updated the numerator: To indicate the GCS score less than 15 is an appropriate indication for a head CT.

Quality#: 416 – Emergency Medicine: Emergency Department Utilization of CT for minor Blunt Head

CMS ID: N/A **Trauma for Patients Aged 2 through 17 Years**

Substantive Change: **Updated denominator:** To remove the requirement of a patient presenting to the emergency department within 24 hours of a minor blunt head trauma, as well as remove the requirement to document a GCS of 15.

The measure description is revised to read: Percentage of emergency department visits for patients aged 2 through 17 years who presented with a minor blunt head trauma who had a head CT for trauma ordered by an emergency care provider who are classified as low risk according to the Pediatric Emergency Care Applied Research Network (PECARN) prediction rules for traumatic brain injury.

Updated the numerator: To indicate the GCS score less than 15 is an appropriate indication for a head CT.

Quality#: 217 – Functional Status Change for Patients with Knee Impairments

CMS ID: N/A

Substantive Change: Updated the denominator to allow coding for chiropractors and outpatient eligible clinicians.

The new denominator is revised to expand to: Physician Denominator Criteria and Chiropractic Care Denominator Criteria.

Quality#: 218 – Functional Status Change for Patients with Hip Impairments

CMS ID: N/A

Substantive Change: Updated the denominator to allow coding for chiropractors and outpatient eligible clinicians.

The new denominator is revised to expand to: Physician Denominator Criteria and Chiropractic Care Denominator Criteria.

Quality#: 219 – Functional Status Change for Patients with Foot or Ankle Impairments

CMS ID: N/A

Substantive Change: Updated the denominator to allow for chiropractors and outpatient eligible clinicians.

The new denominator is revised to expand to: Physician Denominator Criteria and Chiropractic Care Denominator Criteria.

Quality#: 220 – Functional Status Change for Patients with Lumbar Impairments

CMS ID: N/A

Substantive Change: Updated the denominator to allow coding for chiropractors and outpatient eligible clinicians.

The new denominator is revised to expand: Physician Denominator Criteria and Chiropractic Care Denominator Criteria.

Quality# 221 – Functional Status Change for Patients with Shoulder Impairments

CMS ID: N/A

Substantive Change: **The new description is revised to read:** A patient-reported outcome measure of risk-adjusted change in functional status for patients 14 years+ with shoulder impairments. The change in functional status (FS) is assessed using the Shoulder FS patient reported outcome measure (PROM) (©Focus on Therapeutic Outcomes, Inc.). The measure is adjusted to patient characteristics known to be associated with FS outcomes (risk adjusted) and used as a performance measure at the patient level, at the individual clinician, and at the clinic level to assess quality. The measure is available as a computer adaptive test, for reduced patient burden, or a short form (static survey).

Updated the denominator to allow coding for chiropractors and outpatient eligible clinicians.

The new denominator is revised to expand to: Physician Denominator Criteria and Chiropractic Care Denominator Criteria.

Quality#: 222 – Functional Status Change for Patients with Elbow, Wrist or Hand Impairments

CMS ID: N/A

Substantive Change: Updated the denominator to allow coding for chiropractors and outpatient eligible clinicians.

The new denominator is revised to expand to: Physician Denominator Criteria and Chiropractic Care Denominator Criteria.

Quality#: 223 – Functional Status Change for Patients with General Orthopedic Impairments

CMS ID: N/A

Substantive Change: Updated the denominator to allow coding for chiropractors and outpatient eligible clinicians.

The new denominator is revised to expand to: Physician Denominator Criteria and Chiropractic Care Denominator Criteria.

Quality#: 419 – Overuse of Imaging for Patients with Primary Headache

CMS ID: N/A

Substantive Change: Updated the measure analytics to be an inverse measure and remove the assessment of the appropriate use for Computed Tomography Angiography (CTA) and Magnetic Resonance Angiography (MRA).

The new description is revised to read: Percentage of patients for whom imaging of the head (CT or MRI) is obtained for the evaluation of primary headache when clinical indications are not present.

The new numerator is revised to: Patients for whom imaging of the head (CT or MRI) is obtained for the evaluation of primary headache when clinical indications are not present.