QOPI® Reporting Registry
Qualified Clinical Data Registry (QCDR)
Brought to you by ASCO and ASTRO

QOPI® REPORTING REGISTRY 2019

QR AND QCDR MEASURE SPECIFICATIONS

Measure #	Measure Title	Measure Description	Denominator Exceptions	Denominator Exclusion	Denominator	Numerator
QOPI5	Chemotherapy administered to patients with metastatic solid tumor with performance status of 3, 4, or undocumented (**Lower Score - Better)**	Percentage of patients with metastatic solid tumors and performance status of 3, 4, or undocumented who receive chemotherapy **(Lower score - Better)**	None	Diagnosis of Malignant neoplasm of placenta/trophoblastic neoplasm, testicular carcinoma Diagnosis codes (181.x (C58), 186.x (C62.9))	All patients, regardless of age, with a diagnosis of a solid tumor cancer **AND** Either chemotherapy intent is not documented **AND** Stage IV at initial diagnosis **OR** development of distant metastases during measurement period, OR chemotherapy intent is non-curative, **AND** patient received chemotherapy for stage IV or distant metastatic disease	Performance status documented within 2 weeks of most recent chemotherapy administration for distant metastatic disease = 3 or 4 or is not documented, **AND** Patient did not receive chemotherapy for metastatic disease as part of IRB approved protocol, **OR** Patient received chemotherapy for metastatic disease as part of IRB approved protocol is unknown
QOPI11	Combination chemotherapy received within 4 months of diagnosis by women under 70 with AJCC stage IA (T1c) to III ER/PR negative breast cancer	Percentage of adult women under 70 with a diagnosis of AJCC stage IA (T1c) to III ER/PR negative breast cancer, who receive combination chemotherapy within 4 months of diagnosis	None	Reporting practice has/had primary responsibility for the initial course of the patient's medical oncology care **OR** M-Stage at breast cancer diagnosis = M1 **OR** Diagnosis of malignant phyllodes, cystosarcoma phyllodes, tubular carcinoma, mucinous carcinoma **OR**	All patients aged 18-69 at time of breast cancer diagnosis **AND** AJCC stage at breast cancer diagnosis is IIA -IIIC **OR** IA and T1c, or IB, or T1c, T2-T4d and N0, or N1-N3c **OR** T1c and N1mi, and ER negative and PR negative	Multi-agent chemotherapy administered during initial treatment course for breast cancer **AND** The date the multi-agent chemotherapy was initiated is less than or equal to 124 days from date of diagnosis **OR** Alternative treatment was administered according to clinical trial protocol

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				Multi-agent chemotherapy NOT administered **AND** Reporting date – diagnosis date < 124 days, or deceased date – diagnosis date < 124 days **OR** Date of first visit to reporting practice – diagnosis date > 124 days) **OR** Patient declined, **OR** Patient died **OR** Transferred **OR** Contraindication **OR** Other		
QOPI15	GCSF administered to patients who received chemotherapy for metastatic cancer **(Lower Score - Better)**	Percentage of adult patients with metastatic cancer who are administered chemotherapy and who received a colony stimulating factor **(Lower score - Better)**	None	Diagnosis of malignant neoplasm of placenta/trophoblastic neoplasm, testicular carcinoma, leukemia, Hodgkin and non-Hodgkin's lymphoma	Patients aged 18 or older at cancer diagnosis **AND** received chemotherapy for metastatic/advanced disease, **AND/OR** received chemotherapy for palliative intent	Patient received GCSF

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QOPI21	Oncology: Treatment Summary Communication – Radiation Oncology	Percentage of patients, regardless of age, with a diagnosis of cancer who have undergone brachytherapy or external beam radiation therapy who have a treatment summary report in the chart that was communicated to the physician(s) providing continuing care and to the patient within one month of completing treatment	None	Documentation of a patient reason(s) for not communicating the treatment summary report to the physician(s) providing continuing care (e.g., patient requests that report not be sent) and to the patient within two weeks of completing treatment Documentation of a system reason(s) for not communicating the treatment summary report to the physician(s) providing continuing care (e.g., patient does not have any physician responsible for providing continuing care) and to the patient within two weeks of completing treatment	All patients, regardless of age, with a diagnosis of cancer who have undergone brachytherapy or external beam radiation therapy	Patients who have a treatment summary report in the chart that was communicated to the physician(s) providing continuing care and to the patient within two weeks of completing treatment

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QOPI22	External Beam Radiotherapy for Bone Metastases	Percentage of patients, regardless of age, with a diagnosis of painful bone metastases and no history of previous radiation who receive external beam radiation therapy (EBRT) with an acceptable fractionation scheme as defined by the guideline	None	The medical reasons for denominator exclusions are: 1) Previous radiation treatment to the same anatomic site; 2) Patients with femoral axis cortical involvement greater than 3 cm in length; 3) Patients who have undergone a surgical stabilization procedure; and 4) Patients with spinal cord compression, cauda equina compression or radicular pain	All patients with painful bone metastases and no previous radiation to the same anatomic site who receive EBRT	All patients, regardless of age, with painful bone metastases, and no previous radiation to the same anatomic site who receive EBRT with any of the following recommended fractionation schemes: 30Gy/10fxns, 24Gy/6fxns, 20Gy/5fxns, 8Gy/1fxn.

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QOPI23	Concurrent Chemoradiation for Patients with a Diagnosis of Stage IIIB NSCLC	Percentage of patients, regardless of age, with a diagnosis of Stage IIIB NSCLC receiving concurrent chemoradiation	None	Patients who received first line platinum-based chemotherapy and radiation on a clinical trial, **OR** patient performance status is 3 / 40-50% / Bed time, >50%, OR patient performance status is 4 / 10-30% / Unable to get out of bed, **OR** a medical contraindication exists **OR** patient has superior sulcus cancers	All patients, regardless of age, with a diagnosis of AJCC stage at NSCLC diagnosis is IIIB	Patients who received first-line platinum-based chemotherapy and radiation
AQUA29	Prostate Cancer: Patient Report of Urinary function after treatment	Percentage of patients who had a reported urinary function score at 12 months after treatment that is within 80% of the reported urinary function score at baseline (before treatment)	None	None	All newly diagnosed prostate cancer patients	Men completing EPIC-26 urinary function domain who had a reported urinary function score within 80% of the reported urinary function score at baseline (before treatment)

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AQUA30	Prostate Cancer: Patient Report of Sexual function after treatment	Percentage of patients who had a reported sexual function score at 24 months after treatment that is within 60% of the reported sexual function score at baseline (before treatment)	None	None	All newly diagnosed prostate cancer patients	Men completing EPIC-26 sexual function domain who had a reported sexual function score within 60% of the reported sexual function score at baseline (before treatment)
QPP 47	Advance Care Plan	Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan		Hospice services received by patient any time during the measurement period: G9692	Patients aged ≥ 65 years on date of encounter **AND** Patient encounter during the performance 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	Advance Care Planning discussed and documented; advance care plan or surrogate decision maker documented in the medical record (1123F) **OR** 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 (1124F)

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Measure #	Measure Title	Measure Description	Denominator Exceptions	Denominator Exclusion	Denominator	Numerator
QPP 67	Hematology: Myelodysplastic Syndrome (MDS) and Acute Leukemias: Baseline Cytogenetic Testing Performed on Bone Marrow	Percentage of patients aged 18 years and older with a diagnosis of myelodysplastic syndrome (MDS) or an acute leukemia who had baseline cytogenetic testing performed on bone marrow	*Denominator Exceptions:* Documentation of medical reason(s) for not performing baseline cytogenetic testing on bone marrow (e.g., no liquid bone marrow or fibrotic marrow) (3155F with 1P) **OR** Documentation of patient reason(s) for not performing baseline cytogenetic testing on bone marrow (e.g., at time of diagnosis receiving palliative care or not receiving treatment as defined above) (3155F with 2P) **OR** Documentation of system reason(s) for not performing baseline cytogenetic testing on bone marrow (e.g., patient previously treated by another physician at the time cytogenetic testing performed) (3155F with 3P)		Patients aged ≥ 18 years on date of encounter **AND** Diagnosis for MDS or acute leukemia – not in remission (ICD-10-CM): C91.00, C91.02, C92.00, C92.02, C92.40, C92.42, C92.50, C92.52, C92.60, C92.62, C92.A0, C92.A2, C93.00, C93.02, C94.00, C94.02, C94.20, C94.22, C95.00, C95.02, D46.0, D46.1, D46.20, D46.21, D46.22, D46.4, D46.9, D46.A, D46.B, D46.C, D46.Z **AND** Patient encounter during the performance period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241*, 99242*, 99243*, 99244*, 99245* WITHOUT Telehealth Modifier: GQ, GT, 95, POS 02	Cytogenetic testing performed on bone marrow at time of diagnosis or prior to initiating treatment (3155F)

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QPP 69	Hematology: Multiple Myeloma: Treatment with Bisphosphonates	Percentage of patients aged 18 years and older with a diagnosis of multiple myeloma, not in remission, who were prescribed or received intravenous bisphosphonate therapy within the 12 month reporting period.	Documentation of medical reason(s) for not prescribing bisphosphonates (e.g., patients who do not have bone disease, patients with dental disease, patients with renal insufficiency) (4100F with 1P) **OR** Documentation of patient reason(s) for not prescribing bisphosphonates (4100F with 2P)		Patients aged ≥ 18 years on date of encounter **AND** Diagnosis for multiple myeloma – not in remission (ICD-10-CM): C90.00, C90.02 **AND** Patient encounter during the performance period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215 WITHOUT Telehealth Modifier: GQ, GT, 95, POS 02	Bisphosphonate therapy, intravenous, ordered or received (4100F)
QPP 70	Hematology: Chronic Lymphocytic Leukemia (CLL): Baseline Flow Cytometry	Percentage of patients aged 18 years and older, seen within a 12 month reporting period, with a diagnosis of chronic lymphocytic leukemia (CLL) made at any time during or prior to the reporting period who had baseline flow cytometry studies performed and documented in the chart	Documentation of medical reason(s) for not performing baseline flow cytometry studies (3170F with 1P) **OR** Documentation of patient reason(s) for not performing baseline flow cytometry studies (e.g., receiving palliative care or not receiving treatment as defined above) (3170F with 2P) **OR** Documentation of system reason(s) for not		Patients aged ≥ 18 years on date of encounter **AND** Diagnosis for CLL – not in remission (ICD-10-CM): C91.10, C91.12 **AND** Patient encounter during the performance period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241*, 99242*, 99243*, 99244*, 99245* WITHOUT Telehealth Modifier: GQ, GT, 95, POS 02	Flow cytometry studies performed at time of diagnosis or prior to initiating treatment (3170F)

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			performing baseline flow cytometry studies (e.g., patient previously treated by another physician at the time baseline flow cytometry studies were performed) (3170F with 3P)			
QPP 102	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low (or very low) risk of recurrence receiving interstitial prostate brachytherapy, **OR** external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer	Documentation of medical reason(s) for performing a bone scan (including documented pain, salvage therapy, other medical reasons) (3269F with 1P) **OR** Documentation of system reason(s) for performing a bone scan (including bone scan ordered by someone other than the reporting physician) (3269F with 3P)		Any male patient, regardless of age **AND** Diagnosis for prostate cancer (ICD-10-CM): C61 **AND** Patient encounter during the performance period (CPT): 55810, 55812, 55815, 55840, 55842, 55845, 55866, 55873, 55875, 77427, 77435, 77772, 77778, 77799 **AND** Low (or very low) risk of recurrence, prostate cancer: G9706	Bone scan not performed prior to initiation of treatment nor at any time since diagnosis of prostate cancer (3270F)

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QPP 104	Prostate Cancer: Combination Androgen Deprivation Therapy for High Risk or Very High Risk Prostate Cancer	Percentage of patients, regardless of age, with a diagnosis of prostate cancer at high or very high risk of recurrence receiving external beam radiotherapy to the prostate who were prescribed androgen deprivation therapy in combination with external beam radiotherapy to the prostate	Documentation of medical reason(s) for not prescribing/administering androgen deprivation therapy in combination with external beam radiotherapy to the prostate (e.g., salvage therapy) (G9895) **OR** Documentation of patient reason(s) for not prescribing/administering androgen deprivation therapy in combination with external beam radiotherapy to the prostate (G9896)	Diagnosis for metastatic cancer	Diagnosis for prostate cancer (ICD-10-CM): C61 **AND** Patient encounter during the performance period (CPT): 77427, 77435 **AND** High or very high risk of recurrence = Yes **AND** Receiving external beam radiotherapy to the prostate = Yes	Androgen deprivation therapy prescribed/administered in combination with external beam radiotherapy to the prostate (G9894)
QPP111	Pneumococcal Vaccination Status for Older Adults	Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine	None	Patient received hospice services any time during the measurement period: G9707	Patients aged ≥ 65 years on date of encounter **AND** Patient encounter during the performance period (CPT or HCPCS): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, G0402, G0438, G0439	Pneumococcal vaccine administered or previously received (4040F)

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QPP 130	Documentation of Current Medications in the Medical Record	Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration	Eligible clinician 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 clinician (G8430)		Patients aged ≥ 18 years on date of encounter **AND** Patient encounter during the performance period (CPT or HCPCS): 59400, 59510, 59610, 59618, 90791, 90792, 90832, 90834, 90837, 90839, 92002, 92004, 92012, 92014, 92507, 92508, 92526, 92537, 92538, 92540, 92541, 92542, 92544, 92545, 92547, 92548, 92550, 92557, 92567, 92568, 92570, 92585, 92588, 92626, 96116, 96121, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96146, 96150, 96151, 96152, 97127*, 97161, 97162, 97163, 97164, 97165, 97166, 97167, 97168, 97802, 97803, 97804, 98960, 98961, 98962, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99221, 99222, 99223, 99236, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315,	Eligible clinician attests to documenting in the medical record they obtained, updated, or reviewed the patient's current medications (G8427)

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					99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99339, 99340, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99495, 99496, 99281, 99282, 99283, 99284, 99285, 99385*, 99386*, 99387*, 99395*, 99396*, 99397*, G0101, G0108, G0270, G0402, G0438, G0439, G0515	
QPP 131	Pain Assessment and Follow-Up	Percentage of visits for patients aged 18 years and older with documentation of a pain assessment using a standardized tool(s) on each visit AND documentation of a follow-up plan when pain is present	Pain assessment NOT documented as being performed, documentation the patient is not eligible for a pain assessment using a standardized tool at the time of the encounter (G8442) **OR** Pain assessment documented as positive, follow-up plan not documented, documentation the patient is not eligible at		Patients aged ≥ 18 years on date of encounter **AND** Patient encounter during the performance period (CPT or HCPCS): 90791, 90792, 92002, 92004, 92012, 92014, 92507, 92508, 92526, 96116, 96121, 96130, 96131, 96132, 96133, 96136, 96136, 96137, 96138, 96139, 96146, 96150, 96151, 97127*, 97161, 97162, 97163, 97164, 97165, 97166, 97167, 97168,98940, 98941, 98942, 98943,	Pain assessment documented as positive using a standardized tool AND a follow-up plan is documented (G8730) **OR** Pain assessment using a standardized tool is documented as negative, no follow-up plan required (G8731)

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			the time of the encounter (G8939)		99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99221, 99222, 99223, 99234, 99235, 99236, 99238, 99239, 99324, 99325, 99326, 99327, 99328, 99334, 99335,99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, D7140, D7210, G0101, G0402, G0438, G0439 **WITHOUT** Telehealth Modifier: GQ, GT, 95, POS 02	
QPP 134	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Percentage of patients aged 12 years and older screened for depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen	Screening for depression not completed, documented reason (G8433)	Documentation stating the patient has an active diagnosis of depression or has a diagnosed bipolar disorder, therefore screening or follow-up not required: G9717	Patients aged ≥ 12 years on date of encounter **AND** Patient encounter during the performance period (CPT or HCPCS): 90791, 90792, 90832, 90834, 90837, 92625, 96116, 96118, 96150, 96151, 97165, 97166, 97167, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, G0101, G0402, G0438, G0439, G0444	Screening for depression is documented as being positive AND a follow-up plan is documented (G8431) **OR** Screening for depression is documented as negative, a follow-up plan is not required (G8510)

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QPP 138	Melanoma: Coordination of Care	Percentage of patient visits, regardless of age, with a new occurrence of melanoma that have a treatment plan documented in the chart that was communicated to the physician(s) providing continuing care within one month of diagnosis	Documentation of patient reason(s) for not communicating treatment plan to the Primary Care Physician(s) (PCP) (s) (e.g., patient asks that treatment plan not be communicated to the physician(s) providing continuing care) (5050F with 2P) **OR** Documentation of system reason(s) for not communicating treatment plan to the PCP(s) (e.g., patient does not have a primary care physician or referring physician) (5050F with 3P)		Diagnosis for melanoma (ICD-10-CM): C43.0, C43.10, C43.111, C43.112, C43.121, C43.122, C43.20, C43.21, C43.22, C43.30, C43.31, C43.39, C43.4, C43.51, C43.52, C43.59, C43.60, C43.61, C43.62, C43.70, C43.71, C43.72, C43.8, C43.9, D03.0, D03.10, D03.111, D03.112, D03.121, D03.122, D03.20, D03.21, D03.22, D03.30, D03.39, D03.4, D03.51, D03.52, D03.59, D03.60, D03.61, D03.62, D03.70, D03.71, D03.72, D03.8, D03.9 **AND** Patient encounter for excision of malignant melanoma (CPT): 11600, 11601, 11602, 11603, 11604, 11606, 11620, 11621, 11622, 11623, 11624, 11626, 11640, 11641, 11642, 11643, 11644, 11646, 14000, 14001, 14020, 14021, 14040, 14041, 14060, 14061, 14301, 17311, 17313	Treatment plan communicated to provider(s) managing continuing care within 1 month of diagnosis (5050F)

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QPP 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 ***SUBMISSION CRITERIA 1:*** **ALL PATIENT VISITS FOR PATIENTS WITH A DIAGNOSIS OF CANCER CURRENTLY RECEIVING CHEMOTHERAPY** ***SUBMISSION CRITERIA 2*:** **ALL PATIENT VISITS FOR PATIENTS WITH A DIAGNOSIS OF CANCER CURRENTLY RECEIVING RADIATION THERAPY**	None	None	***SUBMISSION CRITERIA 1:*** **All patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy** Diagnosis of cancer **AND** Patient encounter during the performance period (CPT) – to be used to evaluate remaining denominator criteria and for numerator evaluation: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215 WITHOUT Telehealth Modifier: GQ, GT, 95, POS 02 **AND** Patient procedure within 30 days before denominator eligible encounter: 51720, 96401, 96402, 96405, 96406, 96409, 96411, 96413, 96415, 96416, 96417, 96420, 96422, 96423, 96425, 96440, 96446, 96450, 96521, 96522, 96523, 96542, 96549 **AND** Patient procedure within 30 days after denominator	***SUBMISSION CRITERIA 1:*** **Patient visits in which pain intensity is quantified** Pain severity quantified; pain present (1125F) **OR** Pain severity quantified; no pain present (1126F)

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					eligible encounter: 51720, 96401, 96402, 96405, 96406, 96409, 96411, 96413, 96415, 96416, 96417, 96420, 96422, 96423, 96425, 96440, 96446, 96450, 96521, 96522, 96523, 96542, 96549 ***SUBMISSION CRITERIA 2:*** **All patient visits, regardless of patient age, with a diagnosis of cancer currently receiving radiation therapy** Diagnosis of cancer **AND** Patient procedure during the performance period (CPT) – Procedure codes: 77427, 77431, 77432, 77435	***SUBMISSION CRITERIA 2:*** **Patient visits in which pain intensity is quantified** Pain severity quantified; pain present (1125F) **OR** Pain severity quantified; no pain present (1126F)

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QPP 144	Oncology: Medical and Radiation –Plan of Care for Moderate to Severe Pain	Percentage of patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having moderate to severe pain with a plan of care to address pain documented on or before the date of the second visit with a clinician			***SUBMISSION CRITERIA 1:*** All patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain **AND** Patient encounter during the performance period (CPT) – Service codes: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215 WITHOUT Telehealth Modifier: GQ, GT, 95, POS 02 **AND** Patient procedure during the performance period (CPT) – Procedure codes: 51720, 96401, 96402, 96405, 96406, 96409, 96411, 96413, 96415, 96416, 96417, 96420, 96422, 96423, 96425, 96440, 96446, 96450, 96521, 96522, 96523, 96542, 96549 **AND** Pain screened as moderate to severe: M1000	***SUBMISSION CRITERIA 1:*** **Patient visits that included a documented plan of care to address pain** Plan of care to address moderate to severe pain documented on or before the date of the second visit with a clinician (M1001)

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					SUBMISSION CRITERIA 2: **All patients, regardless of age, with a diagnosis of cancer currently receiving radiation therapy** **AND** Patient procedure during the performance period (CPT) – Procedure codes: 77427, 77431, 77432, 77435 **AND** Pain screened as moderate to severe: M1000	***SUBMISSION CRITERIA 2:*** **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** Plan of care to address moderate to severe pain documented on or before the date of the second visit with a clinician (M1001)
QPP 226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months **AND** who received cessation counseling intervention if identified as a tobacco user ***SUBMISSION CRITERIA 1:*** **ALL PATIENTS WHO WERE SCREENED FOR TOBACCO USE** ***SUBMISSION CRITERIA 2:*** **ALL PATIENTS WHO WERE IDENTIFIED AS A TOBACCO USER AND WHO RECEIVED**	***SUBMISSION CRITERIA 1:*** Documentation of medical reason(s) for not screening for tobacco use (e.g., limited life expectancy, other medical reason) (G9904)	None	**SUBMISSION CRITERIA 1:** All patients aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period Patients aged ≥ 18 years **AND** At least two patient encounters during the performance period (CPT): 90791, 90792, 90832, 90834, 90837, 90845, 92002, 92004, 92012, 92014, 92521, 92522, 92523, 92524, 92540, 92557, 92625, 96150, 96151, 96152, 97165, 97166, 97167, 97168, 99201, 99202, 99203,	***SUBMISSION CRITERIA 1:*** **Patients who were screened for tobacco use at least once within 24 months** **Patient screened for tobacco use AND identified as a tobacco user (G9902)** **OR** **Patient screened for tobacco use AND identified as a tobacco non-user (G9903)**

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Measure #	Measure Title	Measure Description	Denominator Exceptions	Denominator Exclusion	Denominator	Numerator
		TOBACCO CESSATION INTERVENTION ***SUBMISSION CRITERIA 3:*** **ALL PATIENTS WHO WERE SCREENED FOR TOBACCO USE AND, IF IDENTIFIED AS A TOBACCO USER RECEIVED TOBACCO CESSATION INTERVENTION, OR IDENTIFIED AS A TOBACCO NON-USER**	***SUBMISSION CRITERIA 2:*** Documentation of medical reason(s) for not providing tobacco cessation intervention (e.g., limited life expectancy, other medical reason) (G9907)		99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350 WITHOUT Telehealth Modifier: GQ, GT, 95, POS 02 **OR** At least one preventive encounter during the performance period (CPT or HCPCS): 99385*, 99386*, 99387*, 99395*, 99396*, 99397*, 99401*, 99402*, 99403*, 99404*, 99411*, 99412*, 99429*, G0438, G0439 WITHOUT Telehealth Modifier: GQ, GT, 95, POS 02 ***SUBMISSION CRITERIA 2:*** **All patients aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period who were screened for tobacco use and identified as a tobacco user** Patients aged ≥ 18 years **AND** All eligible instances when G9902 is submitted for	***SUBMISSION CRITERIA 2:*** **Patients who received tobacco cessation intervention** Patient identified as a tobacco user received tobacco cessation intervention (counseling and/or pharmacotherapy) (G9906)

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Measure #	Measure Title	Measure Description	Denominator Exceptions	Denominator Exclusion	Denominator	Numerator
					Performance Met (patient screened for tobacco use and identified as a tobacco user) in the numerator of Submission Criteria 1 **AND** At least two patient encounters during the performance period (CPT): 90791, 90792, 90832, 90834, 90837, 90845, 92002, 92004, 92012, 92014, 92521, 92522, 92523, 92524, 92540, 92557, 92625, 96150, 96151, 96152, 97165, 97166, 97167, 97168, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350 WITHOUT Telehealth Modifier: GQ, GT, 95, POS 02 **OR** At least one preventive encounter during the performance period (CPT or HCPCS): 99385*, 99386*, 99387*, 99395*, 99396*, 99397*, 99401*, 99402*, 99403*, 99404*, 99411*,	

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Measure #	Measure Title	Measure Description	Denominator Exceptions	Denominator Exclusion	Denominator	Numerator
					99412*, 99429*, G0438, G0439 WITHOUT Telehealth Modifier: GQ, GT, 95, POS 02	
			SUBMISSION CRITERIA 3: Documentation of medical reason(s) for not screening for tobacco use (e.g., limited life expectancy, other medical reason) (4004F with 1P) **OR** Documentation of medical reason(s) for not providing tobacco cessation intervention if identified as a tobacco user (e.g., limited life expectancy, other medical reason) (G9909)		***SUBMISSION CRITERIA 3:*** **All patients aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period** Patients aged ≥ 18 years **AND** At least two patient encounters during the performance period (CPT): 90791, 90792, 90832, 90834, 90837, 90845, 92002, 92004, 92012, 92014, 92521, 92522, 92523, 92524, 92540, 92557, 92625, 96150, 96151, 96152, 97165, 97166, 97167, 97168, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350 WITHOUT Telehealth Modifier: GQ, GT, 95, POS 02	***SUBMISSION CRITERIA 3:*** **Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation intervention if identified as a tobacco user** Patient screened for tobacco use AND received tobacco cessation intervention (counseling, pharmacotherapy, or both), if identified as a tobacco user (4004F) **OR** Current tobacco non-user (1036F)

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Measure #	Measure Title	Measure Description	Denominator Exceptions	Denominator Exclusion	Denominator	Numerator
					OR At least one preventive encounter during the performance period (CPT or HCPCS): 99385*, 99386*, 99387*, 99395*, 99396*, 99397*, 99401*, 99402*, 99403*, 99404*, 99411*, 99412*, 99429*, G0438, G0439 WITHOUT Telehealth Modifier: GQ, GT, 95, POS 02	
QPP 408	Opioid Therapy Follow-up Evaluation	All patients 18 and older prescribed opiates for longer than six weeks duration who had a follow-up evaluation conducted at least every three months during Opioid Therapy documented in the medical record	None	Patients who were in hospice at any time during the performance period: M1022	Patients aged ≥ 18 years on date of encounter **AND** Patient encounter during the performance 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 WITHOUT Telehealth Modifier: GQ, GT, 95, POS 02 **AND**	Patients who had a follow-up evaluation conducted at least every three months during opioid therapy (G9562)

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Measure #	Measure Title	Measure Description	Denominator Exceptions	Denominator Exclusion	Denominator	Numerator
					Patients prescribed opiates for longer than six weeks: G9561	
QPP 412	Documentation of Signed Opioid Treatment Agreement	All patients 18 and older prescribed opiates for longer than six weeks duration who signed an opioid treatment agreement at least once during Opioid Therapy documented in the medical record		Patients who were in hospice at any time during the performance. All G-codes have been used. This is correctly written as M-code period: M1025	Patients aged ≥ 18 years on date of encounter **AND** Patient encounter during the performance 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 WITHOUT Telehealth Modifier: GQ, GT, 95, POS 02 **AND** Patients prescribed opiates for longer than six weeks: G9577	Documentation of signed opioid treatment agreement at least once during opioid therapy (G9578)

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QR AND QCDR MEASURE SPECIFICATIONS

Measure #	Measure Title	Measure Description	Denominator Exceptions	Denominator Exclusion	Denominator	Numerator
QPP 431	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling	Percentage of patients aged 18 years and older who were screened for unhealthy alcohol use using a systematic screening method at least once within the last 24 months **AND** who received brief counseling if identified as an unhealthy alcohol user	Documentation of medical reason(s) for not screening for unhealthy alcohol use (e.g., limited life expectancy, other medical reasons) (G9623)	None	Patients aged ≥ 18 years **AND** At least two patient encounters during the performance period (CPT or HCPCS): 90791, 90792, 90832, 90834, 90837, 90845, 96150, 96151, 96152, 97165, 97166, 97167, 97168, 97802, 97803, 97804, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, G0270, G0271 WITHOUT Telehealth Modifier: GQ, GT, 95, POS 02 **OR** At Least One Preventive Visit during the performance period (CPT or HCPCS): 96160, 96161, 99385*, 99386*, 99387*, 99395*, 99396*, 99397*, 99401*, 99402*, 99403*, 99404*, 99411*, 99412*, 99429*, G0438, G0439 WITHOUT Telehealth Modifier: GQ, GT, 95, POS 02	Patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method and received brief counseling (G9621) **OR** Patient not identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method (G9622)

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Measure #	Measure Title	Measure Description	Denominator Exceptions	Denominator Exclusion	Denominator	Numerator
QPP 449	HER2 Negative or Undocumented Breast Cancer Patients Spared Treatment with HER2-Targeted Therapies	Proportion of female patients (aged 18 years and older) with breast cancer who are human epidermal growth factor receptor 2 (HER2)/neu negative who are not administered HER2-targeted therapies.	None	Patient transferred to practice after initiation of chemotherapy: G9826	Female Patients aged ≥ 18 years on date of encounter **AND** Diagnosis of Breast Cancer (ICD-10-CM): C50. 011, C50. 012, C50. 019, C50. 111, C50. 112, C50. 119, C50. 211, C50. 212, C50. 219, C50. 311, C50. 312, C50. 319, C50. 411, C50. 412, C50. 419, C50. 511, C50. 512, C50. 519, C50. 611, C50. 612, C50. 619, C50. 811, C50. 812, C50. 819, C50. 911, C50. 912, C50. 919 **AND** Patient encounter during performance period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215 **AND** Two or more encounters at the reporting site AND HER-2/neu Negative or Undocumented/Unknown: G9825	HER2-targeted therapies not administered during the initial course of treatment (G9827)

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Measure #	Measure Title	Measure Description	Denominator Exceptions	Denominator Exclusion	Denominator	Numerator
QPP 450	Trastuzumab Received by Patients with AJCC Stage I (T1c) - III and HER2 Positive Breast Cancer Receiving Adjuvant Chemotherapy	Percentage of female patients (aged 18 years and older) with AJCC stage I (T1c) – III, human epidermal growth factor receptor 2 (HER2) positive breast cancer receiving adjuvant chemotherapy who are also receiving Trastuzumab	Reason for not administering Trastuzumab documented (e. g. patient declined, patient died, patient transferred, contraindication or other clinical exclusion, neoadjuvant chemotherapy or radiation NOT complete) (G9836)	Patient transfer to practice after initiation of chemotherapy: G9833 OR Patient has metastatic disease at diagnosis: G9834	Female Patients aged ≥ 18 years on date of encounter **AND** Diagnosis of breast cancer (ICD-10-CM): C50. 011, C50. 012, C50. 019, C50. 111, C50. 112, C50. 119, C50. 211, C50. 212, C50. 219, C50. 311, C50. 312, C50. 319, C50. 411, C50. 412, C50. 419, C50. 511, C50. 512, C50. 519, C50. 611, C50. 612, C50. 619, C50. 811, C50. 812, C50. 819, C50. 911, C50. 912, C50. 919 **AND** Patient encounter during performance period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215 **AND** Two or more encounters at the reporting site **AND** Breast Adjuvant Chemotherapy administered: G9829 **AND** HER-2/neu positive: G9830 **AND** AJCC stage at breast cancer diagnosis = II or III: G9831 **OR**	Trastuzumab administered within 12 months of diagnosis (G9835)

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Measure #	Measure Title	Measure Description	Denominator Exceptions	Denominator Exclusion	Denominator	Numerator
					AJCC stage at breast cancer diagnosis = I (IA or IB) and T-Stage at breast cancer diagnosis does NOT equal = T1, T1a, T1b: G9832	
QPP 451	KRAS Gene Mutation Testing Performed for Patients with Metastatic Colorectal Cancer who receive Anti-Epidermal Growth Factor Receptor (EGFR) Monoclonal Antibody Therapy	Percentage of adult patients (aged 18 or over) with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy for whom KRAS gene mutation testing was performed.	None	None	Patients aged ≥ 18 years on date of encounter **AND** Diagnosis of Initial colon or rectal cancer (ICD-10 CM): C18.0, C18.2, C18.3, C18.4, C18.5, C18.6, C18.7, C18.8, C18.9, C19, C20 **AND** Patient Encounter during the performance period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215 **AND** Two or more encounters at the reporting site **AND** Patient has metastatic disease at diagnosis: G9838 **AND** Anti-EGFR monoclonal antibody therapy: G9839	RAS (KRAS and NRAS) gene mutation testing performed before initiation of anti-EGFR MoAb (G9840)

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QR AND QCDR MEASURE SPECIFICATIONS

Measure #	Measure Title	Measure Description	Denominator Exceptions	Denominator Exclusion	Denominator	Numerator
QPP 452	Patients with Metastatic Colorectal Cancer and KRAS Gene Mutation Spared Treatment with Anti-Epidermal Growth Factor Receptor (EGFR) Monoclonal Antibodies	Percentage of adult patients (aged 18 or over) with metastatic colorectal cancer and KRAS gene mutation spared treatment with anti-EGFR monoclonal antibodies	None	None	Patients aged ≥ 18 years on date of encounter **AND** Diagnosis of colon or rectal cancer (ICD-10 CM): C18.0, C18.2, C18.3, C18.4, C18.5, C18.6, C18.7, C18.8, C18.9, C19, C20 **AND** Patient encounter during the performance period: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215 **AND** Two or more encounters at the reporting site **AND** Patient has metastatic disease at diagnosis: G9842 **AND** RAS (KRAS or NRAS) gene mutation: G9843	Patient did not receive anti-EGFR monoclonal antibody therapy ((Anti-EGFR monoclonal antibody-cetuximab or panitumumab) G9844)

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QR AND QCDR MEASURE SPECIFICATIONS

Measure #	Measure Title	Measure Description	Denominator Exceptions	Denominator Exclusion	Denominator	Numerator
QPP 453	Percentage of Patients Who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life **(Lower score - Better)**	Percentage of patients who died from cancer receiving chemotherapy in the last 14 days of life **(Lower score - Better)**	None	None	Diagnosis of cancer **AND** Patient encounter during the performance period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215 **AND** Two or more encounters at the reporting site **AND** Patients who died from cancer: G9846	Patient received chemotherapy in the last 14 days of life (G9847)
QPP 456	Percentage of Patients Who Died From Cancer Not Admitted To Hospice **(Lower score - Better)**	Percentage of patients who died from cancer not admitted to hospice **(Lower score - Better)**	None		Diagnosis of cancer **AND** Patient encounter during the performance period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215 **AND** Two or more encounters at the reporting site **AND** Patients who died from cancer: G9855	Patient was not admitted to hospice (G9856)

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QR AND QCDR MEASURE SPECIFICATIONS

Measure #	Measure Title	Measure Description	Denominator Exceptions	Denominator Exclusion	Denominator	Numerator
QPP 457	Percentage of Patients Who Died from Cancer Admitted to Hospice for Less than 3 days **(Lower score - Better)**	Percentage of patients who died from cancer, and admitted to hospice and spent less than 3 days there **(Lower score - Better)**	None		Diagnosis of cancer **AND** Patient encounter(s) during performance period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215 **AND** Two or more encounters at the reporting site **AND** Patient enrolled in hospice: G9858 **AND** Patients who died from cancer: G9859	Patient spent less than three days in hospice care (G9860)
QPP 462 (EHR only)	Bone Density Evaluation for Patients with Prostate Cancer and Receiving Androgen Therapy	Patients determined as having prostate cancer who are currently starting or undergoing androgen deprivation therapy) ADT), for an anticipated period of 12 months or greater and who receive an annual bone density evaluation. The bone density evaluation must be prior to the start of ADT or within 3 months of the start of ADT.	None	None	Patients determined as having prostate cancer who are currently starting or undergoing androgen deprivation therapy (ADT), for an anticipated period of 12 months or greater	Patients with a bone density evaluation within the two years prior to the start of or less than three months after the start of ADT Treatment