Codes for Merit-based Incentive Payment System (MIPS) Quality Measures Reporting

* Performance Not Met (use of this code will not count for successful reporting of quality measures as required by MIPS)
*For detailed measure specifications, see: QPP Resource Library (cms.gov). You are encouraged to read the entire measure specification for each measure you elect to report on.

Measure #130: Documentation and Verification of Current Medications in the Medical Record
CPT Codes: 92537, 92538, 92540, 92541, 92542, 92544, 92545, 92548, 92550, 92557, 92567, 92568, 92570, 92588, 92626;
ICD-10: Applies to all ICD-10 codes.

G8427 List of current medications documented by provider, including drug name, dosage, frequency, and route
G8430 Provider documentation that patient is not eligible for medication assessment
G8428* Current medications with drug name, dosage, frequency, and route not documented by provider; reason not specified

Measure #134: Preventative Care and Screening: Screening for Clinical Depression and Follow-up Plan
CPT Codes: 92625; **ICD-10:** Applies to all ICD-10 codes. Applies to patients 12 years and older.

G9717 Documentation stating patient has active diagnosis of depression or has diagnosed bipolar disorder, screening not required
G8431 Positive screen for clinical depression using an age appropriate standardized tool and a follow-up plan documented
G8510 Negative screen for clinical depression using an age appropriate standardized tool, follow-up not required
G8433 Screening for clinical depression using an age appropriate standardized tool not documented, patient not eligible/ refuses to participate
G8432* No documentation of clinical depression screening using an age appropriate standardized tool
G8511* Positive screen for clinical depression using an age appropriate standardized tool documented, follow-up plan not documented; reason not specified

Measure #155: Falls: Plan of Care (all patients 65 and older with history of falls)
CPT Codes: 92540, 92541, 92542, 92548; **ICD-10:** Applies to all ICD-10 codes.

G9720 Hospice services for patient occurred at any time during the documentation period
0518F Falls plan of care documented
0518F-1P* Falls plan of care not documented for medical reasons (patient not ambulatory, bedridden, immobile, wheelchair bound)
0518F-8P* Falls plan of care not documented but no medical reason given for the lack of completion of a plan of care

Measure #181: Elder Maltreatment Screen and Follow-Up Plan (patients ages 65 and over on date of service)
CPT Codes: 92537, 92538, 92540, 92541, 92542, 92544, 92545, 92546, 92548, 92549, 92550, 92551, 92552, 92553, 92555, 92556, 92557, 92558, 92567, 92568, 92570, 92587, 92588, 92625, 92626, 92650, 92651, 92652, 92653; **ICD-10:** Applies to all ICD-10 codes.

G8733 Elder maltreatment screen documented as positive AND a follow-up plan is documented
G8734 Elder maltreatment screen documented as negative; follow-up is not required
G8535 Elder maltreatment screen not documented; documentation that patient is not eligible for elder maltreatment screen at time of the encounter
G8941 Elder maltreatment screen documented as positive, followup plan not documented, documentation the patient is not eligible for follow-up plan at the time of the encounter
G8536* No documentation of an elder maltreatment screen; reason not given
G8735* Elder maltreatment screen documented as positive, followup plan not documented, and reason not given

Measure #182: Functional Outcomes Assessment (this measure is reported through a registry and is not claims-based)
CPT Codes: 92540, 92542, 92546, 92548; **ICD-10:** Applies to all ICD-10 codes.

G8539 Functional outcome assessment documented as positive using a standardized tool AND a care plan based on identified deficiencies on the date of the functional outcome assessment, is documented
G8542 Functional outcome assessment using a standardized tool is documented; no functional deficiencies identified, care plan not required
G8942 Functional outcome assessment using a standardized tool is documented within the previous 30 days and a care plan based on identified deficiencies on the date of the functional outcome assessment, is documented
G8540 Functional outcome assessment NOT documented as being performed, documentation the patient is not eligible for a functional outcome assessment using a standardized tool at the time of the encounter
G9227 Functional outcome assessment documented, care plan not documented, documentation the patient is not eligible for a care plan at the time of the encounter
G8541* Functional outcome assessment using a standardized tool not documented; reason not given
G8543* Documentation of positive functional outcome assessment using a standardized tool; care plan not documented; reason not given

Measure #226: Preventative Care and Screening: Tobacco Use: Screening and Cessation – must meet all submission criteria that apply
CPT Codes: 92540, 92557, 92625; **ICD-10:** No specific codes are included in this measure.

Submission Criteria 1: Patients screened for tobacco use at least once within 12 months
G9902 Patient screened for tobacco use AND identified as a tobacco user
G9903 Patient screened for tobacco use AND identified as a tobacco non-user
G9905* Patient not screened for tobacco use; reason not given

Submission Criteria 2: All patients identified as a tobacco user and who received tobacco cessation intervention – report with G9902
G9906 Patient identified as tobacco user and received cessation intervention
G9908* Patient identified as tobacco user and did not receive cessation intervention; reason not given

Submission Criteria 3: All patients who were screened for tobacco use, if identified as tobacco user received cessation intervention, or identified as a tobacco non-user
G0030 Patient screened for tobacco use AND received tobacco cessation intervention on the date of the encounter or within the previous 12 months (counseling, pharmacotherapy, or both), if identified as a tobacco user
G0029 Tobacco screening not performed OR tobacco cessation intervention not provided on the date of the encounter or within the previous 12 months; reason not otherwise specified
1036F Current tobacco non-user

Measure #261: Referral for Otologic Evaluation for Patients with Acute or Chronic Dizziness
CPT Codes: 92540, 92541, 92542, 92544, 92545, 92546, 92548, 92550, 92557, 92567, 92568, 92570, 92575
ICD-10 Codes: R42, H81.10, H81.11, H81.12, H81.13

G8856 Referral to a physician for otologic evaluation performed
G8857 Patient is not eligible for referral for otologic evaluation measure
G8858* Referral to a physician for an otologic evaluation not performed; reason not specified

Measure #317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented:
Percentage of patient visits for patients aged 18 years and older seen during the measurement period who were screened for high blood pressure AND a recommended follow-up plan is documented, as indicated, if blood pressure is elevated or hypertensive. This is an eCQM.

This is for all patient visits for patients aged 18 years and older at the beginning of the measurement period.

Denominator Exclusion: Patient has an active diagnosis of hypertension.

https://ecqi.healthit.gov/ecqm/ec/2024/cms0022v12

Measure #318 Falls Screening for Future Fall Risk (Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period). This measure is reported through an EHR and is not claims-based.

Measure #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 12 months AND who received brief counseling if identified as an unhealthy alcohol user).

This measure will be calculated with 3 performance rates:

(1) 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 12 months
CPT Codes: 92537, 92538, 92540, 92541, 92542, 92544, 92545, 92546, 92548, 92549, 92550, 92552, 92553, 92555, 92556, 92557, 92567, 92570, 92584, 92587, 92588, 92650*, 92651, 92652, 92653, 92620, 92625, 92626
ICD-10: Applies to all ICD-10 codes.

G2196 Patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method
G2197 Patient screened for unhealthy alcohol use using a systematic screening method and not identified as an unhealthy alcohol user
G2199 Patient not screened for unhealthy alcohol use using a systematic screening method

(2) Percentage of patients aged 18 years and older who were identified as unhealthy alcohol users who received brief counseling. Report when reporting G2196 for part 1 of this measure.

G2200 Patient identified as an unhealthy alcohol user received brief counseling
G2202 Patient did not receive brief counseling if identified as an unhealthy alcohol user

(3) 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 12 months AND who received brief counseling if identified as unhealthy alcohol users

G9621 Patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method and received brief counseling
G9622 Patient not identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method
G9624 Patient not screened for unhealthy alcohol use using a systematic screening method or patient did not receive brief counseling if identified as an unhealthy alcohol user

Denominator submission criteria: All patients aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period

Denominator exclusions: Patients with dementia any time during the patient's history through the end of the measurement period (M 1164).

Measure #487 Screening for Social Drivers of Health (Percent of beneficiaries 18 years and older screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety).
CPT Codes: 92537, 92538, 92540, 92541, 92542, 92544, 92545, 92548, 92549, 92550, 92557, 92567, 92568, 92570, 92588, 92625, 92626, 92650*, 92651, 92652, 92653
ICD-10 Codes: Applies to all ICD-10 codes

M1207 Number of patients screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety
M1208 Number of patients not screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety

Measure #498, Community Service Provider (Percent of patients 18 years or older who screen positive for one or more of the following health-related social needs (HRSNs): food insecurity, housing instability, transportation needs, utility help needs, or interpersonal safety; and had contact with a Community Service Provider (CSP) for at least 1 of their HRSNs within 60 days after screening)