

2024 QCDR Measure ID	Measure Title	Measure Description	Denominator	Numerator	Denominator Exclusions	Denominator Exceptions	Numerator Exclusions	High Priority Measure	High Priority Type	Measure Type	Includes Telehealth?	Inverse Measure	Proportional Measure	Continuous Variable Measure	Ratio Measure	If Continuous Variable and/or Ratio is chosen, what would be the range of the score(s)?	Number of performance rates to be calculated and submitted	Risk-Adjusted Status	If risk-adjusted, indicate which score is risk-adjusted	MIPS Reporting Options	Care Setting
ACEP22	Appropriate Emergency Department Utilization of CT for Pulmonary Embolism	Percentage of emergency department visits during which patients aged 18 years and older had a CT pulmonary angiogram (CTPA) ordered by an emergency care provider, regardless of discharge disposition, with either moderate or high pre-test clinical probability for pulmonary embolism OR positive result or elevated D-dimer level	All emergency department visits during which patients aged 18 years and older had a CT pulmonary angiogram (CTPA) ordered by an emergency care provider, regardless of discharge disposition	Emergency department visits for patients with either: 1. Moderate or high pre-test clinical probability for pulmonary embolism OR 2. Elevated D-dimer level	Pregnancy	o Medical reason for ordering a CTPA without moderate or high pre-test clinical probability for pulmonary embolism AND no positive result or elevated D-dimer level (e.g., CT ordered for aortic dissection) o Patients who had CT pulmonary angiogram (CTPA) ordered during an emergency department visit for trauma or dangerous mechanism of injury	None	Yes	Appropriate Use	Process	No	No	Yes	No	No	N/A	1	No	N/A	Traditional MIPS	Emergency Department and Services
ACEP25	Tobacco Use: Screening and Cessation Intervention for Patients with Asthma and COPD	Percentage of patients aged 18 years and older with a diagnosis of asthma or COPD seen in the ED and discharged who were screened for tobacco use during any ED encounter AND who received tobacco cessation intervention if identified as a tobacco user	All patients aged 18 years and older with a diagnosis of asthma or COPD seen in the ED and discharged	Patients who were screened for tobacco use during any ED encounter AND who received tobacco cessation intervention if identified as a tobacco user	None	Documented medical reason(s) for not screening for tobacco use OR for not providing tobacco cessation intervention for patients identified as tobacco users (e.g., limited life expectancy, other medical reasons)	None	No	N/A	Process	No	No	Yes	No	No	N/A	1	No	N/A	Traditional MIPS	Emergency Department and Services
ACEP30	Sepsis Management: Septic Shock: Lactate Clearance Rate of >=10%	Percentage of emergency department visits for patients aged 18 years and older with septic shock resulting in hospital admission or transfers who had an elevated serum lactate result (>2mmol/L) and a subsequent serum lactate level measurement performed following the elevated serum lactate result with a lactate clearance rate of >=10% during the emergency department visit	All emergency department visits for patients aged 18 years and older with septic shock resulting in hospital admission or transfers	Emergency department visits for patients with a lactate clearance rate of >=10% during the emergency department visit	Patients with any of the following: -Transferred to the emergency department from another acute care facility or other in-patient hospital setting -Left before treatment was complete -Died during the emergency department visit -Cardiac arrest within the emergency department visit -Patient or surrogate decision maker declined care -Advanced care directives present in patient medical record for comfort care -Status epilepticus -Receiving epinephrine -Liver dysfunction or cirrhosis with decompensation -Liver failure -End stage liver disease -Secondary diagnosis of: -Gastrointestinal bleeding -Stroke -Acute myocardial infarction -Acute trauma -COVID-19 diagnosis	None	None	Yes	Outcome	Outcome	No	No	Yes	No	No	N/A	1	No	N/A	Traditional MIPS	Emergency Department and Services
ACEP31	Appropriate Foley catheter use in the emergency department	Percentage of emergency department (ED) visits for admitted patients aged 18 years and older where an indwelling Foley catheter is ordered and the patient had at least one indication for an indwelling Foley catheter	All emergency department visits for admitted patients aged 18 years and older where an indwelling Foley catheter is ordered	Emergency department visits where the patient had at least one of the following indications for an indwelling Foley catheter: -Acute urinary retention or bladder outlet obstruction -Need for accurate measurement of urinary output with no reasonable alternative -Pre-operative use for selected surgical procedures -Open sacral or perineal wounds in incontinent patients -Patient requires prolonged immobilization -Comfort for end of life care -Other institution-specific indication	Patients who had an existing indwelling Foley catheter at ED arrival	None	None	Yes	Patient Safety	Process	No	No	Yes	No	No	N/A	1	No	N/A	Traditional MIPS	Emergency Department and Services
ACEP48	Sepsis Management: Septic Shock: Lactate Level Measurement, Antibiotics Ordered, and Fluid Resuscitation	Percentage of emergency department visits resulting in hospital admission or transfers for patients aged 18 years and older with septic shock who had an order for all the following during the emergency department visit: a serum lactate level, antibiotics, and >=1L of crystalloids	All emergency department visits resulting in hospital admission or transfers for patients aged 18 years and older with septic shock	Emergency department visits for patients who had an order for all of the following during the emergency department visit: a serum lactate level, antibiotics, and >=1L of crystalloids	Patients with any of the following: -Transferred into the emergency department from another acute care facility or other in-patient hospital setting -Left before treatment was complete -Died during the emergency department visit -Cardiac arrest within the emergency department visit -Patient or surrogate decision maker declined care -Advanced directives present in patient medical record for comfort care -Severe Heart Failure (LVEF less than 20%) -Left Ventricular Assist Device (LVAD) -Acute Pulmonary Edema -Toxicological emergencies -Burn -Seizures -Anuria -End stage renal disease -Secondary diagnosis of: -Gastrointestinal bleeding -Stroke -Acute myocardial infarction -Acute trauma -COVID-19 diagnosis	None	None	No	N/A	Process	No	No	Yes	No	No	N/A	1	No	N/A	Traditional MIPS	Emergency Department and Services
ACEP50	ED Median Time from ED arrival to ED departure for all Adult Patients	Time (in minutes) from ED arrival to ED departure for all Adult Patients	All Emergency Department encounters for patients aged 18 years and older with documented discharge disposition	Time (in minutes) from ED arrival to ED departure for discharged Adult patients	None	Transfers -Psychiatric and mental health patients -Patients who expired in the emergency department -Patients transferred to observation -Admissions	None	Yes	Outcome	Outcome	No	Yes	No	Yes	No	Continuous Variable range of scores: Time as measured	1	Yes	Median Time	HIP, Traditional MIPS	Emergency Department and Services
ACEP51	ED Median Time from ED arrival to ED departure for all Pediatric ED Patients	Time (in minutes) from ED arrival to ED departure for all Pediatric ED Patients	All Emergency Department encounters for patients aged 17 years and younger with documented discharge disposition	Time (in minutes) from ED arrival to ED departure for discharged Pediatric patients	None	Transfers -Psychiatric and mental health patients -patients who expired in the emergency department -patients transferred to observation -Admissions	None	Yes	Outcome	Outcome	No	Yes	No	Yes	No	Continuous Variable range of scores: Time as measured in minutes	1	Yes	Median Time	Traditional MIPS	Emergency Department and Services
ACEP52	Appropriate Emergency Department Utilization of Lumbar Spine Imaging for Atraumatic Low Back Pain	Percentage of emergency department visits during which patients aged 18 years and older had a CT or MRI of the Lumbar Spine ordered by an emergency care provider, regardless of discharge disposition, presenting with acute, non-complex low back pain.	All emergency department visits for patients aged 18 years and older who presented with acute, non-complex low back pain for whom a lumbar spine CT or MRI was ordered by an emergency care provider	Emergency department visits for patients who have an indication for a lumbar spine CT or MRI	None	None	None	Yes	Appropriate Use	Process	No	No	Yes	No	No	N/A	1	No	N/A	HIP, Traditional MIPS	Emergency Department and Services

ACEP3	Appropriate Use of Imaging for Recurrent Renal Colic	Percentage of emergency department visits for patients aged 18-50 years presenting with flank pain with a history of kidney stones during which no imaging is ordered, OR appropriate imaging (i.e., plain film radiography or ultrasound) is ordered.	All emergency department visits for patients aged 18-50 years presenting with flank pain with any history of kidney stones	Emergency department visits during which no imaging is ordered OR appropriate imaging (i.e., plain film radiography or ultrasound) is ordered.	Infection (fever, elevated white blood cell count, laboratory confirmation of urinary tract infection) -Cancer -Known acute or chronic renal disease (i.e., transplant, creatinine >1.5 mg/dL, renal insufficiency, polycystic kidney disease, acute kidney failure) -Patient on anticoagulants -Stone episode duration >= 72 hours -Pregnancy -Trauma -Persistent pain that cannot be controlled during the ED visit -Urologic procedure performed in the past 48 hours -BMI > 35	None	None	Yes	Appropriate Use	Process	No	No	Yes	No	No	N/A	1	No	N/A	Traditional MIPS	Emergency Department and Services
ACEP6	Follow-Up Care Coordination Documented in Discharge Summary	Percentage of patients aged 18 years and older for which follow-up care coordination was documented in Hospital Discharge Summary	Any patient aged 18 years and older and patient encounter during the performance period (CPT or HCPC): 99238, 99239, 99244, 99235, 99236, 99218, 99219, 99220	Patients discharged with communication to follow-up provider documented in discharge summary. + Performance Met: Patients discharged with communication to follow-up provider documented in discharge summary. + Performance Not Met: Patients discharged without communication to follow-up provider documented in discharge summary.	Disposition of transferred, eloped or AMA patients.	None	None	Yes	Care Coordination	Process	No	No	Yes	No	No	N/A	1	No	N/A	Traditional MIPS	Hospital
ACEP9	Chest Pain - Avoidance of admission for adult patients with low-risk chest pain.	Percentage of adult patients who came to the Emergency Department with low-risk chest pain and were discharged	All adult patients 35-64 years of age with an ED diagnosis of chest pain	All adult patients 35-64 years of age with an ED diagnosis of chest pain who were discharged	Diagnosis warranting admission: MI, pneumonia, PE, aortic dissection, PTX, dysrhythmia, esophageal rupture, cholecystitis, pancreatitis Other Diagnosis: Active cancer, ESRD, ESLD, SLE, AIDS, cardiomyopathy, coagulopathy, LBBB	Death, LAMA, LWBS, LWT.	None	Yes	Outcome	Outcome	No	No	Yes	No	No	N/A	1	No	N/A	Traditional MIPS	Emergency Department and Services
ACEP0	Syncope - Avoidance of admission for adult patients with low-risk syncope	Percentage of emergency department visits for patients aged 18-50 years with a diagnosis of low-risk syncope who were discharged	All ED encounters for patients aged 18 to 50 years of age with the diagnosis of syncope	All ED encounters for patients aged 18 to 50 years of age with the diagnosis of syncope who were discharged	Heart Disease (coronary artery disease, Myocardial Infarction, CHF, cardiomyopathy, etc.) Heart Rhythm Disorders (Arrhythmias, Sinus Node Dysfunction, Uncontrolled Atrial Fibrillation, etc.) Aortic Dissection Pulmonary Embolism Subarachnoid Hemorrhage Coagulation Disorder	Death, LAMA, LWBS, LWT.	None	Yes	Outcome	Outcome	No	No	Yes	No	No	N/A	1	No	N/A	Traditional MIPS	Emergency Department and Services
ACEP1	Avoidance of Chest X-ray in pediatric patients with Asthma, Bronchiolitis or Croup	Percentage of ED visits for pediatric patients with Asthma, Bronchiolitis or Croup for whom a Chest X-ray was ordered/performed.	All patients less than 18 years of age coming to the Emergency Department with a diagnosis of Asthma, Bronchiolitis or Croup and for whom a chest x-ray was ordered/performed.	All patients less than 18 years of age with a diagnosis of Asthma, Bronchiolitis or Croup and for whom a chest x-ray was ordered/performed.	History of Cyclic Fibrosis, Airway Malformations, Immunodeficiency Syndromes, Pneumonia	None	None	Yes	Appropriate Use	Process	No	Yes	Yes	No	No	N/A	1	No	N/A	Traditional MIPS	Emergency Department and Services
ACEP2	Avoidance of Opioid therapy for dental pain.	All acute encounters for patients aged 18 years and older with a diagnosis of dental pain, who were not prescribed Opioids or Opiates	All acute encounters for patients aged 18 years and older evaluated by the Eligible Professional with a diagnosis of dental pain	All acute encounters for patients who were not prescribed Opioids or Opiates	Patients with active cancer, palliative care, end-of-life care.	Opiate prescribed for acute dental trauma (e.g., tooth or facial fracture, etc.)	None	Yes	Opioid-related	Process	No	No	Yes	No	No	N/A	1	No	N/A	Traditional MIPS	Emergency Department and Services
ACEP3	Avoidance of Acute High-Risk Prescriptions in geriatric patients at discharge	The percentage of adults 65 years of age and older who were prescribed an Acute High-Risk Medication at discharge	All patients 65 years of age and older with an ED diagnosis	All patients included in the Denominator, who were prescribed one or more of the acute high-risk medications	Patients with any of the following discharge diagnosis: -seizure disorder -rapid eye movement sleep disorder -ethanol withdrawal -benzodiazepine withdrawal -severe generalized anxiety disorder -end-of-life care -Allergic Reactions -Dermatitis -Vertigo -Labyrinthitis -ED Visit for Prescription Refill	None	None	Yes	Appropriate Use	Process	No	Yes	Yes	No	No	N/A	1	No	N/A	Traditional MIPS	Emergency Department and Services
ACEP4	Avoidance of admission for adult patients in Emergency Department with low-risk Deep Vein Thrombosis (DVT).	Percentage of patients 18 years and older who present to the Emergency Department with low-risk Deep Vein Thrombosis (DVT) and are discharged/home	All patients aged 18 years and older with an ED diagnosis of DVT	Patients who were discharged	Diagnosis related o Syncope o Pulmonary embolism o Proximal DVT Patient-related o Already on anticoagulation at time of DVT diagnosis based on listed home medications	LAMA, LWT, LWBS, Death	None	Yes	Outcome	Outcome	No	No	Yes	No	No	N/A	1	No	N/A	Traditional MIPS	Emergency Department and Services
ACEP5	Appropriate Utilization of AAA (ruptured Abdominal Aortic Aneurysm) patients in Emergency Department	Percentage of adult patients aged 55 years and older presenting to the Emergency Department with abdominal pain or back pain and hypotension for whom a POC Ultrasound or CT scan was performed.	All patients aged 55 years and older presenting to the Emergency Department with abdominal pain or back pain and hypotension for whom a POC Ultrasound or CT scan was performed.	Patients for whom a POC Ultrasound performed or CT scan was ordered/performed	None	Patient Refusal US/CT done in last one year Previously screened for AAA Transferred to operating room LAMA, LWT, LWBS, Death	None	Yes	Appropriate Use	Process	No	No	Yes	No	No	N/A	1	No	N/A	Traditional MIPS	Emergency Department and Services
ACEP6	Co-testing for HIV in high-risk patients in Emergency Department who are being tested for other sexually transmitted infections (STI) (Gonorrhea, Chlamydia, Syphilis or Trichomonas).	Percentage of patients aged 18 and older in the Emergency Department who are being tested for other sexually transmitted infections (STI) (Gonorrhea, Chlamydia, Syphilis or Trichomonas).	All patients aged 18 years and older who were tested for a STI (Gonorrhea, Chlamydia, Syphilis or Trichomonas).	Patients who were tested for HIV	Patients with HIV disease	LAMA, LWT, LWBS, Death, Patient refusal to be tested	None	N/A	Process	Process	No	No	Yes	No	No	N/A	1	No	N/A	Traditional MIPS	Emergency Department and Services
ECPR39	Avoid Head CT for Patients with Uncomplicated Syncope	Percentage of Adult Syncope Patients Who Did Not Receive a Head CT Scan Ordered by the Provider	Any patient greater than or equal to 18 years of age evaluated by the Eligible Professional in the Emergency Department, Urgent Care Clinic, Inpatient or Observation Status settings PLUS Diagnosis of Syncope (Not including transferred, eloped or AMA patients)	Syncope Patients Who Did Not Have a Head CT Ordered by the Provider	None	Patients who did have a head CT ordered for medical reason documented by the eligible professional (i.e., seizure; alcohol/drug intoxication; vomiting; altered mental status; abnormal neurologic exam; concern for intracranial injury/hemorrhage, stroke, or mass lesion)	None	Yes	Appropriate Use	Process	Yes	No	Yes	No	No	N/A	1	No	N/A	Traditional MIPS	Ambulatory Care; Urgent Care; Emergency Department and Services; Hospital Inpatient; Ambulatory Care
ECPR46	Avoidance of Opiates for Low Back Pain or Migraines	Percentage of Patients with Low Back Pain and/or Migraines Who Were Not Prescribed an Opiate	Any patient greater than or equal to 18 years of age evaluated by the Eligible Professional PLUS Diagnosis of low back pain OR Diagnosis of migraine PLUS Disposition of discharged	Patients who were not prescribed an opiate	Patients with active cancer, palliative care, end-of-life care.	Opiate prescribed for medical reason documented by the Eligible Professional (i.e., suspected or diagnosed herniated disk, fracture, sciatica, radiculopathy)	None	Yes	Opioid-related	Process	Yes	No	Yes	No	No	N/A	1	No	N/A	Traditional MIPS, NPP	Ambulatory Care; Clinician Office/Clinic; Ambulatory Care; Hospital;

ECPB1	Discharge Prescription of Naloxone after Opioid Poisoning or Overdose	Percentage of Opioid Poisoning or Overdose Patients Presenting to An Acute Care Facility Who Were Prescribed Naloxone at Discharge	Any patient evaluated by the Eligible Professional in the acute care setting PLUS diagnoses of opioid poisoning from heroin, methadone, morphine, oxycodone, codeine, hydrocodone, or another opioid substance PLUS Disposition of Discharge (Not including transferred, eloped or AMA patients)	Patients Who Were Prescribed Naloxone AND Educated about Utilization at Discharge	None	Naloxone was not prescribed at discharge due to medical reasons such as allergy	None	Yes	Opioid-related	Process	Yes	No	Yes	No	No	N/A	1	No	N/A	Traditional MIPS	Emergency Department and Services; Hospital; Inpatient
HCPB20	Clostridium Difficile – Risk Assessment and Plan of Care	Percentage of Adult Patients Who Had a Risk Assessment for C. difficile Infection and, if High-Risk, had a Plan of Care for C. difficile Completed on the Day Of or Day After Hospital Admission	Any patient greater or equal to 18 years of age evaluated by the Eligible Professional in the hospital setting, (Not including transferred, eloped, AMA patients)	Patients that had a risk assessment for C. difficile infection and, if high-risk, a plan of care documented on the day of or day after hospital admission	None	Patients who did not have a C. difficile infection risk assessment, AND if high risk, a plan of care for C. difficile for medical reasons documented by the Eligible Professional (e.g., C. difficile infection already documented prior to hospital admission, patients unable to provide history, patients on comfort measures)	None	Yes	Patient Safety	Process	Yes	No	Yes	No	No	N/A	1	No	N/A	Traditional MIPS	Hospital; Inpatient
HCPB24	Appropriate Utilization of Vancomycin for Cellulitis	Percentage of Patients with Cellulitis Who Did Not Receive Vancomycin Unless MRSA Infection or Risk for MRSA Infection Was Identified	Any patient greater or equal to 18 years of age evaluated by the Eligible Professional PLUS Admitted or Placed in Observation Status PLUS Diagnosis of Cellulitis (transferred, eloped, AMA or expired patients are excluded)	Patients who did NOT have Vancomycin ordered unless known MRSA infection was identified or specific risk for MRSA infection was indicated	None	None	None	Yes	Appropriate Use	Process	Yes	No	Yes	No	No	N/A	1	No	N/A	Traditional MIPS	Emergency Department and Services; Hospital; Inpatient
THEQR1	High Intensity Statin Prescribed for Acute and Subacute Ischemic Stroke and Transient Ischemic Attack (TIA)	Acute and subacute ischemic stroke and confirmed Transient Ischemic Attack (TIA) patients prescribed or continuing to take a high intensity statin at time of hospital discharge	Instructions: This measure is to be submitted for each episode of acute ischemic stroke, subacute ischemic stroke, or transient ischemic attack. Denominator Population: Patients aged >= 18 on date of encounter with a diagnosis of Ischemic Stroke or TIA AND CPT: 99217, 99234, 99235, 99236, 99238, 99239* * Atorvastatin 40mg per day, OR * Rosuvastatin 20 mg per day*	Patients who were prescribed or continued on a high-intensity statin at time of hospital discharge * Enrolled in clinical trial * Transferred * Elopel or left Against Medical Advice (AMA) * Expired * Exonit measures documented * Discharged to hospice*	None	None	None	No	N/A	Process	No	No	Yes	No	No	N/A	1	No	N/A	Traditional MIPS	Hospital
THEQR2	Discontinuation of Proton Pump Inhibitors for patients who do not meet criteria for long-term utilization.	The percentage of patients on a Proton Pump Inhibitor with an appropriately documented indication or an order for discontinuation for not meeting criteria for long-term utilization.	Patients aged >= 50 years of age AND Place of Service (POS) 21, 31, 32 AND CPT Code: 99238, 99239, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316 AND active Proton Pump Inhibitor on Medication List Proton Pump Inhibitor (PPI) Medication List: • Omeprazole (Prilosec, Prilosec OTC, Zegerid) • Lansoprazole (Prevacid) • Pantoprazole (Protonix) • Rabeprazole (AcipHex) • Esomeprazole (Nexium) • Dexlansoprazole (Dexlans, Kapidex)	Performance Met (Inpatient): Proton Pump Inhibitors discontinued by discharge OR Performance Met (PAC/SNF): Proton Pump Inhibitors discontinued OR Performance Not Met: Proton Pump Inhibitors not discontinued, reason not given	Patients who have an active diagnosis that meets criteria for long-term utilization of Proton Pump Inhibitors	None	Patients who have an active diagnosis that meets criteria for long-term utilization of Proton Pump Inhibitors	Yes	Appropriate Use	Process	No	No	Yes	No	No	N/A	1	No	N/A	Traditional MIPS	Ambulatory Care; Hospital