

# 2017 MIPS OVERVIEW

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Thank you for your interest in reporting quality measures for the Merit-based Incentive Payment System (MIPS) via the ASA® Qualified Registry (QR) or Qualified Clinical Data Registry (QCDR). This booklet includes measure specifications for MIPS measures reportable via the ASA QR and QCDR.

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## INDIVIDUAL OR GROUP (GPRO) REPORTING OPTION via ASA Qualified Registry

Of the measures available via the ASA QR and QCDR, report at least six measures for at least 50 percent of all patients, both Medicare and non-Medicare, for an eligible clinician (EC) or group. At least one measure must be an outcome measure or if an outcome measure is not applicable, one high-priority measure, as identified by the Centers for Medicare & Medicaid Services (CMS).

Please note, ECs or groups reporting via the QR must report on MIPS measures only. ASA QCDR participants may report any combination of MIPS and non-MIPS QCDR measures.

For 2017, reporting cross-cutting measures and reporting across NQS domains are not required.

ECs reporting at the individual level are assessed on an individual basis. If a group elects to report via the Group Reporting Option (GPRO), its MIPS assessment is based upon group performance and all ECs in the group will receive the same score in the MIPS quality component.

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**Participation in the ASA QR/QCDR does not guarantee satisfactory participation in the MIPS program. Successful submission to CMS is contingent upon each individual EC and/or group meeting the MIPS program requirements and the timeliness, quality and accuracy of the data they provide for reporting.**

**ASA strongly encourages practices to strive to meet the reporting requirements of six measures, including one outcome and/or high-priority measure. If you are able to report one outcome and/or high-priority measure, please consider reporting others as bonus points are available.**

Measure Number/Title	Measure Type
MIPS 39: Screening for Osteoporosis in Women Aged 65-85 Years of Age	Process
MIPS 44: Coronary Artery Bypass Graft (CABG): Preoperative Beta-Blocker in Patients with Isolated CABG Surgery*	Process
MIPS 46: Medication Reconciliation Post-Discharge	Process
MIPS 47: Care Plan	Process
MIPS 76: Prevention of Central Venous Catheter (CVC) – Related Bloodstream Infections*	Process
MIPS 109: Osteoarthritis (OA): Function and Pain Assessment	Process
MIPS 110: Preventive Care and Screening: Influenza Immunization	Process
MIPS 111: Pneumococcal Vaccination Status for Older Adults	Process
MIPS 128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	Process
MIPS 130: Documentation of Current Medications in the Medical Record*	Process
MIPS 131: Pain Assessment and Follow-Up	Process
MIPS 134: Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Process
MIPS 145: Radiology: Exposure Dose or Time Reported for Procedures Using Fluoroscopy	Process
MIPS 154: Falls: Risk Assessment	Process
MIPS 155: Falls: Plan of Care	Process
MIPS 181: Elder Maltreatment Screen and Follow-up Plan	Process
MIPS 226: Preventive Care and Screening: Tobacco Use – Screening and Cessation Intervention	Process
MIPS 238: Use of High-Risk Medications in the Elderly	Process
MIPS 276: Sleep Apnea: Assessment of Sleep Symptoms	Process
MIPS 317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented*	Process
MIPS 342: Pain Brought Under Control Within 48 Hours	Outcome
MIPS 402: Tobacco Use and Help with Quitting Among Adolescents	Process
MIPS 404: Anesthesiology Smoking Abstinence*	Intermediate Outcome
MIPS 408: Opioid Therapy Follow-up Evaluation	Process
MIPS 412: Documentation of Signed Opioid Treatment Agreement	Process
MIPS 414: Evaluation or Interview for Risk of Opioid Misuse	Process
MIPS 424: Perioperative Temperature Management*	Outcome
MIPS 426: Post-Anesthetic Transfer of Care Measure: Procedure Room to Post Anesthesia Care Unit (PACU)*	Process
MIPS 427: Post-Anesthetic Transfer of Care: Use of Checklist or Protocol for Direct Transfer of Care from Procedure Room to Intensive Care Unit (ICU)*	Process
MIPS 430: Prevention of Post-Operative Nausea and Vomiting (PONV) – Combination Therapy*	Process
MIPS 435: Quality of Life Assessment for Patients with Primary Headache Disorders	Outcome

\*Measures with an asterisk (\*) are included in the CMS-recommended Anesthesiology Measure Set. ECs and groups are not required to report these measures towards the six measures required for the MIPS Quality Component but may find them applicable to their practice.

## Screening for Osteoporosis in Women Aged 65-85 Years of Age

### Who Can Report This Measure?

This measure may be reported by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

### National Quality Strategy (NQS) Domain

Effective Clinical Care

### Measure Type

Process

### Eligible Patient Population (Denominator Criteria)

- Female patients aged 65-85 years of age
- Specific Evaluation & Management codes must be reported  
*\*Refer to full measure specification*
- There is no diagnosis associated with this measure

### Clinical Action Required by the Measure for Performance (Numerator Criteria)

The number of women who have documentation in their medical record of having received a dual-energy X-ray absorptiometry (DXA) test of the hip or spine.

### Link to Full Measure Specification

[2017 MIPS Registry Measure Specifications](#) (zip file)

### Links to Additional Resources

- [ASA MACRA Resources](#)
- [CMS Quality Payment Program Resources](#)

## Coronary Artery Bypass Graft (CABG): Preoperative Beta-Blocker in Patients with Isolated CABG Surgery\*

### Who Can Report This Measure?

It is anticipated that eligible clinicians who provide services for isolated CABG will submit this measure.

### National Quality Strategy (NQS) Domain

Effective Clinical Care

### Measure Type

Process

### Eligible Patient Population (Denominator Criteria)

- Isolated Coronary Artery Bypass Graft (CABG) surgeries for patients aged 18 years and older
  - Specific Anesthesia Codes and Surgical Codes must be reported
- \*Refer to full measure specification*

### Clinical Action Required by the Measure for Performance (Numerator Criteria)

Patients who received a beta-blocker within 24 hours prior to surgical incision of isolated CABG surgeries.

### Link to Full Measure Specification

[2017 MIPS Registry Measure Specifications](#) (zip file)

### Links to Additional Resources

- [ASA MACRA Resources](#)
- [CMS Quality Payment Program Resources](#)

## Medication Reconciliation Post-Discharge

### Who Can Report This Measure?

This measure is appropriate for use in the ambulatory setting only, and may be reported by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding. This measure is not to be reported unless a patient has been discharged from an inpatient facility within 30 days prior to the outpatient visit.

### National Quality Strategy (NQS) Domain

Communication and Care Coordination

### Measure Type

Process

### Eligible Patient Population (Denominator Criteria)

- All discharges from any inpatient facility (e.g., hospital, skilled nursing facility, or rehabilitation facility) for patients 18 years of age seen within 30 days following discharge in the office by the physician, prescribing practitioner, registered nurse, or clinical pharmacist providing on-going care
- Specific Evaluation & Management codes must be reported  
*\*Refer to full measure specification*
- There is no diagnosis associated with this measure

### Clinical Action Required by the Measure for Performance (Numerator Criteria)

Medication reconciliation conducted by a prescribing practitioner, clinical pharmacists or registered nurse on or within 30 days of discharge.

### Link to Full Measure Specification

[2017 MIPS Registry Measure Specifications](#) (zip file)

### Links to Additional Resources

- [ASA MACRA Resources](#)
- [CMS Quality Payment Program Resources](#)

## Care Plan

### Who Can Report This Measure?

This measure may be reported by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

### National Quality Strategy (NQS) Domain

Communication and Care Coordination

### Measure Type

Process

### Eligible Patient Population (Denominator Criteria)

- Patients aged 65 years and older
- Specific Evaluation & Management codes must be reported  
*\*Refer to full measure specification*
- There is no diagnosis associated with this measure

### Clinical Action Required by the Measure for Performance (Numerator Criteria)

Patients 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 patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.

## Link to Full Measure Specification

[2017 MIPS Registry Measure Specifications](#) (zip file)

## Links to Additional Resources

- [ASA MACRA Resources](#)
- [CMS Quality Payment Program Resources](#)

## Prevention of Central Venous Catheter (CVC) – Related Bloodstream Infections\*

### Who Can Report This Measure?

It is anticipated that eligible clinicians who perform CVC insertion will submit this measure.

### National Quality Strategy (NQS) Domain

Patient Safety

### Measure Type

Process

### Eligible Patient Population (Denominator Criteria)

- All patients, regardless of age, who undergo CVC insertion
- Specific Central Venous Access Procedure codes must be reported  
*\*Refer to full measure specification*
- There is no diagnosis associated with this measure

### Clinical Action Required by the Measure for Performance (Numerator Criteria)

Patients for whom central venous catheter (CVC) was inserted with all elements of maximal sterile barrier technique, hand hygiene, skin preparation and, if ultrasound is used, sterile ultrasound techniques followed.

### Link to Full Measure Specification

[2017 MIPS Registry Measure Specifications](#) (zip file)

### Links to Additional Resources

- [ASA MACRA Resources](#)
- [CMS Quality Payment Program Resources](#)

## Osteoarthritis (OA): Function and Pain Assessment

### Who Can Report This Measure?

This measure may be reported by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

### National Quality Strategy (NQS) Domain

Person and Caregiver-Centered  
Experience and Outcomes

### Eligible Patient Population (Denominator Criteria)

- All patient visits for patients aged 21 years and older with a diagnosis of OA
- Specific Evaluation & Management codes must be reported  
*\*Refer to full measure specification*
- Diagnosis for Osteoarthritis required  
*\*Refer to full measure specification*

### Measure Type

Process

### Clinical Action Required by the Measure for Performance (Numerator Criteria)

Patient visits with assessment for level of function and pain documented (may include the use of a standardized scale or the completion of an assessment questionnaire, such as an SF-36, AAOS Hip & Knee Questionnaire).

### Link to Full Measure Specification

[2017 MIPS Registry Measure Specifications](#) (zip file)

### Links to Additional Resources

- [ASA MACRA Resources](#)
- [CMS Quality Payment Program Resources](#)



## Preventive Care and Screening: Influenza Immunization

### Who Can Report This Measure?

This measure may be reported by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

### National Quality Strategy (NQS) Domain

Community/Population Health

### Measure Type

Process

### Eligible Patient Population (Denominator Criteria)

- All patients aged 6 months and older seen for a visit between October 1 and March 31
- Specific Evaluation & Management codes must be reported  
*\*Refer to full measure specification*
- There is no diagnosis associated with this measure

### Clinical Action Required by the Measure for Performance (Numerator Criteria)

Patients who received an influenza immunization **or** who reported previous receipt of an influenza immunization.

### Link to Full Measure Specification

[2017 MIPS Registry Measure Specifications](#) (zip file)

### Links to Additional Resources

- [ASA MACRA Resources](#)
- [CMS Quality Payment Program Resources](#)

## Pneumococcal Vaccination Status for Older Adults

### Who Can Report This Measure?

This measure may be reported by eligible clinicians who perform the quality actions described in the measure based on services provided and the measure-specific denominator coding.

### National Quality Strategy (NQS) Domain

Community/Population Health

### Measure Type

Process

### Eligible Patient Population (Denominator Criteria)

- Patients 65 years of age and older with a visit during the measurement period
- Specific Evaluation & Management codes must be reported  
*\*Refer to full measure specification*
- There is no diagnosis associated with this measure

### Clinical Action Required by the Measure for Performance (Numerator Criteria)

Patients who have **ever** received a pneumococcal vaccination.

### Link to Full Measure Specification

[2017 MIPS Registry Measure Specifications](#) (zip file)

### Links to Additional Resources

- [ASA MACRA Resources](#)
- [CMS Quality Payment Program Resources](#)

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

### Who Can Report This Measure?

This measure may be reported by eligible clinicians who perform the quality actions described in the measure based on the services provided at the time of the qualifying visit and the measure-specific denominator coding.

### Eligible Patient Population (Denominator Criteria)

- All patients aged 18 years and older
- Specific Evaluation & Management codes must be reported  
*\*Refer to full measure specification*
- There is no diagnosis associated with this measure

### National Quality Strategy (NQS) Domain

Community/Population Health

### Measure Type

Process

### Clinical Action Required by the Measure for Performance (Numerator Criteria)

Patients with a documented BMI during the encounter or during the previous six months, **and** when the BMI is outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the current encounter.

### Link to Full Measure Specification

[2017 MIPS Registry Measure Specifications](#) (zip file)

### Links to Additional Resources

- [ASA MACRA Resources](#)
- [CMS Quality Payment Program Resources](#)

## Documentation of Current Medications in the Medical Record\*

### Who Can Report This Measure?

This measure may be reported by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

### National Quality Strategy (NQS) Domain

Patient Safety

### Measure Type

Process

### Eligible Patient Population (Denominator Criteria)

- All visits for patients aged 18 years and older
- Specific Evaluation & Management codes must be reported  
*\*Refer to full measure specification*
- There is no diagnosis associated with this measure

### Clinical Action Required by the Measure for Performance (Numerator Criteria)

Eligible clinicians attests to documenting, updating or reviewing a patient's current medications using all resources available on the date of encounter. This list **must** include **all** known prescriptions, over-the counters, herbals, and vitamin/mineral/dietary (nutritional) supplements **and must** contain the medications' name, dosages, frequency and route of administration.

### Link to Full Measure Specification

[2017 MIPS Registry Measure Specifications](#) (zip file)

### Links to Additional Resources

- [ASA MACRA Resources](#)
- [CMS Quality Payment Program Resources](#)

## Pain Assessment and Follow-Up

### Who Can Report This Measure?

This measure may be reported by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

### National Quality Strategy (NQS) Domain

Communication and Care Coordination

### Measure Type

Process

### Eligible Patient Population (Denominator Criteria)

- All visits for patients aged 18 years and older
- Specific Evaluation & Management codes must be reported  
*\*Refer to full measure specification*
- There is no diagnosis associated with this measure

### Clinical Action Required by the Measure for Performance (Numerator Criteria)

Patient visits with a documented pain assessment using a standardized tool(s) **and** documentation of a follow-up plan when pain is present.

### Link to Full Measure Specification

[2017 MIPS Registry Measure Specifications](#) (zip file)

### Links to Additional Resources

- [ASA MACRA Resources](#)
- [CMS Quality Payment Program Resources](#)

## Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan

### Who Can Report This Measure?

This measure may be reported by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

### National Quality Strategy (NQS) Domain

Community/Population Health

### Measure Type

Process

### Eligible Patient Population (Denominator Criteria)

- All patients aged 12 years and older
- Specific Evaluation & Management codes must be reported  
*\*Refer to full measure specification*
- There is no diagnosis associated with this measure

### Clinical Action Required by the Measure for Performance (Numerator Criteria)

Patients screened for clinical depression on the date of the encounter using an age-appropriate, standardized tool **and**, if positive, a follow-up plan is documented on the date of the positive screen.

### Link to Full Measure Specification

[2017 MIPS Registry Measure Specifications](#) (zip file)

### Links to Additional Resources

- [ASA MACRA Resources](#)
- [CMS Quality Payment Program Resources](#)

## Radiology: Exposure Dose or Time Reported for Procedures Using Fluoroscopy

### Who Can Report This Measure?

It is anticipated that eligible clinicians providing the services for procedures using fluoroscopy will submit this measure.

### National Quality Strategy (NQS) Domain

Patient Safety

### Measure Type

Process

### Eligible Patient Population (Denominator Criteria)

- All visits for patients aged 18 years and older
- Specific nervous system codes must be reported  
*\*Refer to full measure specification*
- There is no diagnosis associated with this measure

### Clinical Action Required by the Measure for Performance (Numerator Criteria)

Final reports for procedures using fluoroscopy that include radiation exposure indices, or exposure time and number of fluorographic images (if radiation exposure indices are not available).

### Link to Full Measure Specification

[2017 MIPS Registry Measure Specifications](#) (zip file)

### Links to Additional Resources

- [ASA MACRA Resources](#)
- [CMS Quality Payment Program Resources](#)

## Falls: Risk Assessment

### Who Can Report This Measure?

This measure may be reported by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

### Eligible Patient Population (Denominator Criteria)

- All patients aged 65 years and older who have a history of falls (history of falls is defined as two or more falls in the past year or any fall with injury in the past year). Documentation of patient-reported history of falls is sufficient.
- Specific Evaluation & Management codes must be reported  
*\*Refer to full measure specification*
- There is no diagnosis associated with this measure

### National Quality Strategy (NQS) Domain

Patient Safety

### Measure Type

Process

### Clinical Action Required by the Measure for Performance (Numerator Criteria)

Patients who had a risk assessment for falls completed within 12 months.

### Link to Full Measure Specification

[2017 MIPS Registry Measure Specifications](#) (zip file)

### Links to Additional Resources

- [ASA MACRA Resources](#)
- [CMS Quality Payment Program Resources](#)



## Falls: Plan of Care

### Who Can Report This Measure?

This measure may be reported by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

This measure is a two-part measure which is paired with Measure #154: Falls: Risk Assessment, indicating the patient has documentation of two or more falls in the past year or any fall with injury in the past year.

### Eligible Patient Population (Denominator Criteria)

- All patients aged 65 years and older with a history of falls (history of falls is defined as two or more falls in the past year or any fall with injury in the past year). Documentation of patient-reported history of falls is sufficient.
- Specific Evaluation & Management codes must be reported  
*\*Refer to full measure specification*
- There is no diagnosis associated with this measure

### National Quality Strategy (NQS) Domain

Communication and Care Coordination

### Measure Type

Process

### Clinical Action Required by the Measure for Performance (Numerator Criteria)

Patients with a plan of care for falls documented within 12 months.

### Link to Full Measure Specification

[2017 MIPS Registry Measure Specifications](#) (zip file)

### Links to Additional Resources

- [ASA MACRA Resources](#)
- [CMS Quality Payment Program Resources](#)

## Elder Maltreatment Screen and Follow-up Plan

### Who Can Report This Measure?

This measure may be reported by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding at the time of the qualifying visit.

### National Quality Strategy (NQS) Domain

Patient Safety

### Measure Type

Process

### Eligible Patient Population (Denominator Criteria)

- All patients aged 65 years and older
- Specific Evaluation & Management codes must be reported  
*\*Refer to full measure specification*
- There is no diagnosis associated with this measure

### Clinical Action Required by the Measure for Performance (Numerator Criteria)

Patients with a documented elder maltreatment screen using an Elder Maltreatment Screening tool on the date of the encounter and follow-up plan documented on the date of the positive screen.

### Link to Full Measure Specification

[2017 MIPS Registry Measure Specifications](#) (zip file)

### Links to Additional Resources

- [ASA MACRA Resources](#)
- [CMS Quality Payment Program Resources](#)

## Preventive Care and Screening: Tobacco Use – Screening and Cessation Intervention

### Who Can Report This Measure?

This measure is intended to reflect the quality of services provided for preventive screening for tobacco use.

### National Quality Strategy (NQS) Domain

Community/Population Health

### Measure Type

Process

### Eligible Patient Population (Denominator Criteria)

- All visits for patients aged 18 years and older
- Specific Evaluation & Management codes must be reported  
*\*Refer to full measure specification*
- There is no diagnosis associated with this measure

### Clinical Action Required by the Measure for Performance (Numerator Criteria)

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.

### Link to Full Measure Specification

[2017 MIPS Registry Measure Specifications](#) (zip file)

### Links to Additional Resources

- [ASA MACRA Resources](#)
- [CMS Quality Payment Program Resources](#)

## Use of High-Risk Medications in the Elderly

### Who Can Report This Measure?

This measure may be reported by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

### National Quality Strategy (NQS) Domain

Patient Safety

### Measure Type

Process

### Eligible Patient Population (Denominator Criteria)

- All visits for patients aged 66 years and older
- Specific Evaluation & Management codes must be reported  
*\*Refer to full measure specification*
- There is no diagnosis associated with this measure

### Clinical Action Required by the Measure for Performance (Numerator Criteria)

Patients who were ordered at least one high-risk medication during the measurement period.

### Link to Full Measure Specification

[2017 MIPS Registry Measure Specifications](#) (zip file)

### Links to Additional Resources

- [ASA MACRA Resources](#)
- [CMS Quality Payment Program Resources](#)

## Sleep Apnea: Assessment of Sleep Symptoms

### Who Can Report This Measure?

This measure may be reported by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

### National Quality Strategy (NQS) Domain

Effective Clinical Care

### Measure Type

Process

### Eligible Patient Population (Denominator Criteria)

- All visits for patients aged 18 years and older with a diagnosis for sleep apnea
- Specific Evaluation & Management codes must be reported  
*\*Refer to full measure specification*
- Diagnosis for sleep apnea required  
*\*Refer to full measure specification*

### Clinical Action Required by the Measure for Performance (Numerator Criteria)

Patient visits with an assessment of sleep symptoms documented, including presence or absence of snoring and daytime sleepiness.

### Link to Full Measure Specification

[2017 MIPS Registry Measure Specifications](#) (zip file)

### Links to Additional Resources

- [ASA MACRA Resources](#)
- [CMS Quality Payment Program Resources](#)

## Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented\*

### Who Can Report This Measure?

This measure may be reported by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

### National Quality Strategy (NQS) Domain

Community/Population Health

### Measure Type

Process

### Eligible Patient Population (Denominator Criteria)

- All visits for patients aged 18 years and older
- Specific Evaluation & Management codes must be reported  
*\*Refer to full measure specification*
- There is no diagnosis associated with this measure

### Clinical Action Required by the Measure for Performance (Numerator Criteria)

Patients who were screened for high blood pressure **and** have a recommended follow-up plan documented, as indicated, if the blood pressure is pre-hypertensive or hypertensive.

### Link to Full Measure Specification

[2017 MIPS Registry Measure Specifications](#) (zip file)

### Links to Additional Resources

- [ASA MACRA Resources](#)
- [CMS Quality Payment Program Resources](#)

## Pain Brought Under Control Within 48 Hours

### Who Can Report This Measure?

This measure may be reported by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

### National Quality Strategy (NQS) Domain

Person and Caregiver-Centered  
Experience and Outcomes

### Eligible Patient Population (Denominator Criteria)

- Patients aged 18 and older
- Specific Evaluation & Management codes must be reported  
*\*Refer to full measure specification*
- There is no diagnosis associated with this measure

### Measure Type

Outcome

### Clinical Action Required by the Measure for Performance (Numerator Criteria)

Patients whose pain was brought to a comfortable level within 48 hours of initial assessment (after admission to palliative care services).

### Link to Full Measure Specification

[2017 MIPS Registry Measure Specifications](#) (zip file)

### Links to Additional Resources

- [ASA MACRA Resources](#)
- [CMS Quality Payment Program Resources](#)

## Tobacco Use and Help with Quitting Among Adolescents

### Who Can Report This Measure?

This measure is intended to reflect the quality of services provided for preventive screening for tobacco use.

### National Quality Strategy (NQS) Domain

Community/Population Health

### Measure Type

Process

### Eligible Patient Population (Denominator Criteria)

- All patients aged 12-20 years
- Specific Evaluation & Management codes must be reported  
*\*Refer to full measure specification*
- There is no diagnosis associated with this measure

### Clinical Action Required by the Measure for Performance (Numerator Criteria)

Patients who were screened for tobacco use at least once within 18 months (during the measurement period or the six months prior to the measurement period) **and** who received tobacco cessation intervention if identified as a tobacco user.

### Link to Full Measure Specification

[2017 MIPS Registry Measure Specifications](#) (zip file)

### Links to Additional Resources

- [ASA MACRA Resources](#)
- [CMS Quality Payment Program Resources](#)



## Anesthesiology Smoking Abstinence\*

### Who Can Report This Measure?

It is anticipated that eligible clinicians who provide the listed anesthesia services as specified in the denominator coding will submit this measure.

### National Quality Strategy (NQS) Domain

Effective Clinical Care

### Eligible Patient Population (Denominator Criteria)

- All patients aged 18 years and older who are evaluated in preparation for elective surgical, diagnostic or pain procedure requiring anesthesia services in settings that include routine screening for smoking status prior to the day of the surgery or procedure with instruction to abstain from smoking on the day of surgery or procedure
- Specific anesthesia codes or nervous system codes must be reported  
*\*Refer to full measure specification*
- There is no diagnosis associated with this measure

### Measure Type

Intermediate Outcome

### Clinical Action Required by the Measure for Performance (Numerator Criteria)

Current smokers and who abstained from smoking prior to anesthesia on the day of surgery or procedure.

### Link to Full Measure Specification

[2017 MIPS Registry Measure Specifications](#) (zip file)

### Links to Additional Resources

- [ASA MACRA Resources](#)
- [CMS Quality Payment Program Resources](#)

## Opioid Therapy Follow-Up Evaluation

### Who Can Report This Measure?

This measure may be reported by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

### National Quality Strategy (NQS) Domain

Effective Clinical Care

### Measure Type

Process

### Eligible Patient Population (Denominator Criteria)

- All patients 18 and older prescribed opiates for longer than six weeks duration
- Specific Evaluation & Management codes must be reported  
*\*Refer to full measure specification*
- There is no diagnosis associated with this measure

### Clinical Action Required by the Measure for Performance (Numerator Criteria)

Patients who had a follow-up evaluation conducted at least every three months during opioid therapy.

### Link to Full Measure Specification

[2017 MIPS Registry Measure Specifications](#) (zip file)

### Links to Additional Resources

- [ASA MACRA Resources](#)
- [CMS Quality Payment Program Resources](#)

## Documentation of Signed Opioid Treatment Agreement

### Who Can Report This Measure?

This measure may be reported by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

### National Quality Strategy (NQS) Domain

Effective Clinical Care

### Measure Type

Process

### Eligible Patient Population (Denominator Criteria)

- All patients 18 and older prescribed opiates for longer than six weeks duration
- Specific Evaluation & Management codes must be reported  
*\*Refer to full measure specification*
- There is no diagnosis associated with this measure

### Clinical Action Required by the Measure for Performance (Numerator Criteria)

Patients who signed an opioid treatment agreement at least once during opioid therapy.

### Link to Full Measure Specification

[2017 MIPS Registry Measure Specifications](#) (zip file)

### Links to Additional Resources

- [ASA MACRA Resources](#)
- [CMS Quality Payment Program Resources](#)

## Evaluation or Interview for Risk of Opioid Misuse

### Who Can Report This Measure?

This measure may be reported by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

### National Quality Strategy (NQS) Domain

Effective Clinical Care

### Measure Type

Process

### Eligible Patient Population (Denominator Criteria)

- All patients 18 and older prescribed opiates for longer than six weeks duration
- Specific Evaluation & Management codes must be reported  
*\*Refer to full measure specification*
- There is no diagnosis associated with this measure

### Clinical Action Required by the Measure for Performance (Numerator Criteria)

Patients evaluated for risk of misuse of opiates by using a brief validated instrument (e.g., Opioid Risk Tool, SOAAP-R) or patient interview at least once during opioid therapy.

### Link to Full Measure Specification

[2017 MIPS Registry Measure Specifications](#) (zip file)

### Links to Additional Resources

- [ASA MACRA Resources](#)
- [CMS Quality Payment Program Resources](#)

## Perioperative Temperature Management\*

### Who Can Report This Measure?

It is anticipated that eligible clinicians who provide the listed anesthesia services as specified in the denominator coding will submit this measure.

### National Quality Strategy (NQS) Domain

Patient Safety

### Measure Type

Outcome

### Eligible Patient Population (Denominator Criteria)

- All patients, regardless of age, who undergo surgical or therapeutic procedures under general or neuraxial anesthesia of 60 minutes duration or longer
- Specific Anesthesia codes must be reported  
*\*Refer to full measure specification*
- There is no diagnosis associated with this measure

### Clinical Action Required by the Measure for Performance (Numerator Criteria)

Patients for whom at least one body temperature greater than or equal to 35.5 degrees Celsius (or 95.9 degrees Fahrenheit) achieved within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time.

### Link to Full Measure Specification

[2017 MIPS Registry Measure Specifications](#) (zip file)

### Links to Additional Resources

- [ASA MACRA Resources](#)
- [CMS Quality Payment Program Resources](#)

## Post-Anesthetic Transfer of Care Measure: Procedure Room to a Post Anesthesia Care Unit (PACU)\*

### Who Can Report This Measure?

It is anticipated that eligible clinicians who provide the listed anesthesia services as specified in the denominator coding will submit this measure.

### National Quality Strategy (NQS) Domain

Communication and Care Coordination

### Measure Type

Process

### Eligible Patient Population (Denominator Criteria)

- All patients, regardless of age, who are cared for by an anesthesia practitioner
- Specific Anesthesia codes must be reported  
*\*Refer to full measure specification*
- There is no diagnosis associated with this measure

### Clinical Action Required by the Measure for Performance (Numerator Criteria)

Patients transferred directly from the procedure room to post-anesthesia care unit (PACU) for post-procedure care for whom a checklist or protocol which includes the key transfer of care elements is utilized.

### Link to Full Measure Specification

[2017 MIPS Registry Measure Specifications](#) (zip file)

### Links to Additional Resources

- [ASA MACRA Resources](#)
- [CMS Quality Payment Program Resources](#)

## Post-Anesthetic Transfer of Care: Use of Checklist or Protocol for Direct Transfer of Care from Procedure Room to Intensive Care Unit (ICU) \*

### Who Can Report This Measure?

It is anticipated that eligible clinicians who provide the listen anesthesia services as specified in the denominator coding will submit this measure.

### National Quality Strategy (NQS) Domain

Communication and Care Coordination

### Measure Type

Process

### Eligible Patient Population (Denominator Criteria)

- All patients, regardless of age, who undergo a surgical, therapeutic or diagnostic procedure under anesthesia and are admitted to an ICU directly from the anesthetizing location
- Specific Anesthesia codes must be reported  
*\*Refer to full measure specification*
- There is no diagnosis associated with this measure

### Clinical Action Required by the Measure for Performance (Numerator Criteria)

Patients who have a documented use of a checklist or protocol for the transfer of care from the responsible anesthesia practitioner to the responsible ICU team or team member.

### Link to Full Measure Specification

[2017 MIPS Registry Measure Specifications](#) (zip file)

### Links to Additional Resources

- [ASA MACRA Resources](#)
- [CMS Quality Payment Program Resources](#)

## Prevention of Post-Operative Nausea and Vomiting (PONV) – Combination Therapy\*

### Who Can Report This Measure?

It is anticipated that eligible clinicians who provide the listed anesthesia services as specified in the denominator coding will submit this measure.

### National Quality Strategy (NQS) Domain

Patient Safety

### Measure Type

Process

### Eligible Patient Population (Denominator Criteria)

- All patients, aged 18 years and older, who undergo any procedure including surgical, therapeutic or diagnostic under an inhalational general anesthetic, and who have three or more risk factors for PONV
- Specific Anesthesia codes must be reported  
*\*Refer to full measure specification*
- There is no diagnosis associated with this measure

### Clinical Action Required by the Measure for Performance (Numerator Criteria)

Patients who receive combination therapy consisting of at least two prophylactic pharmacologic antiemetic agents of different classes preoperatively or intraoperatively.

### Link to Full Measure Specification

[2017 MIPS Registry Measure Specifications](#) (zip file)

### Links to Additional Resources

- [ASA MACRA Resources](#)
- [CMS Quality Payment Program Resources](#)



## Quality of Life Assessment for Patients with Primary Headache Disorders

### Who Can Report This Measure?

This measure may be reported by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

### National Quality Strategy (NQS) Domain

Effective Clinical Care

### Measure Type

Outcome

### Eligible Patient Population (Denominator Criteria)

- All patients, regardless of age, who have a diagnosis of primary headache disorder
- Specific Anesthesia codes must be reported  
*\*Refer to full measure specification*
- Diagnosis for primary headache disorder required  
*\*Refer to full measure specification*

### Clinical Action Required by the Measure for Performance (Numerator Criteria)

Patient whose health related quality of life was assessed with a tool(s) during at least two visits during the 12-month measurement period **and** whose health related quality of life score stayed the same or improved.

### Link to Full Measure Specification

[2017 MIPS Registry Measure Specifications](#) (zip file)

### Links to Additional Resources

- [ASA MACRA Resources](#)
- [CMS Quality Payment Program Resources](#)