

# US Health Information Knowledge Base (USHIK) for Clinical Quality Measurement

## Guide

### Provided By:

The National Learning Consortium (NLC)

### Developed By:

Health Information Technology Research Center (HITRC)

*The material in this document was developed by Regional Extension Center staff in the performance of technical support and EHR implementation. The information in this document is not intended to serve as legal advice nor should it substitute for legal counsel. Users are encouraged to seek additional detailed technical guidance to supplement the information contained within. The REC staff developed these materials based on the technology and law that were in place at the time this document was developed. Therefore, advances in technology and/or changes to the law subsequent to that date may not have been incorporated into this material.*



## NATIONAL LEARNING CONSORTIUM

The National Learning Consortium (NLC) is a virtual and evolving body of knowledge and resources designed to support healthcare providers and health IT professionals working towards the implementation, adoption and meaningful use of certified EHR systems.

The NLC represents the collective EHR implementation experiences and knowledge gained directly from the field of ONC's outreach programs ([REC](#), [Beacon](#), [State HIE](#)) and through the [Health Information Technology Research Center \(HITRC\)](#) Communities of Practice (CoPs).

The following resource can be used in support of the [EHR Implementation Lifecycle](#). It is recommended by "boots-on-the-ground" professionals for use by others who have made the commitment to implement or upgrade to certified EHR systems.

### EHR Implementation Lifecycle



## DESCRIPTION & INSTRUCTIONS

This guide provides a summary of how to use the United States Health Information Knowledgebase (USHIK) to access key information on the Meaningful Use Clinical Quality Measures (CQMs) and is intended to be shared with staff using an electronic health record (EHR).

The first section, Getting Started, provides a general overview of what is available on the home screen, and how a user can navigate to a CQM of interest.

The following seven sections correspond with available USHIK tabs, and illustrate what can be found in each of those areas on the USHIK site.

The final section, Comparing Measures, provides instructions on how to use USHIK to compare two or more measures, or different versions of a single measure.



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# 1 USHIK and Meaningful Use Clinical Quality Measurement

USHIK is an online resource developed, provided, and maintained by the Agency for Healthcare Research and Quality (AHRQ), located on the web at <http://ushik.ahrq.gov/>.

USHIK provides clinical codes through the Unified Medical Language System (UMLS), part of the National Library of Medicine. Note that the user must create a UMLS account as prompted to access code sets on USHIK.

There are many ways to access information available on USHIK. The following pages contain screen shots of functions that would be most useful to those interested in clinical quality measures. This resource does not represent all the information or functions available on USHIK, nor all the ways to access the information and functions available. Independent exploration of USHIK is encouraged in order to determine how USHIK can best meet the needs of a particular REC or practice.

## 1.1 GETTING STARTED

To access CQM information on USHIK, click the Meaningful Use tab:

**U.S. Department of Health & Human Services** | [www.hhs.gov](http://www.hhs.gov)

**AHRQ Agency for Healthcare Research and Quality** | [www.ahrq.gov](http://www.ahrq.gov)

**USHIK** | United States Health Information Knowledgebase

Navigation: USHIK | Standards | HITSP | Common Formats | **Meaningful Use** | APCD

**Meaningful Use Portal**  
 Stage 2 and Quality Measure Updates

**Value Sets**

Value Set ID	Value Set Name
2.16.840.1.113883.3.600.1.1525	Abuse, Sexual, Category
2.16.840.1.113883.3.600.1.1490	Abuse, Sexual, Medication
2.16.840.1.113883.3.600.1.1527	Abuse, Sexual, Medication
2.16.840.1.113883.3.526.3.1129	ACE Inhibitors, as JARD
2.16.840.1.113883.3.117.1.1.207	Academy of Emergency Medical System Education
2.16.840.1.113883.3.117.1.1.204	Active Labor
2.16.840.1.113883.3.526.3.1241	Acute and Subacute Infections
2.16.840.1.113883.3.664.1003.104.12.1001	Acute Myocardial Infarction
2.16.840.1.113883.3.664.1003.102.12.1011	Acute Pharyngitis
2.16.840.1.113883.3.664.1003.102.12.1010	Acute Respiratory Failure

**Meaningful Use Resources:** USHIK's Meaningful Use portal acts as a consolidated resource for retrieving data on Clinical Quality Measures (CQM's) and Value Sets as well as information on the Meaningful Use Core and Menu Objectives. For Stage 2, export capabilities, Value Set retrieval, and CQM comparison tools have been enhanced to make the data more accessible and flexible to work with.

[Meaningful Use Portal](#)

[Meaningful Use Downloads](#)



Notice there are tabs for each Stage of Meaningful Use. By default, the Stage 2 tab will be selected, though users can click on the “Stage 1” tab to see information pertaining to the Stage 1 measures.

After choosing the appropriate MU Stage, click on E.P. Clinical Quality Measures.

The screenshot shows the USHIK website interface. The main content area is titled 'Meaningful Use Measures and Metadata' and is filtered for 'Stage 2'. There are four main sections: 'Clinical Quality Measures', 'Value Sets', 'API', and 'Downloads'. A note below these sections states: 'Please note: The COM's and Value Sets defined in the final rule for stage 2 of meaningful use are not linked to a specific stage of meaningful use but rather to an implementation year (2014) and they are therefore referenced as 2014 COMs or 2014 eCOMs. All participants in the EHR Incentive Program must report on the 2014 COMs beginning in 2014 whether they are in stage 1 or stage 2 of meaningful use.'

The 'Clinical Quality Measures' section is expanded to show 'Eligible Professionals (E.P.)'. It is divided into two sub-sections: 'E.P. Objectives' and 'E.P. Clinical Quality Measures'. A red arrow points to the 'E.P. Clinical Quality Measures' sub-section, which contains the following information:

- E.P. Clinical Quality Measures**
- EPs must report on 9 out of 64 total CQMs
- Must select CQMs from at least 3 of the 6 key health care policy domains recommended by the DHHS National Quality Strategy:
  - 0. Patient and Family Engagement
  - 0. Patient Safety
  - 0. Care Coordination
  - 0. Population and Public Health
  - 0. Efficient Use of Healthcare Resources
  - 0. Clinical Processes/Effectiveness



Clicking on a column will sort the table in ascending order by the selected column. For example, clicking on the NQF heading once, will sort the table from lowest NQF number to highest. Click on a column heading twice, and the table will be organized in descending order, e.g. highest to lowest NQF number.

Hovering over a measure of interest will provide a window with basic details about the measure. Click on the measure of interest from the list provided for further detail.

**USHIK Meaningful Use Measures and Metadata**

USHIK Standards HITSP Common Formats Meaningful Use APCD

**Clinical Quality Measures**

Please note: The CQM's and Value Sets defined in the final rule for stage 2 of meaningful use are not linked to a specific stage of meaningful use but rather to an implementation year (2014) and they are therefore referenced as 2014 CQMs or 2014 eCQMs. All participants in the EHR Incentive Program must report on the 2014 CQMs beginning in 2014 whether they are in stage 1 or stage 2 of meaningful use.

List Tools: Select All 50 Show Filter Compare

Exports: HL7 XML Excel Value Set CSV Value Set SYS PDF Flat File CSV Single File XML

Clear Filters

2011 - 2013 Beginning in 2014

Add	CQM ID	NQF	Name
<input type="checkbox"/>	CMS146v1 0002		<a href="#">Appropriate Testing for Children with Pharyngitis</a>
<input type="checkbox"/>	CMS137v1 0004		<a href="#">Initiation and Engagement of Alcohol and Other Drug Dependence Treatment</a>
<input type="checkbox"/>	CMS165v1 0018		<a href="#">Controlling High Blood Pressure</a>
<input type="checkbox"/>	CMS156v1 0022		<a href="#">Use of High-Risk Medications in the Elderly</a>
<input type="checkbox"/>	CMS155v1 0024		<a href="#">Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</a>
<input type="checkbox"/>	CMS138v1 0028		<a href="#">Preventive Care and Screening: Tobacco Use, Screening and Cessation Interventions</a>
<input type="checkbox"/>	CMS125v1 0031		<a href="#">Breast Cancer Screening</a>
<input type="checkbox"/>	CMS124v1 0032		<a href="#">Cervical Cancer Screening</a>
<input type="checkbox"/>	CMS153v1 0033		<a href="#">Chlamydia Screening for Women</a>
<input type="checkbox"/>	CMS130v1 0034		<a href="#">Colorectal Cancer Screening</a>
<input type="checkbox"/>	CMS126v1 0036		<a href="#">Use of Appropriate Medications for Asthma</a>
<input type="checkbox"/>	CMS117v1 0038		<a href="#">Childhood Immunization Status</a>

**Measure Details**

Item Name: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

Organization: Centers for Medicare & Medicaid Services

Assurance: Assurance

Definition: Percentage of patients 13 years of age and older with a new episode of alcohol and other drug (AOD) dependence who received the following. Two rates are reported: a. Percentage of patients who initiated treatment within 14 days of the diagnosis. b. Percentage of patients who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.

CQM ID: CMS137v1

Eligibility: Eligible Professionals

Version: 1

ItemKey: 142161000

Eligible	Professionals	1	National Committee for Quality Assurance
Eligible Professionals	1	National Committee for Quality Assurance	
Eligible Professionals	1	National Committee for Quality Assurance	
Eligible Professionals	1	National Committee for Quality Assurance	
Eligible Professionals	1	National Committee for Quality Assurance	
Eligible Professionals	1	National Committee for Quality Assurance	
Eligible Professionals	1	National Committee for Quality Assurance	
Eligible Professionals	1	National Committee for Quality Assurance	
Eligible Professionals	1	National Committee for Quality Assurance	
Eligible Professionals	1	National Committee for Quality Assurance	
Eligible Professionals	1	American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	

Because some of the codes sets associated with a measure are provided through UMLS, USHIK will prompt the user for UMLS log-in information before providing further measure details. Either enter your information, or click the link to obtain a UMLS username and password.

**USHIK Meaningful Use Measures and Metadata**

USHIK Standards HITSP Common Formats Meaningful Use APCD

**Clinical Quality Measures**

Please note: The CQM's and Value Sets defined in the final rule for stage 2 of meaningful use are not linked to a specific stage of meaningful use but rather to an implementation year (2014) and they are therefore referenced as 2014 CQMs or 2014 eCQMs. All participants in the EHR Incentive Program must report on the 2014 CQMs beginning in 2014 whether they are in stage 1 or stage 2 of meaningful use.

List Tools: Select All 50 Show Filter Compare

Clear Filters

2011 - 2013 Beginning in 2014

**UMLS Authentication Required**

The page you are trying to view is only accessible to users who are authenticated to UMLS using their UTS account credentials.

If you do not have a UTS account, please navigate to the link below to learn about and create an account.  
[How to License and Access the Unified Medical Language System™ \(UMLS™\) Data?](#)

Please enter your UMLS username / password below.

Username:

Password:

**Login**

[Bypass Authentication](#)

\* You may choose to bypass UMLS authentication if you do not have UMLS credentials. If you bypass authentication, you can see details related to those artifacts which do not require authentication.



Once UMLS information is entered, the next screen provides seven tabs that display different information about the measure. Sections 1.3 through 1.9 provide an overview of the information contained in these tabs.

## 1.2 MEASURES AT-A-GLANCE

*At a Glance* provides high-level information about the measure, such as a description of the measure and its numerator, denominator, and exceptions/exclusions.

The screenshot shows the 'At a Glance' tab for the measure 'Initiation and Engagement of Alcohol and Other Drug Dependence Treatment' (CMS137v1). The page includes a navigation menu with tabs for 'At a Glance', 'Downloads/Resources', 'Population Criteria', 'Data Criteria', 'Supplemental Data Elements', 'Reporting Stratification', 'Metadata', and 'References'. The main content area displays the following information:

- User Tools:** Help, Glossary, Resources, FAQ, API Documentation, Search, Downloads.
- Stay Informed:** Subscribe to Updates, Help Request Form, What's New in USHIK.
- Users:** 1481 active users at 1:51:14 PM.
- Measure Description:**
  - Improvement Notation:** Higher score indicates better quality.
  - Measurement Period:** January 1, 20xx through December 31, 20xx.
  - Transmission Format:** TBD.
  - Scoring:** Proportion.
  - Type:** Process.
  - Eligibility:** Eligible Professionals.
- Initial Patient Population:** Patients age 13 years of age and older who were diagnosed with a new episode of alcohol or drug dependency during a visit in the first 11 months of the measurement period.
- Numerator:**
  - Numerator 1:** Patients who initiated treatment within 14 days of the diagnosis.
  - Numerator 2:** Patients who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit. Exclusions: Not Applicable.
- Denominator:** Equals Initial Patient Population. Exceptions: None. Exclusions: Patients with a previous acute diagnosis of alcohol or drug dependence in the 60 days prior to the first episode of alcohol or drug dependence.

## 1.3 DOWNLOADS & RESOURCES

*Downloads and Resources* will provide a series of downloadable PDF, Excel, CSV, and XML documents related to the measure. The resources contain files that include code sets, population criteria, and metadata on each measure.

The screenshot shows the 'Downloads & Resources' tab for the measure 'Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented' (CMS22v1). The page includes a navigation menu with tabs for 'At a Glance', 'Downloads/Resources', 'Population Criteria', 'Data Criteria', 'Supplemental Data Elements', 'Reporting Stratification', 'Metadata', and 'References'. The main content area displays the following information:

- User Tools:** Help, Glossary, Resources, FAQ, API Documentation, Search, Downloads.
- Stay Informed:** Subscribe to Updates, Help Request Form, What's New in USHIK.
- Users:** 901 active users at 9:55:06 AM.
- Downloads:**
  - HQMF Documents:** Download all files related to this CQM as released by CMS in HQMF format.
  - PDF:** Download a PDF file containing CQM metadata and value set information for this CQM. [Download PDF Reader]
  - Excel:** Download an MS Excel™ spreadsheet with CQM metadata and value set information for this CQM. [Download Excel Reader]
  - Value Set Comma-Separated (CSV):** Download a comma-separated (CSV) document containing Value Sets and codes utilized by this CQM. For a CSV document containing all 2014 Value Sets, please visit the [downloads page](#). [View instructions on how to import CSV into MS Excel™]
  - Sharing Value Sets (SVS) XML:** Download an IHE Sharing Value Sets (SVS) formatted XML file containing the Value Sets utilized by this CQM. For an SVS XML file containing all 2014 Value Set information, please visit the [downloads page](#).
- Resources:**
  - QDM - Quality Data Model:** NQF: Quality Data Model. <http://www.qualityforum.org/QualityDataModel.aspx#:~:q=2&sr=1>
  - HQMF - Health Quality Measures Format:** HL7 Version 3 Standard: Representation of the Health Quality Measures Format (eMeasure), Release 1. [http://www.hl7.org/documentcenter/public/standards/09b/v3/HQMF\\_R1\\_DSTU\\_2010MAR.zip](http://www.hl7.org/documentcenter/public/standards/09b/v3/HQMF_R1_DSTU_2010MAR.zip)
  - 2012-2013 CQM Reporting:**
    - Eligible Professionals (PQRS):** 2013 EHR Documents for Vendors. [https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2013\\_EHR\\_Documents\\_for\\_Vendors\\_Apr2012.zip#](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2013_EHR_Documents_for_Vendors_Apr2012.zip#)
    - Eligible Hospitals (QRDA):** EHR Incentive 2012 Reporting Pilot Program. <http://qualitynet.org/05a/ContentServer?c=Page&pageName=GnetPublic%2FPage%2FContent%2Fcode%2F2012711390000>
  - SVS - Sharing Value Sets:** IHE IT Infrastructure (ITI) Technical Framework Supplement - Sharing Value Sets 10 (SVS). [http://www.ihe.net/Technical\\_Framework/upload/ITI\\_Technical\\_Framework\\_Suppl\\_SVS\\_Rev2-1\\_TI\\_2010-08-18.pdf](http://www.ihe.net/Technical_Framework/upload/ITI_Technical_Framework_Suppl_SVS_Rev2-1_TI_2010-08-18.pdf)
  - CTS2 - Common Terminology Services 2:** CTS2 API Documentation. <http://informatics.mayo.edu/cts2/index.php/REST>



## 1.4 POPULATION CRITERIA

*Population Criteria* presents the “logic” of the measure: which components make up the initial population, numerator, denominator, and exclusions/exceptions. Note that each component is a hyperlink. Clicking on the link for any of the indicated elements will bring you directly to the code list for that specific element.

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USHIK Meaningful Use Measures and Metadata

Meaningful Use Objectives | Clinical Quality Measures | Value Sets

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment  
CMS137v1

Population criteria

AND: FIRST: "Occurrence A of [Diagnosis, Active, Alcohol and Drug Dependence](#)" <= 11 month(s) starts after start of "Measurement Period"

AND: "Patient Characteristic Birthdate, birth date" >= 13 year(s) starts before start of "Measurement Period"

AND: "Occurrence A of [Diagnosis, Active, Alcohol and Drug Dependence](#)" starts during:

OR: "Occurrence A of [Encounter, Performed, Office Visit](#)"

OR: "Occurrence A of [Encounter, Performed, Emergency Department Visit](#)"

OR: "Occurrence A of [Encounter, Performed, Detoxification Visit](#)"

OR: "Occurrence A of [Encounter, Performed, Hospital Inpatient Visit - Initial](#)"

OR: "Occurrence A of [Encounter, Performed, Hospital Inpatient Visit - Initial](#)"

OR: "Occurrence A of [Encounter, Performed, Discharge Services - Hospital Inpatient Same Day Discharge](#)"

OR: "Occurrence A of [Encounter, Performed, Discharge Services - Hospital Inpatient](#)"

OR: "Occurrence A of [Encounter, Performed, Face-to-Face Interaction](#)"

during "Measurement Period"

AND: "Initial Patient Population"

AND: "Occurrence A of [Diagnosis, Active, Alcohol and Drug Dependence](#)" <= 60 day(s) starts before start of "Occurrence A of [Diagnosis, Active, Alcohol and Drug Dependence](#)"

AND:

OR: "Occurrence A of [Encounter, Performed, Alcohol and Drug Dependence Treatment](#)"

OR: "Occurrence A of [Encounter, Performed, Psych Visit - Individual Outpatient Interactive Psychotherapy](#)"

OR: "Occurrence A of [Encounter, Performed, Psych Visit - Individual Outpatient Psychotherapy](#)"

<= 14 day(s) starts after start of "Occurrence A of [Diagnosis, Active, Alcohol and Drug Dependence](#)"

AND:

OR:

AND: "Occurrence A of [Encounter, Performed, Alcohol and Drug Dependence Treatment](#)" <= 14 day(s) starts after start of "Occurrence A of [Diagnosis, Active, Alcohol and Drug Dependence](#)"

AND: Count >= 2 of:

OR: "Encounter, Performed, Alcohol and Drug Dependence Treatment"

OR: "Encounter, Performed, Psych Visit - Individual Outpatient Interactive Psychotherapy"

OR: "Encounter, Performed, Psych Visit - Individual Outpatient Psychotherapy"

<= 30 day(s) starts after start of "Occurrence A of [Encounter, Performed, Alcohol and Drug Dependence Treatment](#)"

<http://ushik.ahrq.gov/ViewItemDetails?system=mu&itemKey=142161000&enableAsynchronous=true> [Initial Outpatient Interactive Psychotherapy](#) <= 14 day(s) starts after start of "Occurrence A of [Diagnosis, Active, Alcohol and](#)

This screen will appear when the hyperlink associated with a component is clicked

Encounter	Encounter, Performed: Alcohol and Drug Dependence Treatment	<a href="#">Alcohol and Drug Dependence Treatment</a> 2 16 840 1.113883 3.464 1003 106 12 1005 (Version: 20121025) SNOMEDCT 171047005, 24165007, 313071005, 370881007, 385989002, 386448003, 386449006, 386450006, 386451005, 408933008, 408934009, 408935000, 408941008, 408942001, 408943006, 408944000, 408945004, 408947007, 408948002, 410419007, 413473000, 423418000, 424148004, 424407005, 424589009, 426928008, 60112009	<a href="#">Return to Previous Tab</a>
Encounter	Encounter, Performed: Detoxification Visit	<a href="#">Detoxification Visit</a> 2 16 840 1.113883 3.464 1003 101 12 1059 (Version: 20121025) SNOMEDCT 182969009, 20093900, 23915005, 266707007, 310653000, 414054004, 414056002, 56876005, 61480009, 64297001, 67516001, 87106005	
Encounter	Encounter, Performed: Discharge Services - Hospital Inpatient	<a href="#">Discharge Services - Hospital Inpatient</a> 2 16 840 1.113883 3.464 1003 101 12 1007 (Version: 20121025) CPT 99238, 99239	
Encounter	Encounter, Performed: Discharge Services - Hospital Inpatient Same Day Discharge	<a href="#">Discharge Services - Hospital Inpatient Same Day Discharge</a> 2 16 840 1.113883 3.464 1003 101 12 1006 (Version: 20121025) CPT 99234, 99235, 99236	
Encounter	Encounter, Performed: Emergency Department Visit	<a href="#">Emergency Department Visit</a> 2 16 840 1.113883 3.464 1003 101 12 1010 (Version: 20121025) CPT 99281, 99282, 99283, 99284, 99285	
Encounter	Encounter, Performed: Face-to-Face Interaction	<a href="#">Face-to-Face Interaction</a> 2 16 840 1.113883 3.464 1003 101 12 1048 (Version: 20121025) SNOMEDCT 12843005, 18170008, 185349003, 185463005, 185465003, 19681004, 207195004, 270427003, 270430005, 308335008, 390906007, 406547006	
Encounter	Encounter, Performed: Hospital Inpatient Visit - Initial	<a href="#">Hospital Inpatient Visit - Initial</a> 2 16 840 1.113883 3.464 1003 101 12 1004 (Version: 20121025)	



## 1.5 DATA CRITERIA

*Data Criteria* provides all codes associated with data elements of the measure. For example, the data element *Diagnosis: Active Diabetes* will be fulfilled by documenting any of the ICD-10-CM, SNOMED-CT, or ICD-9-CM codes shown in the EHR. Hovering the cursor over the code will display its definition.

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Diabetes: Hemoglobin A1c Poor Control | CMS122v1

Category	Data Element	Value Set
Diagnosis	Diagnosis, Active: Diabetes	<p><b>Diabetes</b></p> <p>2.16.840.1.113883.3.464.1003.103.12.1001 (Version: 20121025)</p> <p>ICD10CM (2012)</p> <p>E10.10, E10.11, E10.21, E10.22, E10.29, E10.31, E10.311, E10.319, E10.321, E10.329, E10.331, E10.339, E10.341, E10.349, E10.351, E10.359, E10.36, E10.39, E10.40, E10.41, E10.42, E10.43, E10.44, E10.48, E10.51, E10.52, E10.59, E10.610, E10.618, E10.620, E10.624, E10.628, E10.630, E10.638, E10.641, E10.649, E10.66, E10.68, E10.8, E10.9, E11.00, E11.01, E11.21, E11.22, E11.29, E11.311, E11.319, E11.321, E11.329, E11.331, E11.339, E11.341, E11.349, E11.351, E11.359, E11.36, E11.39, E11.40, E11.41, E11.42, E11.43, E11.44, E11.49, E11.51, E11.52, E11.59, E11.610, E11.618, E11.820, E11.821, E11.822, E11.828, E11.830, E11.838, E11.841, E11.849, E11.85, E11.89, E11.8, E11.9, O24.011, O24.012, O24.013, O24.019, O24.02, O24.03, O24.111, O24.112, O24.113, O24.119, O24.12, O24.13</p> <p>SNOMEDCT (2012-07)</p> <p>190330002, 190331003, 190368000, 190369008, 190372001, 190389009, 190390000, 199223000, 199225007, 199226008, 199227004, 199228009, 199229001, 199230006, 23045005, 237599002, 237618001, 237626009, 237627000, 28032008, 313435000, 313436004, 314771006, 314772004, 314893005, 314894004, 314902007, 314903002, 314904008, 359642000, 359939009, 44054006, 48636009, 4783006, 75682002, 76751001, 81531005, 9859006</p> <p>ICD9CM (2012)</p> <p>250.00, 250.01, 250.02, 250.03, 250.04, 250.05, 250.50, 250.51, 250.52, 250.53, 250.60, 250.61, 250.62, 250.63, 250.64, 250.65, 250.66, 250.67, 250.68, 250.69, 250.70, 250.71, 250.72, 250.73, 250.80, 250.81, 250.82, 250.83, 250.90, 250.91, 250.92</p> <p><b>314903002 (SNOMEDCT, 2012-07)</b></p> <p>0.23, 250.30, 250.31, 250.32, 250.33, 250.41, 250.42, 250.43, 0.73, 250.80, 250.81, 250.82, 250.83, 250.90, 250.91, 250.92</p>
Diagnosis	Diagnosis, Active: Gestational Diabetes	<p><b>Gestational Diabetes</b></p> <p>2.16.840.1.113883.3.464.1003.103.12.1010 (Version: 20121025)</p> <p>ICD10CM (2012)</p> <p>O24.410, O24.414, O24.419, O24.420, O24.424, O24.428, O24.430, O24.434, O24.439</p> <p>SNOMEDCT (2012-07)</p> <p>11687002, 420491007, 420738003, 420989005, 421223006, 421389009, 421443003, 422155003, 46894009, 71546005, 75022004</p> <p>Type II diabetes mellitus with arthropathy (disorder)</p>
Encounter	Encounter, Performed: Annual Wellness Visit	<p><b>Annual Wellness Visit</b></p> <p>2.16.840.1.113883.3.526.3.1240 (Version: 20121025)</p> <p>HCPCS (2012)</p> <p>G0438, G0439</p>
Encounter	Encounter, Performed: Face-to-Face Interaction	<p><b>Face-to-Face Interaction</b></p> <p>2.16.840.1.113883.3.464.1003.101.12.1048 (Version: 20121025)</p> <p>SNOMEDCT (2012-07)</p> <p>12843005, 18170008, 185349003, 185463005, 185465003, 19681004, 207195004, 270427003, 270430005, 308335008, 390906007, 406547006, 439708006, 4525004, 87790002, 90526000</p>
Encounter	Encounter, Performed: Home Healthcare Services	<p><b>Home Healthcare Services</b></p> <p>2.16.840.1.113883.3.464.1003.101.12.1016 (Version: 20121025)</p> <p>CPT (2012)</p> <p>99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350</p>
Encounter	Encounter, Performed: Office Visit	<p><b>Office Visit</b></p> <p>2.16.840.1.113883.3.464.1003.101.12.1004 (Version: 20121025)</p>



### 1.5.1 Identifying Measures That Use the Same Data Elements

Sometimes, it can be useful to see if more than one CQM uses the same data element, i.e., to understand if data entry on the same data element affects multiple CQMs. For more information regarding a data element, click on the category in blue:

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USHIK Meaningful Use Measures and Metadata

Diabetes: Hemoglobin A1c Poor Control  
 CMS122v1

Category	Data Element	Value Set
Diagnosis	Diagnosis, Active: Diabetes	Diabetes 2.16.840.1.113883.3.464.1003.103.12.1001 (Version: 20121025) E10.10, E10.11, E10.21, E10.22, E10.29, E10.311, E10.319, E10.321, E10.329, E10.331, E10.339, E10.341, E10.349, E10.351, E10.359, E10.36, E10.39, E10.40, E10.41, E10.42, E10.43, E10.44, E10.49, E10.51, E10.52, E10.59, E10.610, E10.618, E10.620, E10.627, E10.628, E10.630, E10.638, E10.641, E10.649, E10.65, E10.69, E10.8, E10.9, E10.00, E11.01, E11.21, E11.22, E11.29, E11.311, E11.319, E11.321, E11.329, E11.331, E11.339, E11.341, E11.349, E11.351, E11.359, E11.36, E11.38, E11.40, E11.41, E11.42, E11.43, E11.44, E11.49, E11.51, E11.52, E11.59, E11.610, E11.618, E11.620, E11.627, E11.628, E11.630, E11.638, E11.641, E11.649, E11.65, E11.69, E11.8, E11.9, O24.011, O24.012, O24.013, O24.019, O24.02, O24.03, O24.111, O24.112, O24.113, O24.119, O24.12, O24.13 SNOMEDCT (2012-07) 190330002, 190331003, 190360000, 190369008, 190372001, 190389009, 190390000, 199223000, 199225007, 199226008, 199227004, 199228009, 199229001, 199230008, 23046005, 237599002, 237616001, 237626009, 237627000, 28032008, 313436000, 313436004, 314771006, 314772004, 314953006, 314984004, 314989007, 314993002, 314994009, 3149942000, 359939009, 34054006, 380616009, 4783008, 75682002, 76761001, 81531005, 9859006 ICD10CM (2012) Z60.00, Z60.01, Z60.02, Z60.03, Z60.10, Z60.11, Z60.12, Z60.13, Z60.20, Z60.21, Z60.22, Z60.23, Z60.30, Z60.31, Z60.32, Z60.33, Z60.41, Z60.42, Z60.43, Z60.50, Z60.51, Z60.52, Z60.53, Z60.60, Z60.61, Z60.62, Z60.63, Z60.70, Z60.71, Z60.72, Z60.73, Z60.80, Z60.81, Z60.82, Z60.83, Z60.90, Z60.91, Z60.92, Z60.93, Z60.94, Z60.95, Z60.96, Z60.97, Z60.98, Z60.99
Diagnosis	Diagnosis, Active: Gestational Diabetes	Gestational Diabetes 2.16.840.1.113883.3.464.1003.103.12.1010 (Version: 20121025) O24.410, O24.414, O24.419, O24.420, O24.424, O24.429, O24.430, O24.434, O24.439 SNOMEDCT (2012-07) 11687902, 420491007, 420738003, 420989005, 421223006, 421389009, 421443003, 422155003, 46894009, 71546005, 75022004
Encounter	Encounter, Performed: Annual Wellness Visit	Annual Wellness Visit 2.16.840.1.113883.3.526.3.1240 (Version: 20121025) HCPCS G0438, G0439
Encounter	Encounter, Performed: Face-to-Face Interaction	Face-to-Face Interaction 2.16.840.1.113883.3.464.1003.101.12.1048 (Version: 20121025) SNOMEDCT (2012-07) 12843005, 18170008, 185349003, 185463005, 185465003, 19681004, 207195004, 270427003, 270430005, 308335008, 399096007, 406547006, 439789006, 4525004, 577399002, 905269001
Encounter	Encounter, Performed: Home Healthcare Services	Home Healthcare Services 2.16.840.1.113883.3.464.1003.101.12.1016 (Version: 20121025) CPT 99341, 99342, 99343, 99344, 99345, 99347, 99349, 99349, 99350
Encounter	Encounter, Performed: Office Visit	Office Visit 2.16.840.1.113883.3.464.1003.101.12.1016 (Version: 20121025) CPT 99201, 99202, 99203, 99204, 99205, 99206, 99207, 99208, 99209, 99210, 99211, 99212, 99213, 99214, 99215, 99216, 99217, 99218, 99219, 99220, 99221, 99222, 99223, 99224, 99225, 99226, 99227, 99228, 99229, 99230, 99231, 99232, 99233, 99234, 99235, 99236, 99237, 99238, 99239, 99240, 99241, 99242, 99243, 99244, 99245, 99246, 99247, 99248, 99249, 99250, 99251, 99252, 99253, 99254, 99255, 99256, 99257, 99258, 99259, 99260, 99261, 99262, 99263, 99264, 99265, 99266, 99267, 99268, 99269, 99270, 99271, 99272, 99273, 99274, 99275, 99276, 99277, 99278, 99279, 99280, 99281, 99282, 99283, 99284, 99285, 99286, 99287, 99288, 99289, 99290, 99291, 99292, 99293, 99294, 99295, 99296, 99297, 99298, 99299, 99300, 99301, 99302, 99303, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99311, 99312, 99313, 99314, 99315, 99316, 99317, 99318, 99319, 99320, 99321, 99322, 99323, 99324, 99325, 99326, 99327, 99328, 99329, 99330, 99331, 99332, 99333, 99334, 99335, 99336, 99337, 99338, 99339, 99340, 99341, 99342, 99343, 99344, 99345, 99346, 99347, 99348, 99349, 99350

Additional information about the code set is displayed, including associated CQMs that use the same data element:

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Gestational Diabetes  
 2.16.840.1.113883.3.464.1003.103.12.1010

At A Glance | Downloads/Resources | Codes

Item Name: Gestational Diabetes  
 OID: 2.16.840.1.113883.3.464.1003.103.12.1010  
 Data Source: National Library of Medicine  
 Coding System(s): ICD10CM, SNOMEDCT  
 Revision Date: 2012-07-24  
 Version: 20121025  
 Type: Grouping  
 Source Link: <https://vsac.nlm.nih.gov/>

Associated Clinical Quality Measures:

Measure ID	Measure Name
CMS131v1	NQF 0055 Diabetes - Eye Exam
CMS123v1	NQF 0056 Diabetes - Foot Exam
CMS122v1	NQF 0059 Diabetes - Hemoglobin A1c Poor Control
CMS122v1	NQF 0059 Diabetes - Hemoglobin A1c Poor Control
CMS148v1	NQF 0060 Hemoglobin A1c Test for Pediatric Patients
CMS148v1	NQF 0060 Hemoglobin A1c Test for Pediatric Patients
CMS148v1	NQF 0060 Hemoglobin A1c Test for Pediatric Patients
CMS148v1	NQF 0060 Hemoglobin A1c Test for Pediatric Patients
CMS148v1	NQF 0060 Hemoglobin A1c Test for Pediatric Patients



## 1.6 SUPPLEMENTAL DATA ELEMENTS

Supplemental Data Elements provide the codes affiliated with the more generic data elements, such as sex and race. As described above, clicking on the data element name will provide additional information, including associated clinical quality measures that use the same data elements.

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### USHIK Meaningful Use Measures and Metadata

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#### Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents CMS155v1

At A Glance | Downloads/Resources | Population Criteria | Data Criteria | Supplemental Data Elements | Reporting Stratification | Metadata | References

Category	Data Element	Value Set
Characteristics (patient or provider)	Patient Characteristic Sex: <a href="#">ONC Administrative Sex</a> 2.15.840.1.113762.1.4.1 (Version: 20121025)	AdministrativeSex F, M, U (HL7V2.5)
Characteristics (patient or provider)	Patient Characteristic Race: <a href="#">Race</a> 2.15.840.1.114222.4.11.836 (Version: 20121025)	CDCREC 1002-5, 2028-9, 2054-5, 2078-8, 2106-3, 2131-1 (1.0)
Characteristics (patient or provider)	Patient Characteristic Ethnicity: <a href="#">Ethnicity</a> 2.15.840.1.114222.4.11.837 (Version: 20121025)	CDCREC 2136-2, 2196-5 (1.0)
Characteristics (patient or provider)	Patient Characteristic Payer: <a href="#">Payer</a> 2.15.840.1.114222.4.11.3591 (Version: 20121025)	SOP 1, 11, 111, 112, 113, 119, 12, 121, 122, 123, 129, 19, 2, 21, 211, 212, 213, 219, 22, 23, 24, 25, 29, 3, 31, 311, 3111, 3112, 3113, 3114, 3115, 3116, 3119, 312, 3121, 3122, 3123, 313, 32, 321, 3211, 3212, 32121, 32122, 32123, 32124, 32126, 32126, 322, 3221, 3222, 3223, 3229, 33, 331, 332, 333, 334, 34, 341, 342, 343, 349, 35, 36, 361, 362, 369, 37, 371, 3711, 3712, 3713, 372, 373, 38, 381, 3811, 3812, 3813, 3819, 382, 389, 39, 4, 41, 42, 43, 44, 5, 51, 511, 512, 513, 514, 516, 519, 52, 521, 522, 523, 529, 53, 54, 55, 59, 6, 61, 611, 612, 613, 619, 62, 63, 64, 69, 7, 71, 72, 73, 79, 8, 81, 82, 821, 822, 823, 83, 84, 85, 89, 9, 91, 92, 93, 94, 95, 951, 953, 954, 959, 96, 96, 99, 9999

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## 1.7 REPORTING STRATIFICATION

If a measure needs to be stratified when reported, e.g., by age, this tab will display the required strata.

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### USHIK Meaningful Use Measures and Metadata

USHIK | Standards | HITSP | Common Formats | Meaningful Use | APCD

#### Weight Assessment and Counseling for Nutrition and Physical Activity for Children CMS155v1

At A Glance | Downloads/Resources | Population Criteria | Data Criteria | Supplemental Data Elements | Reporting Stratification | Metadata | Refe

Reporting Stratum	AND: "Patient Characteristic Birthdate: birth_date" >= 3 year(s) starts before start of "Measurement Period"
Reporting Stratum 1	AND: "Patient Characteristic Birthdate: birth_date" <= 11 year(s) starts before start of "Measurement Period"
Reporting Stratum 2	AND: "Patient Characteristic Birthdate: birth_date" >= 12 year(s) starts before start of "Measurement Period"
	AND: "Patient Characteristic Birthdate: birth_date" <= 17 year(s) starts before start of "Measurement Period"



## 1.8 METADATA & REFERENCES

The *Metadata* tab displays high-level narrative information on the measure, such as the measure steward, the rationale, and clinical recommendations. References for information cited on the *Metadata* tab are located in the *References* tab to the right of the *Metadata* tab.

USHIK  
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**Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents**  
CMS155v1

At A Glance
Downloads/Resources
Population Criteria
Data Criteria
Supplemental Data Elements
Reporting Stratification
Metadata
References

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<b>Measure Developer:</b>	National Committee for Quality Assurance
<b>Endorsed By:</b>	National Quality Forum
<b>Copyright:</b>	Physician Performance Measure (Measures) and related data specifications were developed by the National Committee for Quality Assurance. The Measures are copyrighted but can be reproduced and distributed, without modification, for noncommercial purposes (e.g., use by a hospital, or incorporation of the Measures into a product or service that is sold, licensed or distributed for commercial gain. Commercial use without the express written permission of the National Committee for Quality Assurance is prohibited. Copyright 2012 National Committee for Quality Assurance. All Rights Reserved.
<b>Disclaimer:</b>	Limited proprietary coding is contained in the Measure specifications for user convenience. Users of proprietary code sets should obtain the appropriate specifications. CPT(R) contained in the Measure specifications is copyright 2004-2011 American Medical Association. LOINC(R) copyright 2004-2011 International Health Terminology Standards Development Authority. This material contains SNOMED Clinical Terms(R) (SNOMED CT[R]) copyright 2004-2011 International Health Terminology Standards Development Authority. Due to technical limitations, registered trademarks are indicated by (R) or [R] and unregistered trademarks are indicated by (TM) or [TM]. These performance Measures are not clinical guidelines and do not establish a standard of medical care, and have not been tested for clinical effectiveness.
<b>Stratification:</b>	THE MEASURES AND SPECIFICATIONS ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND. Report a total score, and each of the following strata: Stratum 1 - Patients age 3-11 Stratum 2 - Patients age 12-17
<b>Risk Adjustment:</b>	None
<b>Rate Aggregation:</b>	None
<b>Rationale:</b>	One of the most important developments in pediatrics in the past two decades has been the emergence of a new chronic disease: obesity. National Health and Nutrition Examination Survey (NHANES) data from Cycle II (1976-1980) compared with data from Cycle III (1988-1994) revealed a continued increase in the number of obese children. In that data collection, the prevalence of obesity (body mass index (BMI) of 85th-94th percentile) were included, the prevalence increased to 20 percent and 30 percent, respectively. Therefore, >1 of every 10 children in the United States is obese. In addition to the growing prevalence of obesity in children and adolescents, the number of overweight children at risk of becoming obese adults is increasing. A study found that approximately 80 percent of children who were overweight at age 10-15 years were obese adults at age 25 years (Vogelstein et al. 2001). U.S. Preventive Services Task Force (2005) - Evidence is insufficient to recommend for or against routine screening for overweight in children. American Academy of Pediatrics (2004) - BMI should be calculated from the height and weight, and the BMI percentile should be calculated. American Medical Association (AMA), Centers for Disease Control and Prevention (CDC), Health Resources and Services Administration (HRSA), and the American College of Endocrinology (ACE) (Dorsey 2005) - Screen children for obesity using BMI and excess body fatness. The AAP and the American College of Clinical Endocrinology (ACCE) (Dorsey 2005) - Screen children for obesity using BMI and excess body fatness. CDC (Baker 2005) - Using the percentile BMI for age and gender as the most appropriate and easily available method to screen for obesity in children. Bright Futures (AAP) (Hagan 2008) - Calculate BMI at every visit.
<b>Clinical Recommendation Statement:</b>	The visit must be performed by a PCP or OB/GYN. Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than whether BMI is calculated.
<b>Definition:</b>	None
<b>Guidance:</b>	None
<b>Measure Population:</b>	Not Applicable
<b>Measure Observations:</b>	Not Applicable
<b>Supplemental Data Elements:</b>	For every patient evaluated by this measure also identify payer, race, ethnicity and sex

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## 1.9 COMPARING MEASURES

USHIK allows users to compare different CQMs. From the list of CQMs, check the box in the leftmost column that corresponds with the measures to be compared, and click the Compare button:

Add	CQM ID	NQF	Name	Eligibility	Version	Steward
<input type="checkbox"/>	CMS179v1	NA	<a href="#">ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range</a>	Eligible Professionals	1	National Committee for Quality Assurance
<input type="checkbox"/>	CMS136v2	0108	<a href="#">ADHD Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication</a>	Eligible Professionals	2	National Committee for Quality Assurance
<input type="checkbox"/>	CMS128v1	0105	<a href="#">Anti-depressant Medication Management</a>	Eligible Professionals	1	National Committee for Quality Assurance
<input type="checkbox"/>	CMS71v2	0436	<a href="#">Anticoagulation Therapy for Atrial Fibrillation/Flutter</a>	Eligible Hospitals	2	The Joint Commission
<input type="checkbox"/>	CMS72v1	0438	<a href="#">Antithrombotic Therapy By End of Hospital Day 2</a>	Eligible Hospitals	1	The Joint Commission
<input type="checkbox"/>	CMS146v1	0002	<a href="#">Appropriate Testing for Children with Pharyngitis</a>	Eligible Professionals	1	National Committee for Quality Assurance
<input type="checkbox"/>	CMS154v1	0069	<a href="#">Appropriate Treatment for Children with Upper Respiratory Infection (URI)</a>	Eligible Professionals	1	National Committee for Quality Assurance
<input type="checkbox"/>	CMS100v1	0142	<a href="#">Aspirin Prescribed at Discharge</a>	Eligible Hospitals	1	Oklahoma Foundation for Medical Quality
<input type="checkbox"/>	CMS102v1	0441	<a href="#">Assessed for Rehabilitation</a>	Eligible Hospitals	1	The Joint Commission
<input type="checkbox"/>	CMS169v1	0110	<a href="#">Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use</a>	Eligible Professionals	1	Center for Quality Assessment & Improvement in Mental Health (CQAIMH)
<input type="checkbox"/>	CMS140v1	0307	<a href="#">Breast Cancer: Hormonal Therapy for Stage IBC, Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer</a>	Eligible Professionals	1	American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)
<input type="checkbox"/>	CMS125v1	0031	<a href="#">Breast Cancer Screening</a>	Eligible Professionals	1	National Committee for Quality Assurance
<input checked="" type="checkbox"/>	CMS133v1	0565	<a href="#">Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery</a>	Eligible Professionals	1	American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)
<input checked="" type="checkbox"/>	CMS132v1	0564	<a href="#">Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures</a>	Eligible Professionals	1	American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)
<input type="checkbox"/>	CMS124v1	0032	<a href="#">Cervical Cancer Screening</a>	Eligible Professionals	1	National Committee for Quality Assurance
<input type="checkbox"/>	CMS117v1	0038	<a href="#">Childhood Immunization Status</a>	Eligible Professionals	1	National Committee for Quality Assurance
<input type="checkbox"/>	CMS75v1	Not Applicable	<a href="#">Children Who Miss Dental Visits or Offices</a>	Eligible	1	non

Four tabs become available allowing the user to compare the Identifying Attributes, Data Criteria, Supplemental Data Elements, and codes across the selected measures. Rows flagged in red have differences, while those appearing in green do not. In the example below, the Measure Description is different between the two measures, but the Measure Steward is not. When the cursor is positioned over a Metadata Attribute, a box pops up noting whether the attribute is the same for the selected measures.



**Meaningful Use Measures and Metadata**

USHKK Standards HITSP Common Formats Meaningful Use APCD

### Clinical Quality Measure Comparison

**Selected Items**

CMS ID	Item Name	Type	Organization
CMS133v1	Cataracts_20/40_or_Better_Visual_Acuity_within_90_Days_Following_Cataract_Surgery	Measure	Centers for Medicare & Medicaid Services (CMS)
CMS132v1	Cataracts_Complications_within_30_Days_Following_Cataract_Surgery_Requiring_Additional_Surgical_Procedures	Measure	Centers for Medicare & Medicaid Services (CMS)

Remove Shared Attribute Highlighting Remove Unshared Attribute Highlighting Export to Excel

Identifying Attributes Data Criteria (QDM Data Elements) Supplemental Data Elements Code Comparison

Metadata Attribute	(CMS133v1) Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	(CMS132v1) Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures
Measure Number:	0565	0564
Description:	Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and no significant ocular conditions impacting the visual outcome of surgery and had best-corrected vi...	Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and had any of a specified list of surgical procedures in the 30 days following cataract surgery which...
Registration Status:	Complete	Complete
Measure Id:	133	132
Measure Version:	1	1
Set Id:	39e0424a-1727-4629-89a2-c46c2fbb3f5f	9a0339c2-3d9b-11e1-8634-00237d5bf174
Comparison:	January 1, 20xx through December 31, 20xx	January 1, 20xx through December 31, 20xx
Measure Steward:	American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) National Quality Forum	American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) National Quality Forum
Endorsed By:	Proportion	Proportion
Measure Scoring:	Outcome	Outcome
Rationale:	1. Scientific basis for measuring visual acuity outcomes after cataract surgery. The only reason to perform cataract surgery (other than for a limited set of medical indications) is to improve a...	Complications that may result in a permanent loss of vision following cataract surgery are uncommon. This short-term outcomes of surgery indicator seeks to identify those complications from surgery that can...

### 1.9.1 Comparing Codes across Measures

On the *Code Comparison* tab, codes shared between the measures are shown in blue; while codes unique to one of the selected measures are shown in grey.

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Remove Shared Attribute Highlighting Remove Unshared Attribute Highlighting Export to Excel

Identifying Attributes Data Criteria (QDM Data Elements) Supplemental Data Elements Code Comparison

Code System	(CMS133v1) Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	(CMS132v1) Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures
AdministrativeSex (HL7V2.5)	F M U	F M U
CDCREC (1.0)	1002-5 2028-9 2054-5 2076-8 2106-3 2131-1 2135-2 2186-5	1002-5 2028-9 2054-5 2076-8 2106-3 2131-1 2135-2 2186-5
CPT (2012)	66840 66850 66852 66920 66930 66940 66982 66983 66984	66840 66850 66852 66920 66930 66940 66982 66983 66984 65235 65800 65810 65815 65860 65880 65900 65920 65930 66030 66250 66820 66825 66830 66906 67005 67010 67015 67025 67026 67030 67031 67036 67039 67040 67041 67042 67043 67101 67105 67107 67108 67110 67112 67141 67145 67250 67255
ICD10CM (2012)	H16.011 H16.012 H16.013 H16.019 H17.00 H17.01 H17.02 H17.03 H17.10 H17.11 H17.12 H17.13 H17.811 H17.812 H17.813 H17.819 H17.821 H17.822 H17.823 H17.829 H17.89 H17.9 H18.10 H18.11 H18.12 H18.13 H18.20 H18.21 H18.22 H18.229 H18.231 H18.232 H18.233 H18.239 H18.421 H18.422 H18.423 H18.429 H18.43 H18.50 H18.51 H18.52 H18.53	H16.011 H16.012 H16.013 H16.019 H17.00 H17.01 H17.02 H17.03 H17.10 H17.11 H17.12 H17.13 H17.811 H17.812 H17.813 H17.819 H17.821 H17.822 H17.823 H17.829 H17.89 H17.9 H18.10 H18.11 H18.12 H18.13 H18.20 H18.21 H18.22 H18.229 H18.231 H18.232 H18.233 H18.239 H18.421 H18.422 H18.423 H18.429 H18.43 H18.50 H18.51 H18.52 H18.53

### 1.9.2 Comparing Multiple Versions of a Measure

Some measures will appear with an icon that looks like little papers next to the measure name. This indicates there are multiple versions of the measure:



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Add	CQM ID	NQF	Name	Eligibility	Version	Steward
<input type="checkbox"/>	CMS179v1	NA	<a href="#">ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range</a>	Eligible Professionals	1	National Committee for Quality Assurance
<input type="checkbox"/>	CMS136v2	0108	<a href="#">ADHD Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication</a>	Eligible Professionals	2	National Committee for Quality Assurance
<input type="checkbox"/>	CMS120v1	0105	<a href="#">Anti-depressant Medication Management</a>	Eligible Professionals	1	National Committee for Quality Assurance
<input type="checkbox"/>	CMS146v1	0002	<a href="#">Appropriate Testing for Children with Pharyngitis</a>	Eligible Professionals	1	National Committee for Quality Assurance
<input type="checkbox"/>	CMS154v1	0069	<a href="#">Appropriate Treatment for Children with Upper Respiratory Infection (URI)</a>	Eligible Professionals	1	National Committee for Quality Assurance
<input type="checkbox"/>	CMS169v1	0110	<a href="#">Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use</a>	Eligible Professionals	1	Center for Quality Assessment & Improvement in Mental Health (CQAIMH)
<input type="checkbox"/>	CMS140v1	0387	<a href="#">Breast Cancer: Hormonal Therapy for Stage II-III C Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer</a>	Eligible Professionals	1	American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)
<input type="checkbox"/>	CMS125v1	0031	<a href="#">Breast Cancer Screening</a>	Eligible Professionals	1	National Committee for Quality Assurance
<input type="checkbox"/>	CMS133v1	0565	<a href="#">Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery</a>	Eligible Professionals	1	American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)
<input type="checkbox"/>	CMS132v1	0564	<a href="#">Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures</a>	Eligible Professionals	1	American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)
<input type="checkbox"/>	CMS124v1	0032	<a href="#">Cervical Cancer Screening</a>	Eligible Professionals	1	National Committee for Quality Assurance
<input type="checkbox"/>	CMS117v1	0038	<a href="#">Childhood Immunization Status</a>	Eligible Professionals	1	National Committee for Quality Assurance
<input type="checkbox"/>	CMS75v1	Not Applicable	<a href="#">Children Who Have Dental Decay or Cavities</a>	Eligible Professionals	1	TBD

For these measures, the *At-a-glance* tab will provide a *Compare Versions* button:

U.S. Health Information Knowledgebase

Meaningful Use Objectives **ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD)**

Clinical Quality Measures **CMS136v2**

Alternate Versions: [1](#) [2](#) **Compare Versions**

At A Glance | Downloads/Resources | Population Criteria | Data Criteria | Supplemental Data Elements | Reporting Stratification | Metadata | References

Percentage of children 6-12 years of age and newly dispensed a medication for attention-deficit/hyperactivity disorder (ADHD) who had appropriate follow-up care. Two reported.

a. Percentage of children who had one follow-up visit with a practitioner with prescribing authority during the 30-Day Initiation Phase.  
 b. Percentage of children who remained on ADHD medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two additional follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

Improvement Notation	Higher score indicates better quality	ID	136
Measurement Period	January 1, 20xx through December 31, 20xx	Version	2
Transmission Format	TBD	NQF	0108
Scoring	Proportion	GUID	703cc49b-b653-4885-80e8-245a057f5ae9
Type	Process	Measure Set	None
Eligibility	Eligible Professionals	Measure Steward	National Committee for Quality Assurance

Initial Patient Population: Initial Patient Population 1: Children 6-12 years of age who were dispensed an ADHD medication during the Intake Period and who had a follow-up visit during the measurement period.  
 Initial Patient Population 2: Children 6-12 years of age who were dispensed an ADHD medication during the Intake Period and who remained on medication for at least 210 days out of the 300 days following the IPSP, and who had a visit during the measurement period.

Numerator: Numerator 1: Patients who had at least one face-to-face visit with a practitioner with prescribing authority within 30 days after the initiation phase.  
 Numerator 2: Patients who had at least one face-to-face visit with a practitioner with prescribing authority during the Initiation Phase, and at least two follow-up visits during the Continuation and Maintenance Phase. One of the two visits during the Continuation and Maintenance Phase may be with a practitioner.  
 Exclusions: Not Applicable

Equals Initial Patient Population.  
 Exceptions: None, Exclusions: Denominator Exclusion 1: Exclude patients diagnosed with narcolepsy at any point in their history or substance abuse during the 30 days after the measurement period.  
 Exclude patients who had an acute inpatient stay with a principal diagnosis of mental health or substance abuse during the 30 days after the measurement period.

This brings the user to a comparison page set up identically to the one described above, but compares the different versions of a single measure instead of different measures.