

2025 QCDR Measure ID	Measure Title	Measure Description	Denominator	Numerator	Denominator Exclusions	Denominator Exceptions	Numerator Exclusions	High-Priority Measure	High-Priority Type	Measure Type	Includes Teeth/Head ?	Inverse Measure	Proportional Measure	Continuous Variable Measure	Ratio Measure	If Continuous Variable and/or Ratio is chosen, what would be the score/range of the score?	Number of performance rates to be calculated and submitted	Risk-Adjusted Status	If risk-adjusted, indicate which score is risk-adjusted	MIPS Reporting Options	Care Setting
ACEP22	Appropriate Emergency Department Utilization of CT for Pulmonary Embolism	Percentage of emergency department visits during which patients aged 18 years and older had a CT pulmonary angiogram (CTPA) ordered by an emergency care provider, regardless of discharge disposition, with either moderate or high on-hospital clinical probability for pulmonary embolism or elevated D-dimer level	All emergency department visits during which patients aged 18 years and older had a CT pulmonary angiogram (CTPA) ordered by an emergency care provider, regardless of discharge disposition	Emergency department visits for patients with either: 1. Moderate or high pre-test clinical probability for pulmonary embolism OR 2. Elevated D-dimer level	Pregnancy	1. Clinical risk factor for ordering a CTPA without moderate or high pre-test clinical probability for pulmonary embolism level 2. Patients who had CT pulmonary angiogram (CTPA) ordered during an emergency department visit for trauma or degenerative mechanism of injury or acute dissection	None	Yes	Appropriate Use	Process	No	Yes	No	No	NA	1	No	NA	Traditional MIPS	Emergency Department and Services	
ACEP25	Tobacco Use Screening and Cessation Intervention for Patients with Asthma and COPD	Percentage of patients aged 18 years and older with asthma or COPD who were screened for tobacco use during an ED encounter AND who received tobacco cessation intervention if identified as a tobacco user	All patients aged 18 years and older with asthma or COPD who were seen in the ED and discharged as a tobacco user	Patients who were screened for tobacco use during any ED encounter AND who received tobacco cessation intervention if identified as a tobacco user	None	Documented medical history for not screening for tobacco use OR for not providing tobacco cessation intervention for patients identified as tobacco users (e.g., limited life expectancy, other medical reasons)	None	No	NA	Process	No	No	Yes	No	NA	1	No	NA	Traditional MIPS	Emergency Department and Services	
ACEP26	Stroke Stroke Outcomes: Lactate clearance rate of >= 10%	Percentage of emergency department visits for patients aged 18 years and older with acute stroke resulting in hospital admission or transfer for patients aged 18 years and older with acute stroke who had an elevated serum lactate result (>2mmol/L) and a subsequent serum lactate level measurement performed following the elevated serum lactate result with a lactate clearance rate of >= 10% during the emergency department visit	All emergency department visits for patients with acute stroke resulting in hospital admission or transfer for patients aged 18 years and older with acute stroke who had an elevated serum lactate result (>2mmol/L) and a subsequent serum lactate level measurement performed following the elevated serum lactate result	Emergency department visits for patients with acute stroke resulting in hospital admission or transfer for patients aged 18 years and older with acute stroke who had an elevated serum lactate result (>2mmol/L) and a subsequent serum lactate level measurement performed following the elevated serum lactate result	Patients with any of the following: 1. Transferred to the emergency department from another acute care facility or other non-patient hospital setting 2. Left before treatment was complete 3. Died during the emergency department visit 4. Cardiac arrest within the emergency department 5. Patient or surrogate decision maker declined care 6. Advanced care directives present in patient medical record for comfort care 7. Stroke refractory 8. Recurring apnea 9. Low oxygenation or cyanosis with reoxygenation 10. Low lactate 11. End-stage liver disease 12. Secondary diagnosis of: -a. Gastrointestinal bleeding -b. Stroke -c. Acute myocardial infarction -d. Acute trauma -e. COVID-19 diagnosis	None	None	Yes	Outcome	Outcome	No	No	Yes	No	NA	1	No	NA	Traditional MIPS	Emergency Department and Services	
ACEP31	Foley Catheter: Appropriate Foley catheter use in the emergency department	Percentage of emergency department visits during which patients aged 18 years and older with a documented indication for indwelling Foley catheter and the patient had at least one indication for indwelling Foley catheter	All emergency department visits for patients aged 18 years and older with a documented indication for indwelling Foley catheter	Emergency department visits where the patient had any of the following indications for an indwelling Foley catheter: 1. Need for accurate measurement of urinary output with no reasonable alternative 2. Pre-operative use for selected surgical procedures 3. Open surgical or perineal wounds in incontinent patients 4. Patient requires prolonged immobilization 5. Comfort for end of life care 6. Other institution-specific indication	Patients who had an existing indwelling Foley catheter at ED arrival	None	None	Yes	Patient Safety	Process	No	No	Yes	No	NA	1	No	NA	Traditional MIPS	Emergency Department and Services	
ACEP48	Stroke Stroke and Management: Lactate Level Measurement, Anticoagulation, and Fluid Resuscitation	Percentage of emergency department visits for patients aged 18 years and older with acute stroke resulting in hospital admission or transfer for patients aged 18 years and older with acute stroke who had an elevated serum lactate level, peribulbar, and/or, if applicable, and >= 1% of patients	All emergency department visits for patients aged 18 years and older with acute stroke resulting in hospital admission or transfer for patients aged 18 years and older with acute stroke who had an elevated serum lactate level, peribulbar, and/or, if applicable, and >= 1% of patients	Emergency department visits for patients who had an order for all of the following during the emergency department visit: 1. Serum lactate level, peribulbar, and/or, if applicable, and >= 1% of patients 2. Anticoagulation 3. Fluid resuscitation	Patients with any of the following: 1. Transferred into the emergency department from another acute care facility or other non-patient hospital setting 2. Left before treatment was complete 3. Died during the emergency department visit 4. Cardiac arrest within the emergency department 5. Patient or surrogate decision maker declined care 6. Advanced directives present in patient medical record for comfort care 7. Stroke refractory 8. Recurring apnea 9. Low oxygenation or cyanosis with reoxygenation 10. Low lactate 11. End-stage liver disease 12. Secondary diagnosis of: -a. Gastrointestinal bleeding -b. Stroke -c. Acute myocardial infarction -d. Acute trauma -e. COVID-19 diagnosis	Patients in admitted within 1 hour of ED Arrival	None	No	NA	Process	No	No	Yes	No	NA	1	No	NA	Traditional MIPS	Emergency Department and Services	
ACEP50	ED Median Time from ED arrival to ED departure for Adult Patients	Time (in minutes) from ED arrival to ED departure for all Adult Patients	All Emergency Department encounters for patients aged 18 years and older with documented discharge disposition	Time (in minutes) from ED arrival to ED departure for discharged Adult patients	Transfers, Psychiatric and mental health patients, patients who expired in the emergency department, Patients transferred to observation - Admissions	None	None	Yes	Outcome	Outcome	No	Yes	No	Yes	NA	1	Yes	Median Time	MIPS, Traditional MIPS	Emergency Department and Services	
ACEP51	ED Median Time from ED arrival to ED departure for Pediatric ED Patients	Time (in minutes) from ED arrival to ED departure for all Pediatric ED Patients	All Emergency Department encounters for patients aged 17 years and younger with documented discharge disposition	Time (in minutes) from ED arrival to ED departure for discharged Pediatric patients	Transfers, Psychiatric and mental health patients, patients who expired in the emergency department, Patients transferred to observation - Admissions	None	None	Yes	Outcome	Outcome	No	Yes	No	Yes	NA	1	Yes	Median Time	Traditional MIPS	Emergency Department and Services	
ACEP52	Appropriate Emergency Department Utilization of Lumbar Spine Imaging for Acute Back Pain	Percentage of emergency department visits for patients aged 18 years and older with acute low back pain who were imaged by an emergency care provider, regardless of discharge disposition, presenting with acute, unilateral low back pain	All emergency department visits for patients aged 18 years and older with acute low back pain who were imaged by an emergency care provider, regardless of discharge disposition, presenting with acute, unilateral low back pain	Emergency department visits for patients who were imaged by an emergency care provider: 1. Lumbar spine CT or MRI 2. CT or MRI was ordered by an emergency care provider 3. Significant trauma related to acute low back pain (e.g., fall from a height or motor vehicle accident) in a young patient, minor fall or heavy lifting in a potentially suboptimal or other patient with a pre-existing condition (e.g., osteoporosis) 4. Discolor or bowel incontinence 5. History of prior low back pain 6. Significant trauma related to acute low back pain (e.g., fall from a height or motor vehicle accident) in a young patient, minor fall or heavy lifting in a potentially suboptimal or other patient with a pre-existing condition (e.g., osteoporosis) 7. Discolor or bowel incontinence 8. History of prior low back pain 9. Significant trauma related to acute low back pain (e.g., fall from a height or motor vehicle accident) in a young patient, minor fall or heavy lifting in a potentially suboptimal or other patient with a pre-existing condition (e.g., osteoporosis) 10. Discolor or bowel incontinence 11. History of prior low back pain	None	None	None	Yes	Appropriate Use	Process	No	No	No	No	NA	1	No	NA	MIPS, Traditional MIPS	Emergency Department and Services	
ACEP53	Appropriate Use of Imaging for Recurrent Renal Colic	Percentage of emergency department visits for patients aged 18-50 years presenting with flank pain with a history of renal colic during which no imaging is performed, OR appropriate imaging (i.e., plain film radiography or ultrasound) is ordered	All emergency department visits for patients aged 18-50 years presenting with flank pain with a history of renal colic during which no imaging is performed, OR appropriate imaging (i.e., plain film radiography or ultrasound) is ordered	Emergency department visits during which no imaging is ordered OR appropriate imaging (i.e., plain film radiography or ultrasound) is ordered	Infection (fever, elevated white blood cell count, laboratory confirmation of urinary tract infection) Cancer Known acute or chronic renal disease (i.e., transplant, creatinine >1.3 mg/dL, renal insufficiency, polycystic kidney disease, acute kidney failure) Patient on anticoagulants Stone episode duration >= 72 hours Pregnancy Trauma Unrelieved pain that cannot be controlled during the ED visit Stone procedure performed in the past 48-60 days	None	None	Yes	Appropriate Use	Process	No	No	Yes	No	NA	1	No	NA	Traditional MIPS	Emergency Department and Services	
ACEP54	Appropriate Utilization of Focused Assessment with Sonography for Trauma (FAST) Exam in the Emergency Department	Percentage of emergency department visits for patients aged 18 years and older presenting with abdominal trauma (blunt trauma and a systolic blood pressure less than 90 mmHg or head size >130 mm) or penetrating thoracoabdominal trauma who had a FAST exam ordered and/or performed during the emergency department visit	All emergency department visits for patients aged 18 years and older presenting with abdominal trauma (blunt trauma and a systolic blood pressure less than 90 mmHg or head size >130 mm) or penetrating thoracoabdominal trauma who had a FAST exam ordered and/or performed during the emergency department visit	Emergency department visits for patients who had a FAST exam ordered and/or performed during the emergency department visit	Patients who received emergent thoracotomy Patients who received emergent operative management	None	None	Yes	Patient Safety	Process	No	No	Yes	No	NA	1	No	NA	Traditional MIPS	Emergency Department and Services	
ACEP58	Follow-Up Care Coordination Documented in Discharge Summary	Percentage of patients aged 18 years and older for which follow-up care coordination was documented in the hospital discharge summary	Any patient aged 18 years and older and patient encounter during the performance period (CPT or ICD-9, 99238, 99239, 99244, 99245, 99248, 99249, 99254, 99255)	Patients discharged with communication to follow-up provider documented in discharge summary Performance that Patients discharged with communication to follow-up provider documented in discharge summary Performance Not Met: Patients discharged without communication to follow-up provider documented in discharge summary	Disposition transferred, stopped or AMA patients	None	None	Yes	Care Coordination	Process	No	No	Yes	No	NA	1	No	NA	Traditional MIPS	Hospital	
ACEP59	Chest Pain - Avoidance of admission for adult patients with low-risk chest pain	Percentage of adult patients who came to the Emergency Department with low-risk chest pain and were discharged	All adult patients 35-64 years of age with an ED diagnosis of chest pain who were discharged	All adult patients 35-64 years of age with an ED diagnosis of chest pain who were discharged	M. pneumoniae, PE, aortic dissection, myocardial infarction, myocardial rupture, cholecystitis, pancreatitis, Angiogram negative ECG, ECG, EKG, EKG, EKG, cardiomyopathy, congenitally, LBBB	Death, LAMA, LWBS, LWI	None	Yes	Outcome	Outcome	No	No	Yes	No	NA	1	No	NA	Traditional MIPS	Emergency Department and Services	
ACEP60	Syncope - Avoidance of admission for adult patients with low-risk syncope	Percentage of emergency department visits for patients aged 18-50 years with a diagnosis of syncope who were discharged	All ED encounters for patients aged 18-50 years with a diagnosis of syncope who were discharged	All ED encounters for patients aged 18-50 years with a diagnosis of syncope who were discharged	Heart Disease (myocardial infarction, myocardial rupture, cholecystitis, pancreatitis, Angiogram negative ECG, ECG, EKG, EKG, EKG, cardiomyopathy, congenitally, LBBB) Acute Dissection Pulmonary Embolism Subarachnoid Hemorrhage Congestive Heart Failure	Death, LAMA, LWBS, LWI	None	Yes	Outcome	Outcome	No	No	Yes	No	NA	1	No	NA	Traditional MIPS	Emergency Department and Services	
ACEP61	Avoidance of Chest X-ray in pediatric patients with Asthma, Bronchiolitis or Croup	Percentage of ED visits for pediatric patients with Asthma, Bronchiolitis or Croup who were not imaged with a chest X-ray	All acute encounters for patients aged 18 years and older with a diagnosis of Asthma, Bronchiolitis or Croup	All acute encounters for patients aged 18 years and older with a diagnosis of Asthma, Bronchiolitis or Croup	History of Cystic Fibrosis, Any Malformation, Immunodeficiency Syndrome and Pneumonia	None	None	Yes	Appropriate Use	Process	No	Yes	No	No	NA	1	No	NA	Traditional MIPS	Emergency Department and Services	
ACEP62	Avoidance of Optical Therapy for dental pain	Percentage of emergency department visits for patients aged 18 years and older with a diagnosis of dental pain who were not prescribed Optical or Opioid	All acute encounters for patients aged 18 years and older with a diagnosis of dental pain who were not prescribed Optical or Opioid	All acute encounters for patients who were not prescribed Optical or Opioid	Patients with active cancer, palliative care, and stable care	Optical prescribed for acute dental treatment (e.g., tooth or dental trauma, etc.)	None	Yes	Opioid-related	Process	No	No	Yes	No	NA	1	No	NA	Traditional MIPS	Emergency Department and Services	

ACEP3	Adherence of Acute High-Risk Prescriptions to general patients at discharge	The percentage of adults 65 years of age and older who were prescribed on Acute High-Risk Medications at discharge	All patients 65 years of age and older with ED visit were discharged	All patients included in the Denominator who were prescribed one or more of the acute high-risk medications	Patients with any of the following discharge diagnosis: seizure disorder, acute eye movement sleep disorder, ethanol withdrawal, benzodiazepine withdrawal, severe generalized anxiety disorder, end-of-life care, Allergic Reactions, Chemically ED Visit for Prescription Refill	None	None	Yes	Appropriate & Law	Process	No	Yes	Yes	No	No	NA	1	No	NA	Traditional MPFS	Emergency Department and Services
ACEP4	Avoidance of admission for adult patients in Emergency Department with venous Deep Vein Thrombosis (DVT)	Percentage of patients 18 years and older who presented to the Emergency Department with venous Deep Vein Thrombosis (DVT) and were discharged home	All patients aged 18 years and older with an Emergency Department diagnosis of DVT	Patients who were discharged	Diagnosis-related to Syncope or Pulmonary embolism or Prosthetic DVT Patient-related: (1) Already on anticoagulation at time of DVT diagnosis based on listed home medications	LAMA, LWT, LWBS, Death	None	Yes	Outcome	Outcome	No	No	Yes	No	No	NA	1	No	NA	Traditional MPFS	Emergency Department and Services
ACEP5	Appropriate Utilization of Imaging in Acute Ischemic Stroke	Percentage of adult patients aged 18 years and older presenting to the Emergency Department with additional pain or back pain and disposition for whom a POC Ultrasound or CT scan was performed	All patients aged 65 years and older presenting to the Emergency Department with additional pain or back pain and hypertension	Patients for whom a POC Ultrasound or CT scan was underperformed	None	Patient Refusal (USCT done in last one year) (Previously covered for AAA) (Transferred to dialysis room) LAMA, LWT, LWBS, Death	None	Yes	Appropriate & Law	Process	No	No	Yes	No	No	NA	1	No	NA	Traditional MPFS	Emergency Department and Services
ACEP6	Co-testing for HIV in high-risk patients in Emergency Department who are being tested for other sexually transmitted infections (STI) (Chlamydia, Chlamydia, Syphilis or Trichomonas)	Percentage of patients aged 18 years and older presenting to the Emergency Department with other sexually transmitted infections (STI) (Chlamydia, Chlamydia, Syphilis or Trichomonas) are also tested for HIV	All patients aged 18 years and older with an Emergency Department diagnosis of STI (Chlamydia, Chlamydia, Syphilis or Trichomonas)	Patients who were tested for HIV	Patients with HIV disease	LAMA, LWT, LWBS, Death; Patient refused to be tested	None	No	NA	Process	No	No	Yes	No	No	NA	1	No	NA	Traditional MPFS	Emergency Department and Services
ACEP7	Avoidance of Admission for Adult Fertilization	Percentage of adult patients aged 18 years and older presenting to the Emergency Department with adult fertilization who were discharged to home	All Emergency Department (ED) visits for patients aged 18 years and older presenting with adult fertilization	All patients aged 18 and older who were discharged from the ED to home for adult fertilization	Patients with any of the following co-diagnoses: Acute coronary syndrome, Acute congestive heart failure	Death, LAMA, LWT	None	Yes	Outcome	Outcome	No	No	Yes	No	No	NA	1	No	NA	Traditional MPFS	Emergency Department and Services
ACEP8	Post-of-care ultrasound (POCUS) in Cardiac Arrest	Percentage of patients aged 18 and older presenting to the Emergency Department with cardiac arrest who received point-of-care ultrasound	All Emergency Department visits for cardiac arrest presenting with cardiac arrest	Emergency Department visits for cardiac arrest who received point-of-care ultrasound (POCUS)	Patients on palliative care, end-of-life care or with a DNR	None	None	Yes	Patient Safety	Process	No	No	Yes	No	No	NA	1	No	NA	Traditional MPFS	Emergency Department and Services
ACEP9	Blood Pressure Control among Adult ED Patients with Nontraumatic Intracranial Hemorrhage	Percentage of patients with an ED diagnosis of intracranial hemorrhage for whom the last two recorded systolic blood pressure (SBP) readings were $\leq 160$ mmHg and $\leq 110$ mmHg	All adult patients with the ED with a diagnosis of intracranial hemorrhage and ED length of stay $\geq 1$ hour	All adult patients with the ED with a diagnosis of intracranial hemorrhage and ED length of stay $\geq 1$ hour with last two recorded SBP measurements of $\leq 160$ mmHg and $\leq 110$ mmHg	None	LAMA, LWBS, Death	None	Yes	Outcome	Outcome	No	No	Yes	No	No	NA	1	No	NA	Traditional MPFS	Emergency Department and Services
ACEP10	Syphilis testing among ED patients with a positive pregnancy test	Percentage of patients with a positive pregnancy test who were tested for syphilis	All adult patients with an ED visit with a positive pregnancy test result	All adult patients included in the denominator for whom a syphilis test was ordered	None	Patient Denial, LAMA, LWBS, Death; Syphilis test refused to be retested	None	No	NA	Process	No	No	Yes	No	No	NA	1	No	NA	Traditional MPFS	Emergency Department and Services
ACEP11	Emergency Medicine Consultation: Studies in Patients Presenting to the Emergency Department with Congestive Heart Failure	Percentage of emergency department visits for patients aged 18 years and older with congestive heart failure who were ordered by an emergency care provider	All emergency department visits for patients aged 18 years and older with congestive heart failure	Emergency department visits during which congestive heart failure (PPT, PPT, or RR tests) were ordered by an emergency care provider	Patients with any of the following clinical indications for ordering congestive heart failure: End-stage liver disease, Congestive heart failure, Thrombocytopenia, Concomitant signs or symptoms associated with any of the following "anticoagulant medications": warfarin, apixiban, dabigatran, rivaroxaban, edoxaban, betrixaban, heparin, heparin, rivaroxaban, warfarin, Bleeding or hemorrhage, Abnormal fibrinogen, History of anticoagulant therapy, Trauma, Pulmonary embolism (Deep vein thrombosis)	None	None	Yes	Appropriate & Law	Process	No	Yes	Yes	No	No	NA	1	No	NA	Traditional MPFS	Emergency Department and Services
ECPR46	Avoidance of Opiates for Low-Back Pain or Migraine	Percentage of Patients with Low Back Pain or Migraine Who Were Not Prescribed an Opiate	Any patient greater than or equal to 18 years of age evaluated by the Emergency Professional (PLE) diagnosis of low back pain OR diagnosis of migraine PLUS Dispensation of Discharge	Patients who were not prescribed an opiate at discharge	Patients with active cancer or end-of-life care	Opiate prescribed for medical reason documented by the Emergency Professional (e.g., undiagnosed or diagnosed herniated disk, fracture, osteoarthritis, osteoporosis, kidney stones)	None	Yes	Opium-related	Process	Yes	No	Yes	No	No	NA	1	No	NA	MPFS, Traditional MPFS	Ambulatory Care, Clinic, Ambulatory Care Hospital
ECPR51	Discharge Prescription of Anticoagulation after Patient Discharge or Overdose	Percentage of Discharge Prescriptions for Anticoagulation after Patient Discharge or Overdose	Any patient evaluated by the Emergency Professional in the acute care setting PLUS diagnosis of equal or greater: venous thromboembolism, atrial fibrillation, or other repeat anticoagulation PLUS Dispensation of Discharge (Not including transferred, stepped or AMA patients)	Patients Who Were Prescribed Anticoagulation AND Educated About Utilization of Discharge	None	None	None	Yes	Opium-related	Process	Yes	No	Yes	No	No	NA	1	No	NA	Traditional MPFS	Emergency Department and Services, Hospital, Hospital Inpatient
ECPR20	Clinical Office - Risk Assessment and Plan of Care	Percentage of Adult Patients Who had a risk assessment for C. difficile infection and, if High-Risk, had a Plan of Care for C. difficile Completed on the Day Of or Day After Hospital Admission	Any patient greater than or equal to 18 years of age evaluated by the Emergency Professional in the hospital setting (Not including transferred, stepped, AMA patients)	Patients that had a risk assessment for C. difficile infection and, if High-Risk, a plan of care documented on the day of or day after hospital admission	None	Patients who did not have a C. difficile infection risk assessment, AND if High-Risk, a plan of care for C. difficile for medical reasons documented prior to hospital admission, patients unable to provide history)	None	Yes	Patient Safety	Process	Yes	No	Yes	No	No	NA	1	No	NA	Traditional MPFS	Hospital, Hospital Inpatient
ECPR24	Appropriate Utilization of Vancomycin in Cellulitis	Percentage of Patients with Cellulitis Who Did Not Receive Vancomycin Unless MRSA Infection or Risk for MRSA Infection Was Identified	Any patient greater than or equal to 18 years of age evaluated by the Emergency Professional (PLE) diagnosis of Cellulitis (Transferred, stepped, AMA or stepped patients are excluded)	Patients who did NOT have Vancomycin ordered unless proven MRSA infection was identified or specific risk for MRSA infection was indicated	None	None	None	Yes	Appropriate & Law	Process	Yes	No	Yes	No	No	NA	1	No	NA	Traditional MPFS	Emergency Department and Services, Hospital, Hospital Inpatient
THEP01	High Intensity Statin Prescribed for Acute and Subacute Ischemic Stroke and Transient Ischemic Attack (TIA)	Acute and subacute ischemic stroke and confirmed Transient Ischemic Attack (TIA) patients prescribed or continuing to take a high intensity statin at time of hospital discharge	Transitions: The measure is to be submitted for each episode of acute ischemic stroke, subacute ischemic stroke, or transient ischemic attack Denominator Population: Patients aged $\geq 18$ on date of encounter with a diagnosis of Ischemic Stroke or TIA AND CPT 90217, 90224, 90235, 90236, 90239	Patients who were prescribed or continued on high-intensity statin at time of hospital discharge	Chronic stroke, Elevated cholesterol, Diabetes, Documented Medical Adverse (AMA) Patient Refusal	Documented Medical Reason for initiation	None	No	NA	Process	No	No	Yes	No	No	NA	1	No	NA	Traditional MPFS	Hospital
THEP02	Discontinuation of Proton Pump Inhibitors for patients who do not meet criteria for long-term utilization	The percentage of patients on a Proton Pump Inhibitor with an appropriate documented indication or an order for discontinuation for not meeting criteria for long-term utilization	Patients aged $\geq 55$ years of age AND Place of Service (POS) 21, 30 AND CPT Code: 90236, 90239, 90244, 90255, 90256, 90257, 90258, 90259, 90260, 90261, 90262, 90263, 90264, 90265, 90266, 90267, 90268, 90269, 90270, 90271, 90272, 90273, 90274, 90275, 90276, 90277, 90278, 90279, 90280, 90281, 90282, 90283, 90284, 90285, 90286, 90287, 90288, 90289, 90290, 90291, 90292, 90293, 90294, 90295, 90296, 90297, 90298, 90299, 90300, 90301, 90302, 90303, 90304, 90305, 90306, 90307, 90308, 90309, 90310, 90311, 90312, 90313, 90314, 90315, 90316, 90317, 90318, 90319, 90320, 90321, 90322, 90323, 90324, 90325, 90326, 90327, 90328, 90329, 90330, 90331, 90332, 90333, 90334, 90335, 90336, 90337, 90338, 90339, 90340, 90341, 90342, 90343, 90344, 90345, 90346, 90347, 90348, 90349, 90350, 90351, 90352, 90353, 90354, 90355, 90356, 90357, 90358, 90359, 90360, 90361, 90362, 90363, 90364, 90365, 90366, 90367, 90368, 90369, 90370, 90371, 90372, 90373, 90374, 90375, 90376, 90377, 90378, 90379, 90380, 90381, 90382, 90383, 90384, 90385, 90386, 90387, 90388, 90389, 90390, 90391, 90392, 90393, 90394, 90395, 90396, 90397, 90398, 90399, 90400	Performance Met (Sufficient) Proton Pump Inhibitors discontinued by discharge OR Performance Not Met (Insufficient) Proton Pump Inhibitors discontinued OR Performance Met (Sufficient) Proton Pump Inhibitors not discontinued, reason not given	Performance Met (Sufficient) Proton Pump Inhibitors discontinued by discharge OR Performance Not Met (Insufficient) Proton Pump Inhibitors discontinued OR Performance Met (Sufficient) Proton Pump Inhibitors not discontinued, reason not given	Documented medical reason for not discontinuing PPI usage	None	Yes	Appropriate & Law	Process	No	No	Yes	No	No	NA	1	No	NA	Traditional MPFS	Ambulatory Hospital