

**Quality ID #110 (NQF 0041): Preventive Care and Screening: Influenza Immunization – National Quality Strategy Domain: Community/Population Health**

**2018 OPTIONS FOR INDIVIDUAL MEASURES:**  
**REGISTRY ONLY**

**MEASURE TYPE:**  
Process

**DESCRIPTION:**

Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization

**INSTRUCTIONS:**

This measure is to be submitted a minimum of **once for visits for patients seen** between January and March for the 2017-2018 influenza season AND a minimum of **once for visits for patients seen** between October and December for the 2018-2019 influenza season. This measure is intended to determine whether or not all patients aged 6 months and older received (either from the reporting eligible clinician or from an alternate care provider) the influenza immunization during the flu season. There is no diagnosis associated with this measure. This measure may be submitted by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

- If submitting this measure between January 1, 2018 and March 31, 2018, quality-data code **G8482** should be submitted when the influenza immunization is administered to the patient during the months of August, September, October, November, and December of 2017 or January, February, and March of 2018 for the flu season ending March 31, 2018.
- If submitting this measure between October 1, 2018 and December 31, 2018, quality-data code **G8482** should be submitted when the influenza immunization is administered to the patient during the months of August, September, October, November, and December of 2018 for the flu season ending March 31, 2019.
- Influenza immunizations administered during the month of August or September of a given flu season (either 2017-2018 flu season OR 2018-2019 flu season) can be submitted when a visit occurs during the flu season (October 1 - March 31). In these cases, **G8482** should be submitted.

**Measure Submission:**

The listed denominator criteria is used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions allowed by the measure. The quality-data codes listed do not need to be submitted for registry submissions; however, these codes may be submitted for those registries that utilize claims data.

**DENOMINATOR:**

All patients aged 6 months and older seen for a visit during the measurement period

***DENOMINATOR NOTE:*** For the purposes of the program, in order to submit on the flu season 2017-2018, the patient must have a qualifying encounter between January 1 and March 31, 2018. In order to submit on the flu season 2018-2019, the patient must have a qualifying encounter between October 1 and December 31, 2018. A qualifying encounter needs to occur within the flu season that is being submitted; any additional encounter(s) may occur at any time within the measurement period.

*\*Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for registry-based measures.*

**Denominator Criteria (Eligible Cases):**

Patients aged ≥ 6 months seen for a visit between October 1 and March 31

**AND**

Patient encounter during January thru March and/or October thru December (CPT or HCPCS): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241\*, 99242\*, 99243\*, 99244\*, 99245\*, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 90945, 90947, 90951, 90952, 90953, 90954, 90955, 90956, 90957, 90958, 90959, 90960, 90961, 90962, 90963, 90964, 90965, 90966, 90967, 90968, 90969, 90970, 96160, 96161, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99381\*, 99382\*, 99383\*, 99384\*, 99385\*, 99386\*, 99387\*, 99391\*, 99392\*, 99393\*, 99394\*, 99395\*, 99396\*, 99397\*, 99401\*, 99402\*, 99403\*, 99404\*, 99411\*, 99412\*, 99429\*, 99512\*, G0438, G0439

**WITHOUT:**

Telehealth Modifier: GQ, GT, 95, POS 02

**NUMERATOR:**

Patients who received an influenza immunization OR who reported previous receipt of an influenza immunization

*NUMERATOR NOTE: Denominator Exception(s) are determined at the time of the denominator eligible encounter during the current flu season.*

**Numerator Instructions:**

The numerator for this measure can be met by submitting either administration of an influenza vaccination or that the patient reported previous receipt of the current season's influenza immunization. If the performance of the numerator is not met, an eligible clinician can submit a valid denominator exception for having not administered an influenza vaccination. For eligible clinicians submitting a denominator exception for this measure, there should be a clear rationale and documented reason for not administering an influenza immunization if the patient did not indicate previous receipt, which could include a medical reason (e.g., patient allergy), patient reason (e.g., patient declined), or system reason (e.g., vaccination not available). The system reason should be indicated only for cases of disruption or shortage of influenza vaccination supply.

As a result of updated CDC/ACIP guidelines which include the interim recommendation that live attenuated influenza vaccine (LAIV) should not be used due to low effectiveness against influenza A(H1N1)pdm09 in the United States during the 2013–14 and 2015–16 seasons, LAIV or intranasal flu vaccine is no longer an option for numerator eligibility.

**Definition:**

**Previous Receipt** – Receipt of the current season's influenza immunization from another provider OR from same provider prior to the visit to which the measure is applied (typically, prior vaccination would include influenza vaccine given since August 1st).

**Numerator Options:**

***Performance Met:***

Influenza immunization administered or previously received (G8482)

**OR**

***Denominator Exception:***

Influenza immunization was not administered for reasons documented by clinician (e.g., patient allergy or other medical reasons, patient declined or other patient reasons, vaccine not available or other system reasons) (G8483)

OR

*Performance Not Met:*

Influenza immunization was not administered, reason not given (G8484)

**RATIONALE:**

Influenza vaccination is the most effective protection against influenza virus infection (CDC, 2016). Influenza may lead to serious complications including hospitalization or death (CDC, 2016). Influenza vaccine is recommended for all persons aged  $\geq 6$  months who do not have contraindications to vaccination. However, data indicate that less than half of all eligible individuals receive an influenza vaccination (CDC, 2015). This measure promotes annual influenza vaccination for all persons aged  $\geq 6$  months.

**CLINICAL RECOMMENDATION STATEMENTS:**

The following evidence statements are quoted verbatim from the referenced clinical guidelines.

Routine annual influenza vaccination is recommended for all persons aged  $\geq 6$  months who do not have contraindications. Optimally, vaccination should occur before onset of influenza activity in the community. Health care providers should offer vaccination by October, if possible. Vaccination should continue to be offered as long as influenza viruses are circulating. (CDC/Advisory Committee on Immunization Practices (ACIP), 2016)

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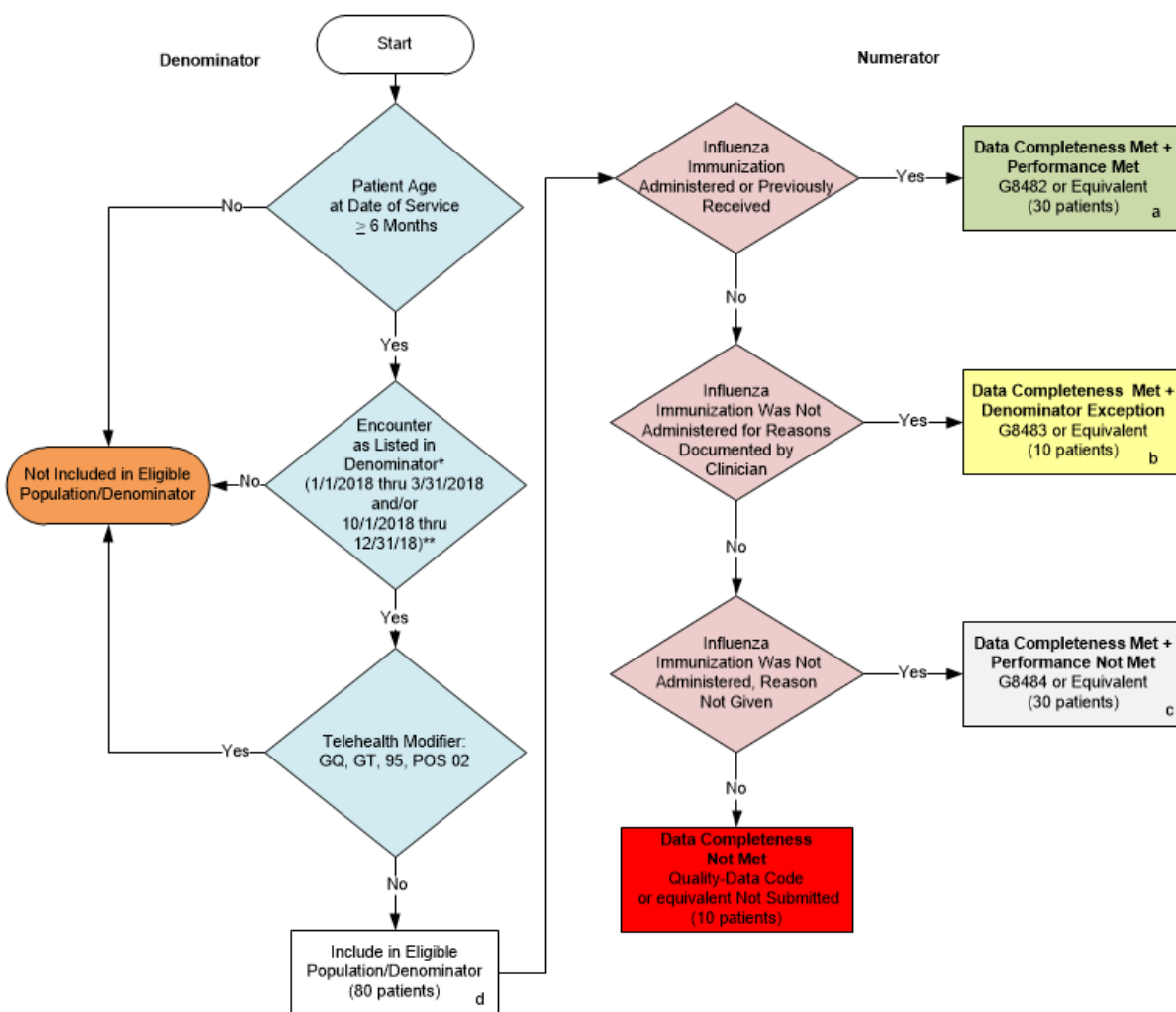
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## 2018 Registry Flow for Quality ID #110 NQF #0041: Preventive Care and Screening: Influenza Immunization



### SAMPLE CALCULATIONS:

**Data Completeness=**  

$$\frac{\text{Performance Met (a=30 patients)} + \text{Denominator Exception (b=10 patients)} + \text{Performance Not Met (c=30 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

**Performance Rate=**  

$$\frac{\text{Performance Met (a=30 patients)}}{\text{Data Completeness Numerator (80 patients) - Denominator Exception (b=10 patients)}} = \frac{30 \text{ patients}}{70 \text{ patients}} = 42.85\%$$

\* See the posted Measure Specification for specific coding and instructions to submit this measure.

\*\* This measure is only to be submitted a minimum of once for visits occurring between January 1, 2018 and March 31, 2018 for the 2017-2018 influenza season AND a minimum of once for visits occurring between October 1, 2018 and December 31, 2018 for the 2018-2019 influenza season for patients seen during the performance period. If the patient is seen during both flu seasons, cycle through this flow diagram for each flu season during which the patient was seen for a visit.

NOTE: Submission Frequency: Patient-Periodic

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**2018 Registry Flow for Quality ID**  
**#110 NQF #0041: Preventive Care and Screening: Influenza Immunization**

Please refer to the specific section of the specification to identify the denominator and numerator information for use in submitting this Individual Specification. This flow is for registry data submission.

1. Start with Denominator
2. Check Patient Age:
  - a. If the Age is greater than or equal to 6 months of age on Date of Service equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.
  - b. If the Age is greater than or equal to 6 months of age on Date of Service equals Yes during the measurement period, proceed to check Encounter Performed.
3. Check Encounter Performed:
  - a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
  - b. If Encounter as Listed in the Denominator equals Yes, proceed to check Telehealth Modifier.
4. Check Telehealth Modifier:
  - a. If Telehealth Modifier equals Yes, do not include in Eligible Patient Population. Stop Processing.
  - b. If Telehealth Modifier equals No, include in the Eligible Population.
5. Denominator Population:
  - a. Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 patients in the Sample Calculation.
6. Start Numerator:
7. Check Influenza Immunization Administered or Previously Received:
  - a. If Influenza Immunization Administered or Previously Received equals Yes, include in Data Completeness Met and Performance Met.
  - b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 30 patients in the Sample Calculation.
  - c. If Influenza Immunization Administered or Previously Received equals No, proceed to check Influenza Immunization Was Not Administered for Reasons Documented by Clinician.
8. Check Influenza Immunization Was Not Administered for Reasons Documented by Clinician:
  - a. If Influenza Immunization Was Not Administered for Reasons Documented by Clinician equals Yes, include in Data Completeness Met and Denominator Exception.

- b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 10 patients in the Sample Calculation.
  - c. If Influenza Immunization Not Was Administered for Reasons Documented by Clinician equals No, proceed to check Influenza Immunization Was Not Administered, Reason Not Given.
9. Check Influenza Immunization Was Not Administered, Reason Not Given:
- a. If Influenza Immunization Was Not Administered, Reason Not Given equals Yes, include in the Data Completeness Met and Performance Not Met.
  - b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 30 patients in the Sample Calculation.
  - c. If Influenza Immunization Was Not Administered, Reason Not Given equals No, proceed to check Data Completeness Not Met.
10. Check Data Completeness Not Met:
- a. If Data Completeness Not Met equals No, Quality Data Code or equivalent not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

**SAMPLE CALCULATIONS:**

**Data Completeness=**  

$$\frac{\text{Performance Met (a=30 patients)} + \text{Denominator Exception (b=10 patients)} + \text{Performance Not Met (c=30 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

**Performance Rate=**  

$$\frac{\text{Performance Met (a=30 patients)}}{\text{Data Completeness Numerator (80 patients) - Denominator Exception (b=10 patients)}} = \frac{30 \text{ patients}}{70 \text{ patients}} = 42.85\%$$