

# Quality Payment PROGRAM

## Merit-based Incentive Payment System (MIPS)

### 2022 Eligible Measure Applicability (EMA) and Denominator Reduction User Guide: MIPS Quality Performance Category



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**Purpose:** This resource reviews the denominator reduction process available to clinicians, groups, virtual groups, and APM Entities with fewer than 6 measures available for reporting traditional MIPS.





## **How to Use This Guide**



**Please note:** This guide was prepared for informational purposes only and isn't intended to grant rights or impose obligations. The information provided is only intended to be a general summary. It isn't intended to take the place of the written law, including the regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

## Table of Contents

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## Hyperlinks

Hyperlinks to the [Quality Payment Program website](#) are included throughout the guide to direct the reader to more information and resources.



# **COVID-19 and 2022 Participation**

## COVID-19 and 2022 Participation

The 2019 Coronavirus (COVID-19) public health emergency continues to impact clinicians across the United States and territories. However, we recognize that not all practices have been impacted by COVID-19 to the same extent. For the 2022 performance year, we'll continue to use our Extreme and Uncontrollable Circumstances policy to allow MIPS eligible clinicians, groups, virtual groups, and APM Entities to [submit an application](#) requesting reweighting of one or more MIPS performance categories to 0% due to the current COVID -19 public health emergency. The application will be available in spring of 2022 along with additional resources.

For more information about the impact of COVID-19 on Quality Payment Program (QPP) participation, see the QPP [COVID-19 Response](#) webpage.





## **EMA and Specialty Set Denominator Reductions**

## What Are the 2022 Performance Period Submission Requirements for the Quality Performance Category?

Unless you're reporting through the CMS Web Interface, the quality performance category data submission requirements are to:

- Submit 6 quality measures (200 are available for reporting) or a complete specialty measure set.
- 1 of these quality measures must be an outcome measure. If an outcome measure isn't available, then you must submit a high priority measure.

## What Happens if I Don't Meet These Requirements?

If you submit fewer than 6 measures or submit 6 or more measures but no outcome or high priority measure, we apply the Eligible Measure Applicability (EMA) process. EMA is a denominator reduction process applied to qualifying submissions and determines if you reported all measures related to a clinical topic or within a specialty set.

If the EMA process determines that you could have reported more measures, you'll receive 0 out of 10 points for each required measure that isn't submitted.

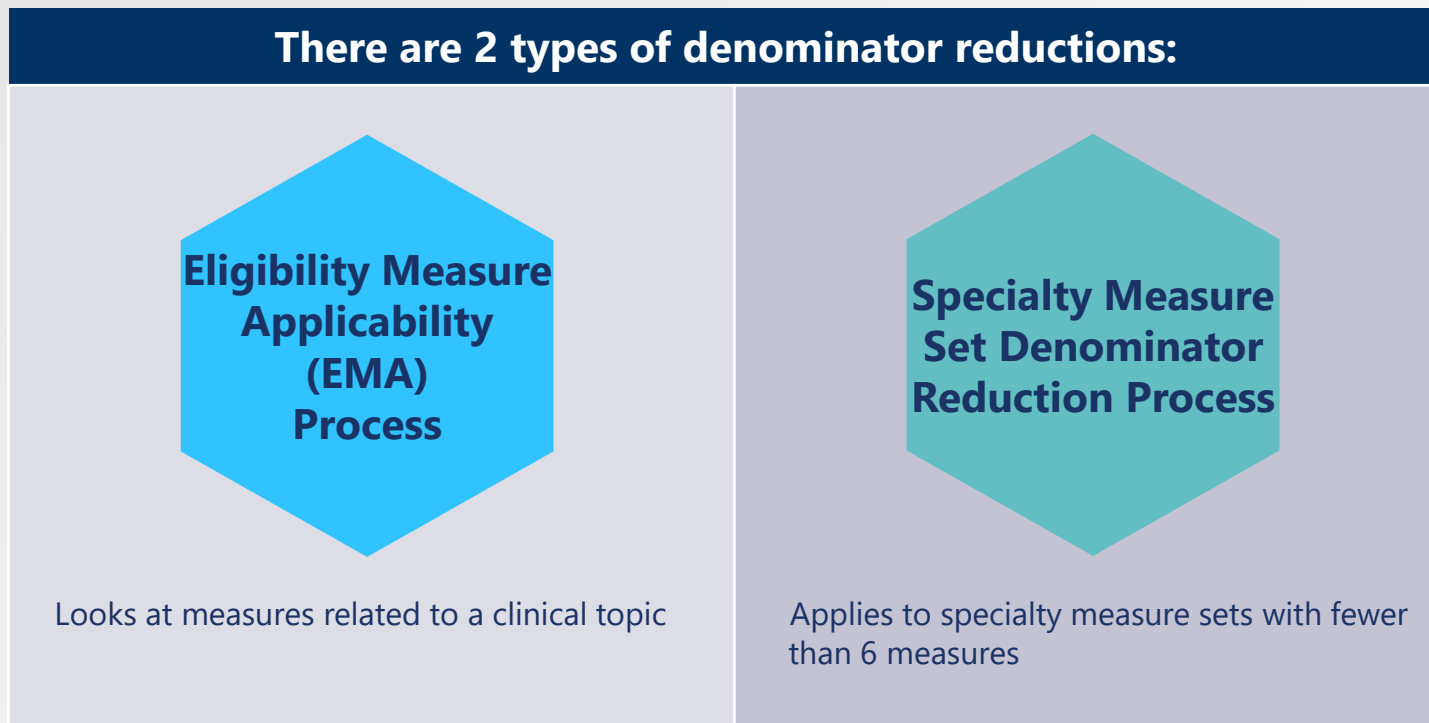
The EMA process is only applied to clinicians, groups, virtual groups, or APM Entities that:

- Report their quality measures for traditional MIPS through Medicare Part B claims or submit MIPS CQMs.

**EMA isn't applied to eCQMs, QCDR measures, or submissions that include these collection types.**



## Denominator Reduction Paths



## How Do Denominator Reductions Work?

1. We check that you reported Medicare Part B claims measures or MIPS CQMs.
2. We determine whether you reported all the measures available for your chosen collection type related to a clinical topic or in a specialty measure set with fewer than 6 measures.

[Appendix A](#) identifies the measures we have identified as related to specific clinical topics.

[Appendix B](#) identifies the specialty measure sets with fewer than 6 measures available for the Medicare Part B claims or MIPS CQM collection types.

## How Can Denominator Reductions Affect My Quality Performance Category Score?

Quality Data You Submitted	Impact to Quality Performance Category Score
<b>Fewer than 6 measures:</b>	<p>You may qualify for a <b>denominator reduction</b>.</p> <p>This means we would reduce the number of measures you're required to report.</p> <p>Your denominator for the quality performance category is 10 x number of required measures.</p>
<b>No outcome or high priority measure</b>	<p>You may qualify to <b>earn achievement points for all 6 submitted measures</b>.</p> <p>This means you wouldn't receive 0 out of 10 points for the unsubmitted outcome or high priority measure.</p>

- Measures that don't meet data completeness (70%) will earn 0 out of 10 points (3 points for small practices).
- Measures that meet data completeness but don't meet case minimum will earn 3 points.

## No Denominator Eligible Instances (MIPS CQMs)

If the MIPS eligible clinician or group doesn't have any denominator eligible instances for a measure related to the clinical topic (or in a specialty measure set with fewer than 6 measures available for your chosen collection type), submit the MIPS CQM as 0/0 (0s in the numerator and denominator). We'll exclude these measures from the denominator.

If there are any denominator eligible instances, the measure must be reported as usual.

No supporting documentation is required at submission, as you must attest that data you submit has been validated and is true, accurate, and complete to the best of your knowledge. If you're selected for auditing, this may be one of the items audited to determine that the data submitted was true, accurate, and complete.



## When Will I See Scoring Changes from a Denominator Reduction Applied to My Submission?

If you only submit MIPS CQMs, the denominator reduction process is applied at the point of submission and the results will be available immediately in preliminary scoring.

When you report Medicare Part B claims measures, the denominator reduction process is applied after the close of the submission period to ensure that all claims have been processed and attributed to your quality submission.

Scoring is updated each time a new submission is made, and real-time results are provided based on the submission data.

Please make sure to review your preliminary scoring and performance feedback as soon as it becomes available. If you reported all the measures (Medicare Part B claims or MIPS CQMs) available to you and don't see a denominator reduction when final performance feedback is available in summer 2023, please contact the Quality Payment Program as you may need to submit a Targeted Review. (Note that targeted reviews must be submitted within 60 days of the release of final performance feedback.)

## Can We Choose to Submit Only the Measures Related to a Clinical Topic as Defined in [Appendix A](#)?

No. You should submit all quality measures that apply to your scope of practice and not limit your submission to those measures contained within the clinical topic. The EMA process was established to support clinicians and groups who may not have 6 quality measures available for, and applicable, to their practice.

## When Are the Specialty Measure Sets and EMA Clinically Related Measures Updated?

Every year, we update the specialty measure sets through the rulemaking process. We receive stakeholder input through the annual specialty set solicitation process and public comments made in the Federal Register.

Every year, we update the measures related to a clinical topic through a sub-regulatory process. We get stakeholder input through collaborative review and feedback.





## **Help, Resources, and Version History**

## Where Can You Go for Help?

Contact the Quality Payment Program at 1-866-288-8292, Monday through Friday, 8 a.m. – 8 p.m. ET or by email at: [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov)

- Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant

Visit the [Quality Payment Program website](#) for other [help and support](#) information, to learn more about [MIPS](#), and to check out resources available in the [QPP Resource Library](#).

## Additional Resources

The following resources are available on the [QPP Resource Library](#):

- [2022 MIPS Quality User Guide \(PDF\)](#)
- [2022 MIPS Quality Measures List](#)

# Help, Resources, and Version History

## Version History

If we need to update this document, changes will be identified here.

Date	Comments
3/25/2022	Original posting.





## **Appendix A: MIPS Clinically Related Measures Grouped by Clinical Topic**

# Appendix A: MIPS Clinically Related Measures Grouped by Clinical Topic

**Note:** MIPS CQMs that don't have any eligible instances for a clinically related measure should be submitted as 0/0. Third party intermediaries don't need to submit anything else to CMS for this scenario as they attest that the data they submit has been validated and is true, accurate, and complete to the best of their knowledge. If the third party intermediary is selected for auditing, this may be one of the items audited to determine that the data submitted was true, accurate and complete.

**\*Denotes a High Priority Measure \*\*Denotes an Outcome Measure (all outcome measures are high priority measures)**  
**(C) Denotes a change to the measures available for the clinical topic**

Clinical Topic	MIPS CQM	Medicare Part B Claims
Anesthesiology Care (C)	<b>404**:</b> Anesthesiology Smoking Abstinence <b>424**:</b> Perioperative Temperature Management <b>430*:</b> Prevention of Post-Operative Nausea and Vomiting (PONV) – Combination Therapy <b>463*:</b> Prevention of Post-Operative Vomiting (POV) – Combination Therapy (Pediatrics)	Not Applicable
CABG Care	<b>167**:</b> Coronary Artery Bypass Graft (CABG): Postoperative Renal Failure <b>168**:</b> Coronary Artery Bypass Graft (CABG): Surgical Re-Exploration <b>445**:</b> Risk-Adjusted Operative Mortality for Coronary Artery Bypass Graft (CABG)	Not Applicable
Cardiac Stress Imaging	<b>322*:</b> Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low-Risk Surgery Patients <b>323*:</b> Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Routine Testing After Percutaneous Coronary Intervention (PCI) <b>324*:</b> Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Testing in Asymptomatic, Low-Risk Patients	Not Applicable
Cataract Care	<b>191**:</b> Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery <b>303**:</b> Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery <b>304*:</b> Cataracts: Patient Satisfaction within 90 Days Following Cataract Surgery <b>389**:</b> Cataract Surgery: Difference Between Planned and Final Refraction	Not Applicable



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\*\*Denotes an Outcome Measure (all outcome measures are high priority measures)

Clinical Topic	MIPS CQM	Medicare Part B Claims
<b>Computed Tomography</b>	<p><b>360*</b>: Optimizing Patient Exposure to Ionizing Radiation: Count of Potential High Dose Radiation Imaging Studies: Computed Tomography (CT) and Cardiac Nuclear Medicine Studies</p> <p><b>364*</b>: Optimizing Patient Exposure to Ionizing Radiation: Appropriateness: Follow-up CT Imaging for Incidentally Detected Pulmonary Nodules According to Recommended Guidelines</p> <p><b>405*</b>: Appropriate Follow-up Imaging for Incidental Abdominal Lesions</p> <p><b>406*</b>: Appropriate Follow-up Imaging for Incidental Thyroid Nodules in Patients</p> <p><b>436</b>: Radiation Consideration for Adult CT: Utilization of Dose Lowering Techniques</p>	<p><b>405*</b>: Appropriate Follow-up Imaging for Incidental Abdominal Lesions</p> <p><b>406*</b>: Appropriate Follow-up Imaging for Incidental Thyroid Nodules in Patients</p> <p><b>436</b>: Radiation Consideration for Adult CT: Utilization of Dose Lowering Techniques</p>
<b>Diagnostic Imaging (C)</b>	<p><b>145*</b>: Radiology: Exposure Dose Indices or Exposure Time and Number of Images Reported for Procedures Using Fluoroscopy</p> <p><b>147*</b>: Nuclear Medicine: Correlation with Existing Imaging Studies for All Patients Undergoing Bone Scintigraphy</p>	<p><b>145*</b>: Radiology: Exposure Dose Indices or Exposure Time and Number of Images Reported for Procedures Using Fluoroscopy</p> <p><b>147*</b>: Nuclear Medicine: Correlation with Existing Imaging Studies for All Patients Undergoing Bone Scintigraphy</p>
<b>Endoscopy and Polyp Surveillance (C)</b>	<p><b>185*</b>: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use</p> <p><b>320*</b>: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients</p> <p><b>425</b>: Photodocumentation of Cecal Intubation</p> <p><b>439*</b>: Age Appropriate Screening Colonoscopy</p>	<p><b>320*</b>: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients</p>

# Appendix A: MIPS Clinically Related Measures Grouped by Clinical Topic

\*Denotes a High Priority Measure

\*\*Denotes an Outcome Measure (all outcome measures are high priority measures)

Clinical Topic	MIPS CQM	Medicare Part B Claims
Pathology (C)	<b>249:</b> Barrett's Esophagus <b>250:</b> Radical Prostatectomy Pathology Reporting <b>395*:</b> Lung Cancer Reporting (Biopsy/Cytology Specimens) <b>396*:</b> Lung Cancer Reporting (Resection Specimens) <b>397*:</b> Melanoma Reporting	<b>249:</b> Barrett's Esophagus <b>250:</b> Radical Prostatectomy Pathology Reporting <b>395*:</b> Lung Cancer Reporting (Biopsy/Cytology Specimens) <b>396*:</b> Lung Cancer Reporting (Resection Specimens) <b>397*:</b> Melanoma Reporting
Pathology – Skin Cancer (C)	<b>397*:</b> Melanoma Reporting <b>440*:</b> Skin Cancer: Biopsy Reporting Time – Pathologist to Clinician	<b>397*:</b> Melanoma Reporting
Surgical Care (C)	<b>355**:</b> Unplanned Reoperation within the 30 Day Postoperative Period <b>357**:</b> Surgical Site Infection (SSI) <b>358*:</b> Patient-Centered Surgical Risk Assessment and Communication	Not applicable
Internal Eye Care	<b>141**:</b> Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care <b>384**:</b> Adult Primary Rhegmatogenous Retinal Detachment Surgery: No Return to the Operating Room Within 90 Days of Surgery <b>385**:</b> Adult Primary Rhegmatogenous Retinal Detachment Surgery: Visual Acuity Improvement Within 90 Days of Surgery	Not Applicable
Interventional Radiology	<b>145*:</b> Radiology: Exposure Dose Indices or Exposure Time and Number of Images Reported for Procedures Using Fluoroscopy <b>409**:</b> Clinical Outcome Post Endovascular Stroke Treatment <b>413**:</b> Door to Puncture Time for Endovascular Stroke Treatment <b>465*:</b> Uterine Artery Embolization Technique: Documentation of Angiographic Endpoints and Interrogation of Ovarian Arteries	<b>145*:</b> Radiology: Exposure Dose Indices or Exposure Time and Number of Images Reported for Procedures Using Fluoroscopy





## **Appendix B: Specialty Measure Sets with Fewer than 6 Measures**

# Appendix B: Specialty Measure Sets with Fewer than 6 Measures

**Note:** MIPS CQMs that don't have any eligible instances for a clinically related measure should be submitted as 0/0. Third party intermediaries don't need to submit anything else to CMS for this scenario as they attest that the data they submit has been validated and is true, accurate, and complete to the best of their knowledge. If the third party intermediary is selected for auditing, this may be one of the items audited to determine that the data submitted was true, accurate and complete. When reporting specialty measure sets, you're only accountable for the measures available through your chosen collection type for the specialty measure set. For example:

- The Anesthesiology specialty set is included in this appendix for the Medicare Part B claims measure collection type because only 1 of the 6 measures can be reported through Medicare Part B claims; however, all 6 measures can be reported as MIPS CQMs.
- The Hospitalist specialty set includes 3 measures if you're reporting Medicare Part B claims measures, and 5 measures if you're reporting MIPS CQMs.

**(C)** Denotes a change to the measures available in an existing specialty set with fewer than 6 measures

**(N)** Denotes specialty sets newly identified as having fewer than 6 measures for the MIPS CQM and/or Medicare Part B claims measure collection types

Specialty Measure Set	MIPS CQMs	Medicare Part B Claims
Allergy/ Immunology	Not Applicable	<b>110:</b> Preventive Care and Screening: Influenza Immunization <b>111:</b> Pneumococcal Vaccination Status for Older Adults <b>130:</b> Documentation of Current Medications in the Medical Record <b>226:</b> Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention <b>317:</b> Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
Anesthesiology	Not Applicable	<b>076:</b> Prevention of Central Venous Catheter (CVC) - Related Bloodstream Infections
Certified Nurse Midwives (N)	Not Applicable	<b>047:</b> Advance Care Plan <b>110:</b> Preventive Care and Screening: Influenza Immunization <b>130:</b> Documentation of Current Medications in the Medical Record <b>226:</b> Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

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Specialty Measure Set	MIPS CQMs	Medicare Part B Claims
<b>Clinical Social Work</b>	Not Applicable	<p><b>047:</b> Advance Care Plan</p> <p><b>130:</b> Documentation of Current Medications in the Medical Record</p> <p><b>134:</b> Preventive Care and Screening: Screening for Depression and Follow-Up Plan</p> <p><b>181:</b> Elder Maltreatment Screen and Follow-Up Plan</p> <p><b>226:</b> Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</p>
<b>Dermatology</b>	Not Applicable	<p><b>130:</b> Documentation of Current Medications in the Medical Record</p> <p><b>226:</b> Preventive Care and Screening Tobacco Use: Screening and Cessation Intervention</p> <p><b>317:</b> Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented</p>
<b>Diagnostic Radiology (N)</b>	Not applicable	<p><b>145:</b> Radiology: Exposure Dose Indices or Exposure Time and Number of Images Reported for Procedures Using Fluoroscopy</p> <p><b>147:</b> Nuclear Medicine: Correlation with Existing Imaging Studies for All Patients Undergoing Bone Scintigraphy</p> <p><b>405:</b> Appropriate Follow-up Imaging for Incidental Abdominal Lesions</p> <p><b>406:</b> Appropriate Follow-up Imaging for Incidental Thyroid Nodules in Patients</p> <p><b>436:</b> Radiation Consideration for Adult CT: Utilization of Dose Lowering Techniques</p>
<b>Electrophysiology</b>	<p><b>392:</b> Cardiac Tamponade and/or Pericardiocentesis Following Atrial Fibrillation Ablation</p> <p><b>393:</b> Infection within 180 Days of Cardiac Implantable Electronic Device (CIED) Implantation, Replacement, or Revision</p>	Not Applicable

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Specialty Measure Set	MIPS CQMs	Medicare Part B Claims
<b>Emergency Medicine (C)</b>	Not Applicable	<p><b>317:</b> Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented</p> <p><b>416:</b> Emergency Medicine: Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 2 Through 17 Years</p>
<b>General Surgery (N)</b>	Not Applicable	<p><b>047:</b> Advance Care Plan</p> <p><b>128:</b> Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan</p> <p><b>130:</b> Documentation of Current Medications in the Medical Record</p> <p><b>226:</b> Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</p> <p><b>317:</b> Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented</p>
<b>Hospitalists</b>	<p><b>005:</b> Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) or Angiotensin Receptor-Nepriylsin Inhibitor (ARNI) Therapy for Left Ventricular Systolic Dysfunction (LVSD)</p> <p><b>008:</b> Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)</p> <p><b>047:</b> Advance Care Plan</p> <p><b>076:</b> Prevention of Central Venous Catheter (CVC) - Related Bloodstream Infections</p> <p><b>130:</b> Documentation of Current Medications in the Medical Record</p>	<p><b>047:</b> Advance Care Plan</p> <p><b>076:</b> Prevention of Central Venous Catheter (CVC) - Related Bloodstream Infections</p> <p><b>130:</b> Documentation of Current Medications in the Medical Record</p>



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Specialty Measure Set	MIPS CQMs	Medicare Part B Claims
<b>Infectious Disease</b>	Not Applicable	<b>110:</b> Preventive Care and Screening: Influenza Immunization <b>111:</b> Pneumococcal Vaccination Status for Older Adults <b>130:</b> Documentation of Current Medications in the Medical Record
<b>Interventional Radiology</b>	Not Applicable	<b>076:</b> Prevention of Central Venous Catheter (CVC) - Related Bloodstream Infections <b>145:</b> Radiology: Exposure Dose Indices or Exposure Time and Number of Images Reported for Procedures Using Fluoroscopy
<b>Neurosurgical (C)</b>	Not Applicable	<b>130:</b> Documentation of Current Medications in the Medical Record <b>226:</b> Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
<b>Nutrition/Dietician (C)</b>	Not Applicable	<b>128:</b> Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan <b>130:</b> Documentation of Current Medications in the Medical Record <b>181:</b> Elder Maltreatment Screen and Follow-Up Plan
<b>Ophthalmology (C)</b>	Not Applicable	<b>117:</b> Diabetes: Eye Exam <b>130:</b> Documentation of Current Medications in the Medical Record <b>141:</b> Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care <b>226:</b> Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
<b>Pathology</b>	Not Applicable	<b>249:</b> Barrett's Esophagus <b>250:</b> Radical Prostatectomy Pathology Reporting <b>395:</b> Lung Cancer Reporting (Biopsy/Cytology Specimens) <b>396:</b> Lung Cancer Reporting (Resection Specimens) <b>397:</b> Melanoma Reporting

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Specialty Measure Set	MIPS CQMs	Medicare Part B Claims
<b>Pediatrics (C)</b>	Not Applicable	<p><b>110:</b> Preventive Care and Screening: Influenza Immunization</p> <p><b>134:</b> Preventive Care and Screening: Screening for Depression and Follow-Up Plan</p>
<b>Plastic Surgery (C)</b>	Not Applicable	<p><b>128:</b> Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan</p> <p><b>130:</b> Documentation of Current Medications in the Medical Record</p> <p><b>226:</b> Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</p> <p><b>317:</b> Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented</p>
<b>Podiatry (C)</b>	<p><b>126:</b> Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy – Neurological Evaluation</p> <p><b>127:</b> Diabetes Mellitus: Diabetic Foot and Ankle Care, Ulcer Prevention – Evaluation of Footwear</p> <p><b>128:</b> Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan</p> <p><b>155:</b> Falls: Plan of Care</p> <p><b>226:</b> Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</p>	<p><b>128:</b> Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan</p> <p><b>155:</b> Falls: Plan of Care</p> <p><b>226:</b> Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</p>
<b>Radiation Oncology</b>	<p><b>102:</b> Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients</p> <p><b>143:</b> Oncology: Medical and Radiation – Pain Intensity Quantified</p> <p><b>144:</b> Oncology: Medical and Radiation – Plan of Care for Pain</p>	Not Applicable

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Specialty Measure Set	MIPS CQMs	Medicare Part B Claims
<b>Speech Language Pathology (C)</b>	<p><b>130:</b> Documentation of Current Medications in the Medical Record</p> <p><b>134:</b> Preventive Care and Screening: Screening for Depression and Follow-Up Plan</p> <p><b>181:</b> Elder Maltreatment Screen and Follow-Up Plan</p> <p><b>182:</b> Functional Outcome Assessment</p> <p><b>226:</b> Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</p>	<p><b>130:</b> Documentation of Current Medications in the Medical Record</p> <p><b>134:</b> Preventive Care and Screening: Screening for Depression and Follow-Up Plan</p> <p><b>181:</b> Elder Maltreatment Screen and Follow-Up Plan</p> <p><b>226:</b> Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</p>
<b>Thoracic Surgery (N)</b>	Not Applicable	<p><b>047:</b> Advance Care Plan</p> <p><b>130:</b> Documentation of Current Medications in the Medical Record</p> <p><b>226:</b> Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</p>
<b>Urgent Care (C)</b>	Not Applicable	<p><b>130:</b> Documentation of Current Medications in the Medical Record</p> <p><b>226:</b> Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</p> <p><b>317:</b> Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented</p>
<b>Urology (N)</b>	Not Applicable	<p><b>047:</b> Advance Care Plan</p> <p><b>128:</b> Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan</p> <p><b>130:</b> Documentation of Current Medications in the Medical Record</p> <p><b>226:</b> Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</p> <p><b>317:</b> Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented</p>

