

## From Volume To Value, With Care.



## 2024 MSSP Measures At-A-Glance

Measure	Age	Description	CPT II Codes	Documentation Requirements
Breast Cancer Screening	40-74	40-74 years of age who had a mammogram to screen for breast cancer any time on or between October 1, 2022 and December 31, 2024.	NA	Documentation in the medical record must include: • Year of Test (month required if year is 2021) • Type of Test • Abnormal or Normal Findings  OR Lab /Procedure Report in EHR
Colorectal Cancer Screening	45-75	One of the following:  Colonoscopy during 2015-2024  Flexible Sigmoidoscopy during 2020-2024  CT Colonography during 2020-2024  Stool DNA w FIT Test (Cologuard) during 2022-2024  Fecal occult blood test (FOBT)/gFOBT (guaiac), FIT/iFOBT (immunochemical) during the current performance year	NA	Documentation in the medical record must include:  • Year of Test  • Type of Test  • Abnormal or Normal Findings  OR Lab/Procedure Report in EHR
Controlling Blood Pressure	18-85	Patients with hypertension whose most recent blood pressure of the year was < 140/90	Submit 2 CPT Codes: 3074F if systolic < 130 3075F if systolic 130-139 3077F if systolic ≧140 3078F if diastolic < 80 3079 if diastolic 80-89 3080F if diastolic ≧90	Document <u>all</u> blood pressures taken during the visit.  Recheck BP if diastolic or systolic is > 140/90
Depression Remission at Twelve Months	12 and older	Patients who have a dx of major depression or dysthymia and PHQ-9 or PHQ-9M with a score of less than five twelve months (+/- 60 days) after the initial PHQ-9 or PHQ-9M greater than nine.  < 5 = patient remission =compliance.	NA	A Full PHQ-9 or PHQ-9M must be documented with the result.
Hemoglobin A1C Poor Control > 9	18-75	Patient with Type 1 or Type 2 diabetes whose most recent A1C result is > 9% during 2023. This indicates poor control. (Inverse measure- lower rates indicate better care)	3044F if < 7.0% 3051F if 7.0 to 7.9% 3052F if 8.0 to 8.9% 3046F if >9.0%	Latest A1C Lab report in 2023  OR  Documented A1C result in progress note with date of test
Falls: Screening for Future Fall Risk	65 and older	Patients screened for a Fall Risk at least once during the current performance year	3288F	Fall Risk Assessment: ex. Morse Fall Scale, timed Get Up and Go, STEADI, or a Gait Balance Assessment by provider
Influenza Immunization	6 months and older	Patients seen for a visit during August 1, 2023-March 31, 2024 and/or between August 1, 2024 and March 31, 2025 and who received an influenza immunization OR who reported previous receipt of an influenza immunization.	NA	Document date Flu shot was given- even if given by another provider.  If not, document the reason why, including 'patient refusal.'



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Measure	Age	Description	CPT II Codes	Documentation Requirements
Screening for Depression and Follow-Up Plan	12 and older	Patients screened for depression using an age appropriate standardized depression screening tool in the current performance year and if positive, a follow-up plan documented.	NA	PHQ-9 or PHQ-9M with finding.  If positive: refer for treatment OR pharmacological intervention OR 'other' interventions or follow up for the treatment of depression
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	All who had ASCVD dx or procedure  ≥ 20 yrs with LDL-C ≥ 190  40-75 yrs with dx of Type 1 or Type 2 diabetes	Percentage of the following patients - all considered at high risk of cardiovascular events - who were prescribed or were on statin therapy during the current performance year	NA	Medication List with Statin  'Statin Samples provided' documented can count as statin therapy
Tobacco Use: Screening and Cessation Intervention	18 and older	Patients screened for tobacco use one or more times during the current performance year AND who received tobacco cessation intervention during the current performance year or anytime during the 6 months prior to the current performance year, if the patient is identified as a tobacco user	4004F- screening w/ intervention OR 1036F- non-tobacco user	Tobacco screening and results documented during the current performance year – include date  If positive, 3 min or less counseling or pharmacotherapy documented include date.

<sup>\*</sup>For additional information regarding the MSSP measures, please refer to the 2024 MSSP Quality Measure Tip Sheets

## Resources

2024 CMS WebInterface V8.0 2024 CMS Web Interface Measure Coding Release

<sup>\*\*</sup>CPT II Codes were included. Please note that there are additional codes for the measures. Please refer to the 2024 MSSP Quality Measure Coding Guide. **CPT II Codes are for internal reporting purposes only. They do not guarantee payment or MSSP gap in care closure.**