2026 Quality Measure Quick Guide

Measure Name & Description	How To Close Care Gap	CPT/CPTII Codes The following codes can be used to submit results for the meaure. They are not intended to be a directive of your billing practice.	Lines of Business
Breast Cancer Screening - (BCS-E) The percentage of members ages 40-74 who had a mammogram screening within the last two years	Screening or diagnostic report of completed mammogram with date of service 2025 or 2026	77061, 77062, 77063, 77065, 77065, 77067	Medicare, Commercial, & Medi-Cal
Care for Older Adults (COA) - Functional Status Assessment The percentage of adults 66 and older on a Medicare Special Needs Plan (SNP) who had evidence of a functional status assessment during the measurement year	Assessment of Instrumental Activities of Daily Living (IADL) or assessment of at least 4: chores, cleaning/housework, cooking/meal prep, driving or using public transit, home repair, paying bills or other financial tasks, taking prescribed medications, or using a phone **OR** Activities of Daily Living (ADLs) or at assessment of at least 5: bathing, dressing, eating meals/snacks, getting up and down from sitting or lying position, using the restroom, or walking	1170F	Medicare
Care for Older Adults (COA) - Medication Review The percentage of adults 66 and older on a Medicare Special Needs Plan (SNP) who had evidence of a functional status assessment during the measurement year	Medication list, signed and dated, must be included in the medical record and medication review must be completed by prescribing provider or clinical pharmacist Notation within the record that the medications were reviewed Signed and dated note from provider stating member is not taking any medications	1159F (Medication list documented) **and** 1160F (Review of all medications)	Medicare
Cervical Cancer Screening (CCS-E) The percentage of members ages 21-64 who were screened for cervical cancer	Members ages 21-64 who had cervical cytology performed in the measurement year or two years prior (2024-2025) Members ages 30-64 who had a cervical cytology/high risk human papillomavirus (hrHPV) co-testing performed in the measurement year or four years prior (women must have been at least 30 at time of test) Members ages 30-64 who had cervical high-risk human papillomavirus (hrHPV) testing performed in the measure year or four years prior	Cervical Cytology: 88141-88143, 88147, 88148, 88150 High-risk HPV Test: 87624, 87625, 87626	Commercial & Medi-Cal
Child and Adolescent Well-Care Visits (WCV) The percentage of members 3-21 years who had one or more comprehensive well-care visits with their PCP or OB-GYN	Comprehensive well-care visit with their PCP or OB-GYN during the measurement year	99381-99385, 99391-99395, 99461	Commercial & Medi-Cal
Childhood Immunization Status (CIS) The percentage of children who completed full vaccination series on or before their second birthday	Immunization record showing: 4 doses of DTaP 1 dose Hep A 3 doses Hep B 3 doses HiB 2 doses Flu 3 doses Polio (IPV) 1 dose MRR 4 doses PCV 2 or 3 doses Rotavirus (RV) 1 dose Chicken pox (VCZ)	DTaP: 90697, 90698, 90700, 90723 Hep A: 90633 Hep B: 90697, 90723, 90740, 90744, 90747, 90748 HiB: 90644, 90647, 90648, 90697, 90698, 90748 Flu: 90655, 90657, 90661 Polio (IPV): 90697, 90698, 90713, 90723 MRR: 90707, 90710 PCV: 90670, 90671, 90677 Rotavirus (RV): 2 Dose 90681, 3 dose 90680 Chicken pox (VCZ): 90710, 90716	Commercial & Medi-Cal
Colorectal Cancer Screening (COL-E) The percentage of members ages 45-75 who had an appropriate screening for colorectal cancer	Medical record documentation or lab report of: Colonoscopy - date of service during measurement year or 9 years prior (2017-2026) Flexible sigmoidoscopy or CT colonography – date of service during measurement year or 4 years prior 2022-2026) Cologuard/Stool DNA (sDNA) with FIT Test – date of service during measurement year or 2 years prior (2024-2026) iFOBT, gFOBT or FIT – date of service during measurement year (2026)	Colonoscopy: 44388, 44389, 44390 CT colonography: 74261, 74262, 74263 Stool DNA (Cologuard): 81528, 77353-1 Flexible sigmoidoscopy: 45330-45335 FOBT: 82270, 82274	Medicare, Commercial, Medi-Cal
Concurrent Use of Opioids and Benzodiazepines (COB) The percentage of Medicare Part D beneficiaries ages 18 and older with two or more claims of the same or different prescription opiods and benzodiazepines	Concurrent use of opioids and benzodiazepines must be avoided or limited to less than 30 cumlative overlapping days in the measurement year		Medicare

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Controlling High Blood Pressure (CBP) The percentage of members ages 18-85 who had a diagnosis of hypertension (HTN) and whose blood pressure was adequately controlled <140/90 mmHg during the measurement year	Medical record, progress notes, or vitals sheet with BP <140/90 mmHg and date of service during the measurement year documented	Systolic blood pressure 130-139 mm Hg - 3075F Systolic blood pressure <130 mmHg - 3074F Systolic blood presure >/=140 mmHg - 3077F Diastolic blood pressure 80-89 mmHg - 3079F Diastolic blood pressure <80 mmHg - 3078F Diastolic blood pressure level >/=90 mmHg-3080F	Medicare, Commercial, Medi-Cal
Eye Exam for Patients With Diabetes (EED) Percentage of members ages 18-75 with diabetes (Type 1 and Type 2) who had one of the following: Retinal or dilated eye exam by an optometrist or ophthalmologist during measurement year, Negative retinal or dilated eye exam by an optometrist or ophthalmologist in the year prior to measurement year, Bilateral eye enucleations any time during their history or through 12/31/23	Dilated or retinal eye exam, fundus photography, exam notes evidence with or without diabetic retinopathy, or evidence of bilateral eye enucleation or acquired absence of both eyes	Diabetic eye exam without evidence of retinopathy: 2023F, 2025F, 2033F Diabetic eye exam with evidence of retinopathy: 2022F, 2024F, 2026F Diabetic retinal screening negative in year prior (can be billed by any provider): 3072F	Medicare, Commercial, Medi-Cal
Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (FMC) The percentage of emergency department (ED) visits for members ages 18 and older who have multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit	Schedule an outpatient, telephone, or telehealth visit within 7 days of ED visit date	Transitional care management: 99495, 99496 Outpatient or telehealth visit: 98000-98016	Medicare
Glycemic Status Assessment for Patients with Diabetes <8.0% (GSD) The percentage of members ages 18-75 with diabetes (Type 1 and Type 2) who had an HbA1c lab test during the measurement year that showed their blood sugar is under >8.0%	HbA1c test result completed during the measurement year	HbA1c <7.0% - 3044F HbA1c >/= 7.0% and 8.0% - 3051F HbA1c >/= 8.0% and </= 9.0%: 3052F HbA1c > 9.0% - 3046F	Commercial
Glycemic Status Assessment for Patients with Diabetes <9.0% (GSD) The percentage of members ages 18-75 with diabetes (Type 1 and Type 2) who had an HbA1c lab test during the measurement year that showed their blood sugar is under >9.0%	HbA1c test result completed during the measurement year	HbA1c <7.0% - 3044F HbA1c >/= 7.0% and 8.0% - 3051F HbA1c >/= 8.0% and </= 9.0%: 3052F HbA1c > 9.0% - 3046F	Medicare & Medi-Cal
Immunizations for Adolescents (IMA) The percentage of adolescents age 13 who completed full vaccination series by their 13th birthday	Immunization record showing by members 13th birthday: 1 dose Meningococcal vaccine 1 dose Tdap At least 2 doses HPV	HPV: 90649, 90650, 90651 Meningoccal: 90619, 90623, 90624 Tdap: 90715	Commercial & Medi-Cal
Kidney Health Evaluation for Patients with Diabetes (KED) The percentage of members ages 18-85 with diabetes (Type 1 and Type 2) who had a kidney health evaluation in the measurement year	**Both** an eGFR and a uACR test are required on the same or different	eGFR: 80047, 80048, 80050 uACR: 13705-9, 14958-3	Medicare, Commercial, Medi-Cal
Lead Screening in Children (LSC-E) The percentage of children who turn two during the measurement year who had one or more lead blood tests by their second birthday	Documentation of venous blood test with date of service and result	83655	Medi-Cal
Medication Adherence: Cholesterol (MAC), Hypertension (MAH), Diabetes (MAD) Members ages 18 and older with a prescription for diabetes, hypertension (RAS antagonists), or cholesterol (statins) medications who fill their prescription often	A member must have a proportion of days covered (PDC) of 80% or higher by 12/31/26		Medicare
Osteoporosis Management in Women Who Had a Fracture (OMW) The percentage of members ages 67-85 who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis within six months of the fracture date	DEXA Scan within 6 months of the fracture date **or** osteoporosis medication dispensed within 6 months of the fracture date (pharmacy data)	76977, 77080, 77081, 77085, 77086	Medicare
Plan All-Cause Readmissions (PCR) The risk-adjusted ratio of observed-to-expected unplanned acure readmissions (inpatient and observation stays) for any diagnosis within 30 days of an acutre hospitalization for members 18 and older	Schedule an outpatient, telephone, or telehealth visit after inpatient discharge to potentionally avoid readmission into the hospital		Medicare, Commercial, Medi-Cal
Polypharmacy - Use of Multiple Anticholinergies Medications in Older Adults (Poly-CH) The percentage of Medicare Part D beneficiaries ages 65 and older with consurrent use or two or more unique anticholinergic medications on different dates of service during the measurement year	Concurrent use of two or more anticholinergics must be avoided or, if necessary, limited to less than 30 days during the measurement year		Medicare
Prental and Postpartum Care (PPC) The percentage of women who have live births on or between 10/08/25 and 10/07/26 that include of the following	Timeless of prenatal care - women who had a live birth who received a prenatal care visit in the first trimester on or before the enrollment start date or within 42 days of enrollment w/a diagnosis of pregnancy <u>Postpartum care</u> - women who had a live birth who had a postpartum visit on or between 7-84 days after delivery	Prenatal w/diagnosis of pregnancy: 98000-98016 Postpartum care: 57170, 58300, 59430, 99501	Commercial & Medi-Cal
Statin Therapy for Patients with Cardiovascular Disease (SPC-E) The percentage of members ages 21-75 the measurement year who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and received at least one fill of high or moderate intensity statin medication during the measurement year	beats me		Medicare
Statin Use in Persons with Diabetes (SUPD) The percentage of Medicare members age 40-75 who were dispensed at least two diabetes medications and also received a stain medication fill during the measurement year	Prescribe least 1 statin or statin combination medication of any strength or dose during the measurement year		Medicare

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Transitions of Care – Inpatient Admission Notification (TRC-RA) For members ages 18 and older, percentage of acute or non-acute inpatient discharges on or between 01/01/26-12/01/26 with a notification of inpatient admission documented the date of or 2 days after the admission (3 days total)	Medical record documentation about the admission can include record of a discussion or information transfer between inpatient staff/provider and the members PCP, Health information exchange (HIE), automated admission/discharge transfer (ADT) or shared EMR system with the members PCP, evidence the PCP communicated with the ED about admission or medical record documentation, members PCP admitted member to the hospital, or a specialist admitted the member to the hospital and notified the members PCP		Medicare
Transitions of Care – Medication Reconciliation Post-Discharge (TRC-MRP) For members ages 18 and older, percentage of acute or non-acute inpatient discharges on or between 01/01/26-12/01/26 with medication reconciliation documented on the date of the discharge through 30 days after the discharge (31 days total)	Documentation of current medications and discharge medications reconciled and reviewed on the same date of service by a prescribing practitioner, clinical pharmacist, physician assistant, or registered nurse on the date of discharge or 30 days after (31 days total)	1111F	Medicare
Transitions of Care – Patient Engagement After Inpatient Discharge (TRC-PE) For members ages 18 and older, percentage of acute or non-acute inpatient discharges on or between 01/01/26-12/01/26 with engagement documented within 30 days of the discharge date	Member engagement with provider in any of the following settings: outpatient visit (office or home), telephone visit, telehealth visit, virtual check-in between member and provider, or transitional care management	99483, 99345	Medicare
Transitions of Care – Receipt of Discharge Information (TRC-RD) For members ages 18 and older, percentage of acute or non-acute inpatient discharges on or between 01/01/26-12/01/26 with a receipt of discharge information documented the day of or 2 days after discharge (3 days total)	PCP or ongoing provider has access to discharge information on the day of discharge or two days after (3 days total) via discharge summary, summary of care record, or noted in EHR		Medicare
Well-Child Visits in the First 30 Months of Life (W30) The percentage of members who turned 15-30 months old during the measurement year and had the recommended number of well-child visits with a primary care providers	Children 0-15 months: 6 or more well-child visits in the first 15 months of life Children 15-30 months old: 2 or more well-child visits between 15-30 months of age	99381-99385, 99391-99395, 99461	Commerical & Medi-Cal