

## Quality ID #110 (NQF 0041): Preventive Care and Screening: Influenza Immunization

### **2023 COLLECTION TYPE:**

**MIPS CLINICAL QUALITY MEASURES (CQMS) – MIPS VALUE PATHWAYS (MVP) REPORTING ONLY**

### **MEASURE TYPE:**

Process

### **DESCRIPTION:**

Percentage of patients aged 6 months and older seen for a visit during the measurement period 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 2022-2023 influenza season AND a minimum of **once for visits for patients seen** between October and December for the 2023-2024 influenza season. This measure is intended to determine whether or not all patients aged 6 months and older received (either from the submitting Merit-based Incentive Payment System (MIPS) 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 MIPS 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, 2023 and March 31, 2023, 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 2022 or January, February, and March of 2023 for the flu season ending March 31, 2023.
- If submitting this measure between October 1, 2023 and December 31, 2023, 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 2023 for the flu season ending March 31, 2024.
- Influenza immunizations administered during the month of August or September of a given flu season (either 2022-2023 flu season OR 2023-2024 flu season) can be submitted when a visit occurs during the flu season (October 1 - March 31). In these cases, **G8482** should be submitted.

**NOTE:** Patient encounters for this measure conducted via telehealth (e.g., encounters coded with GQ, GT, 95, or POS 02 modifiers) are allowable. This measure specification is only available for MIPS Value Pathways (MVP) reporting and is not available for traditional MIPS reporting.

### **Measure Submission Type:**

Measure data may be submitted by individual MIPS eligible clinicians, groups, or third party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

### **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 2022-2023, the patient must have a qualifying encounter between January 1 and March 31, 2023. In order to submit on the flu season 2023-2024, the patient must have a qualifying encounter between October 1 and December 31, 2023. 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 MIPS CQMs.

**Denominator Criteria (Eligible Cases):**

Patients aged ≥ 6 months

**AND**

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

**AND NOT**

**DENOMINATOR EXCLUSION:**

Hospice services provided to patient any time during the measurement period: M1154

**NUMERATOR:**

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

**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 Instruction:**

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, a MIPS eligible clinician can submit a valid denominator exception for having not administered an influenza vaccination. For MIPS 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.

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

**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 (Centers for Disease Control and Prevention [CDC], 2019). Influenza may lead to serious complications including hospitalization or death (CDC, 2019). 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, 2019). This measure promotes annual influenza vaccination for all persons aged  $\geq 6$  months.

**CLINICAL RECOMMENDATION STATEMENTS:**

Routine annual influenza vaccination is recommended for all persons aged  $\geq 6$  months who do not have contraindications. For each recipient, a licensed and age-appropriate vaccine should be used. Advisory Committee on Immunization Practices (ACIP) makes no preferential recommendation for a specific vaccine when more than one licensed, recommended, and age-appropriate vaccine is available. During the 2021–22 influenza season, the following types of vaccines are expected to be available: inactivated influenza vaccines (IIV4s), recombinant influenza vaccine (RIV4), and live attenuated influenza vaccine (LAIV4) (CDC/Advisory Committee on Immunization Practices [ACIP], 2021).

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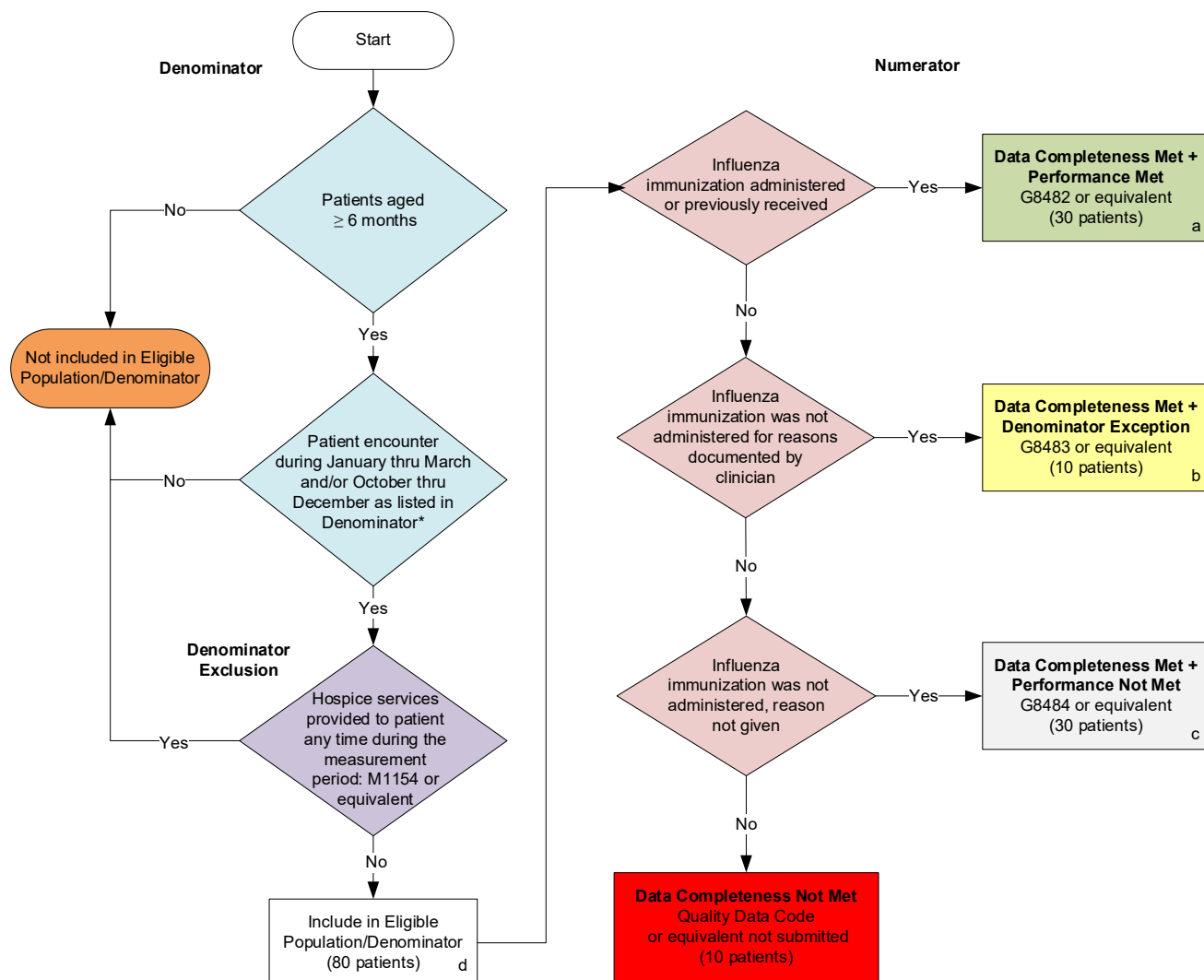
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## 2023 Clinical Quality Measure Flow for Quality ID #110 (NQF 0041): Preventive Care and Screening: Influenza Immunization

*Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.*



**SAMPLE CALCULATIONS**

**Data Completeness=**  

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

**Performance Rate=**  

$$\frac{\text{Performance Met (a=30 patients)}}{\text{Data Completeness Numerator (70 patients) – Denominator Exception (b=10 patients)}} = \frac{30 \text{ patients}}{60 \text{ patients}} = 50.00\%$$

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

NOTE: Submission Frequency: Patient-Periodic

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**2023 Clinical Quality Measure Flow Narrative for Quality ID #110 (NQF 0041):  
Preventive Care and Screening: Influenza Immunization**

**Disclaimer:** Refer to the measure specification for specific coding and instructions to submit this measure.

1. Start with Denominator
2. Check *Patients aged greater than or equal to 6 months*:
  - a. If *Patients aged greater than or equal to 6 months* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Patients aged greater than or equal to 6 months* equals Yes, proceed to check *Patient encounter during January thru March and/or October thru December as listed in Denominator\**.
3. Check *Patient encounter during January thru March and/or October thru December as listed in Denominator\**:
  - a. If *Patient encounter during January thru March and/or October thru December as listed in Denominator\** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Patient encounter during January thru March and/or October thru December as listed in Denominator\** equals Yes, proceed to check *Hospice services provided to patient any time during the measurement period*.
4. Check *Hospice services provided to patient any time during the measurement period*:
  - a. If *Hospice services provided to patient any time during the measurement period* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Hospice services provided to patient any time during the measurement period* equals No, include in *Eligible Population/Denominator*.
5. Denominator Population:
  - a. Denominator Population is all Eligible Patients in 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*.
    - *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.
  - b. 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*.
    - *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.
  - b. If *Influenza immunization was not 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*.
    - *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.
  - b. 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*, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

### **Sample Calculations**

Data Completeness equals Performance Met (a equals 30 patients) plus Denominator Exception (b equals 10 patients) plus Performance Not Met (c equals 30 patients) divided by Eligible Population/Denominator (d equals 80 patients). All equals 70 patients divided by 80 patients. All equals 87.50 percent.

Performance Rate equals Performance Met (a equals 30 patients) divided by Data Completeness Numerator (70 patients) minus Denominator Exception (b equals 10 patients). All equals 30 patients divided by 60 patients. All equals 50.00 percent.

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

NOTE: Submission Frequency: Patient-Periodic

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.