2026 QCDR Measure IDs	Measure Title Appropriate		De nom inator All emergency	Numerator Emergency department visits for patients with either	Denominator Exclusions Pregnancy	Denominator Exceptions o Clinical risk factor for	Numera tor Exclusi ons	Measure		Includes Telehealth ?	Measure	Proportional Measure	Variable Measure	Ratio Measure		Optio	ing Setting
CEP22	Emergency Department Utilization of CT for Pulmonary Embolism		All emergency department visits during which patients aged 18 years and older had a CT pulmonary angiogram (CTPA) ordered by an emergency care provider, regardless of discharge disposition	2. Elevated D-dimer level	Pregnancy	o Clinical risk factor for ordering a CTPA without moderate or high pretest clinical probability for pulmonary embolism AND no elevated D-dimer level o Patients who had CT pulmonary angiogram (CTPA) ordered during an emergency department visit for trauma or dangerous mechanism of injury or aortic dissection		Yes	Process	No	No	Yes	No	No	1	No Traditional MIPS	l Emergency Department and Services
CEP25	Screening and Cessation Intervention for Patients with Asthma and COPD	years and older with a	and older with a diagnosis of asthma or COPD seen in the ED and discharged	Patients who were screened for tobacco use during any ED encounter AND who received tobacco cessation intervention if identified as a tobacco user		Documented medical reason(s) for not screening for tobacco use OR for not providing tobacco cessation intervention for patients identified as tobacco users (e.g., limited life expectancy, other medical reasons)		No	Process	No	No	Yes	No	No	1	No MVP, Tradition: MIPS	Emergency I Department and Services
CEP31	catheter use in the emergency department	patients aged 18 years and older where an indwelling		Emergency department visits where the patient had at least one of the following indications for an indwelling Foley catheter: -Acute urinary retention or bladder outlet obstruction -Need for accurate measurement of urinary output with no reasonable alternative -Pre-operative use for selected surgical procedures -Open sacral or perineal wounds in incontinent patients -Patient requires prolonged immobilization -Comfort for end of life care -Other institution-specific indication	Patients who had an existing indwelling Foley catheter at ED arrival	None	None	Yes	Process	No	No	Yes	No	No	1	No Traditional MIPS	l Emergency Department and Services
CEP50		•	All Emergency Department encounters for patients aged 18 years and older with documented discharge	discharged Adult patients	Transfers -Psychiatric and mental health patients - Patients who expired in the emergency department - Patients transferred to observation - Admissions	None	None	Yes	Outcome	No	Yes	No	Yes	No	1	Yes MVP, Traditional MIPS	Emergency I Departmen and Service
CEP51	ED departure for all Pediatric ED	•	for patients aged 17 years and younger with	Time (in minutes) from ED arrival to ED departure for discharged Pediatric patients	Transfers -Psychiatric and mental health patients - patients who expired in the emergency department - patients transferred to observation - Admissions	None	None	Yes	Outcome	No	Yes	No	Yes	No	1	Yes Traditional MIPS	l Emergency Department and Services
CEP52	Emergency	Percentage of emergency department visits during which patients aged 18 years and	documented discharge disposition All emergency department visits for patients aged 18 years	Emergency department visits for patients who have any of the below indication for a lumbar spine CT or MRI:		None	None	Yes	Process	No	No	Yes	No	No	1	No MVP, Traditiona MIPS	Emergency I Department and Services
	Lumbar Spine Imaging for Acute Atraumatic Low Back Pain	Lumbar Spine ordered by an	and older who presented with atraumatic low backpain for whom a lumbar spine CT or MRI was ordered by an emergency care provider	*Unexplained weight loss *Immunosuppression *Prolonged use of steroids													
CEP53	Imaging for Recurrent Renal Colic		flank pain with any history of kidney stones	Emergency department visits during which no imaging is ordered OR a plain film radiography or ultrasound is ordered	-Infection (fever, elevated white blood cell count, laboratory confirmation of urinary tract infection) -Cancer -Known acute or chronic renal disease (i.e., transplant, creatinine > 1.5 mg/dL, renal insufficiency, polycystic kidney disease, acute kidner failure) -Patient on anticoagulants -Stone episode duration >= 72 hours -Pregnancy -Trauma -Persistent pain that cannot be controlled during the ED visit -Urologic procedure performed in the past 48 hours -BMI>35		None	Yes	Process	No	No	Yes	No	No	1	No Traditional MIPS	l Emergency Department and Services
CEP59	Avoidance of admission for adult	Percentage of adult patients who came to the Emergency Department with low-risk chest pain and were discharged.	All adult patients 35-64 years of age with an ED diagnosis of chest pain	All adult patients 35-64 years of age with an ED diagnosis of chest pain who were discharged	MI, pneumonia, PE, aortic dissection, Pneumothorax, dysrhythmia, esophageal rupture, cholecystitis, pancreatitis, Active cancer, ESRD, ESLD, SLE, AIDS, cardiomyopathy, coagulopathy, LBBB	Death, LAMA, LWBS, LWT.	None	Yes	Outcome	No	No	Yes	No	No	1	No Traditional MIPS	l Emergency Department and Services
CEP60	Syncope - Avoidance of admission for adult patients with low-	Percentage of emergency department (ED) visits for patients aged 18-50 years with a diagnosis of low-risk syncope who were discharged	1.	All ED encounters for patients aged 18 to 50 years of age with diagnosis of syncope who were discharged	Heart Disease (coronary artery disease, Myocardial Infarction, CHF, cardiomyopathy, etc.) Heart Rhythm Disorders (Arrhythmias, Sinus Node Dysfunction, Uncontrolled Atrial Fibrillation, etc.) Aortic Dissection Pulmonary Embolism Subarachnoid Hemorrhage Coagulation Disorder	Death, LAMA, LWBS, LWT.	None	Yes	Outcome	No	No	Yes	No	No	1	No Traditional MIPS	l Emergency Department and Services
CEP61	X-ray in pediatric patients with	Bronchiolitis or Croup for	years of age coming to the	All patients less than 18 years of age with a diagnosis of Asthma, Bronchiolitis or Croup and for whom a chest x-ray was ordered/performed.	History of Cystic Fibrosis, Airway Malformations, Immunodeficiency Syndromes and Pneumonia	None	None	Yes	Process	No	Yes	Yes	No	No	1	No Traditional MIPS	l Emergency Department and Services
CEP62	therapy for dental pain.	All acute encounters for patients aged 18 years and older with, diagnosis of dental pain, who were not prescribed Opioids or Opiates	patients aged 18 years	All acute encounters for patients who were not prescribed Opioids or Opiates	Patients with active cancer, palliative care, end-of-life care.	Opiate prescribed for acute dental trauma (e.g., tooth or facial fracture, etc.)	None	Yes	Process	No	No	Yes	No	No	1	No Traditiona MIPS	l Emergency Department and Services
CEP63	Avoidance of Acute High-Risk Prescriptions in	The percentage of adults 65 years of age and older who were prescribed an Acute High- Risk Medication at discharge	pain All patients 65 years of age and older with an ED	All patients included in the Denominator, who were prescribed one/more of the acute high-risk	diagnosis: -seizure disorder -rapid eye movement sleep disorder -ethanol withdrawal -benzodiazepine withdrawal -severe generalized anxiety disorder -end-of-life care -Allergic Reactions -Dermatitis -ED Visit for Prescription Refill	None	None	Yes	Process	No	Yes	Yes	No	No	1	No Traditional MIPS	l Emergency Department and Services
CEP64	admission for adult patients in Emergency	and older who present to the	and older with an Emergency Department diagnosis of DVT	Patients who were discharged	Diagnosis-related o Syncope o Pulmonary embolism o Proximal DVT Patient-related o Already on anticoagulation at time of DVT diagnosis	LAMA, LWT, LWBS, Death	None	Yes	Outcome	No	No	Yes	No	No	1	No Traditiona MIPS	l Emergency Department and Services
CEP65	Appropriate Utilization of Imaging in rAAA (ruptured Abdominal Aortic Aneurysm) patients in Emergency	Percentage of adult patients aged 55 years and older presenting to the Emergency Department with abdominal pain or back pain and hypotension for whom a POC Ultrasound or CT scan was performed.	and older presenting to the Emergency Department with abdominal pain or back	Patients for whom a POC Ultrasound performed or CT scan was ordered/performed	based on listed home medications	Patient Refusal US/CT done in last one year Previously screened for AAA Transferred to operating room LAMA, LWT, LWBS, Death	None	Yes	Process	No	No	Yes	No	No	1	No Traditiona MIPS	l Emergency Department and Services
CEP67	Admission for Atrial Fibrillation	Percentage of adult patients aged 18 years and older presenting to the Emergency Department with atrial fibrillation who were discharged to home	All Emergency Department (ED) visits for patients ages 18 years and older presenting with atrial fibrillation	All patients ages 18 and older who were discharged from the ED to home for atrial fibrillation	Patients with any of the following co-diagnoses: - Acute coronary syndrome - Acute congestive heart failure	Death, LAMA, LWT	None	Yes	Outcome	No	No	Yes	No	No	1	No Traditional MIPS	l Emergency Department and Services
CEP68	ultrasound (POCUS) in Cardiac Arrest	Percentage of patients ages 18 and older presenting to the Emergency Department with cardiac arrest who received point-of care ultrasound	All Emergency Department visits for patients ages 18 and older presenting with cardiac arrest		Patients on palliative care, end-of-life care, or with a DNR	None	None	Yes	Process	No	No	Yes	No	No	1	No Traditional MIPS	l Emergency Department and Services
ACEP69	Adult ED Patients with Nontraumatic Intracranial Hemorrhage	ED diagnosis of Intracerebral	the ED with a diagnosis of Intracerebral Hemorrhage and ED length of stay >=60 min.	All adult patients visiting the ED with a diagnosis of Intracerebral Hemorrhage and ED length of stay >=60 min with last two recorded SBP measurements of >= 90mm of Hg and <150mm of Hg		LAMA, LWBS, Death Patient Denial, LAMA,	None	Yes	Outcome	No	No	Yes	No	No	1	No Traditional MIPS No Traditional Tradit	Department and Services
CEP71	with a positive pregnancy test Emergency Medicine: Coagulation Studies in Patients Presenting to the	positive pregnancy identification in an ED for whom a Syphilis test was ordered. Percentage of emergency department visits for patients aged 18 years and older during which coagulation studies were ordered by an emergency care provider.	All emergency department visits for patients aged 18 years	Emergency department visits during which coagulation studies (PT, PTT, or INR tests) were ordered by an emergency care provider	Patients with any of the following clinical indications for ordering coagulation studies: - End stage liver disease - Coagulopathy - Thrombocytopenia - Currently taking or newly prescribed any of the following anticoagulant medications*: apixaban, argatroban, betrixaban, bivalirudin, dabigatran, dalteparin, desirudin, edoxaban, enoxaparin, fondaparinux, heparin, rivaroxaban, warfarin - Bleeding or hemorrhage - Atrial fibrillation - Inability to obtain medical history - Trauma - Pulmonary embolism / Deep vein thrombosis	LWBS, Death, Syphilis test within last 6 months None	None	Yes	Process	No	Yes	Yes	No	No	1	No Traditional MIPS	Department and Services I Emergency Department and Services
CEP72 Sumission Criteria)	Lactate Level Measurement, Antibiotics Ordered, and Fluid Septic shock outcomes: Lactate clearance rate of greater than equal to 10%	1. Percentage of patients aged ≥ 18 years visiting the emergency department with sepsis or septic shock resulting in hospital admission or transfers and who had an order for all the following: a serum lactate level, antibiotics, and >= 1 L of crystalloids. 2. Percentage of patients aged ≥ 18 years visiting the	1: Sepsis diagnosis and management: Lactate Level Measurement, Antibiotics Ordered, and Fluid Resuscitation Denominator Criteria (Eligible Cases): All emergency department visits for patients >=18 years with sepsis or septic shock AND Who were admitted to hospital or transferred	the emergency department visit: - Serum lactate level - Antibiotics ->= 1 L of crystalloids NUMERATOR (SUBMISSION CRITERIA 2): Patients with a lactate clearance rate of >= 10%	SUBMISSION CRITERIA 1: Patients with any of the following: -Transferred into the emergency department from another acute care facility or other in-patient hospital setting -Left before treatment was complete -Died during the emergency department visit -Cardiac arrest within the emergency department visit -Patient or surrogate decision maker declined care -Advanced directives present in patient medical record for comfort care -Severe Heart Failure (LVEF less than 20%) -Left Ventricular Assist Device (LVAD) -Acute Pulmonary Edema -Toxicological emergencies -Burn -Seizures -Anuria -End stage renal disease -Secondary diagnosis of: o Gastrointestinal bleeding o Stroke o Acute myocardial infarction o Acute trauma -COVID-19 diagnosis	hour of ED arrival	None	Yes	Outcome	No	No	Yes	No	No	1	No Tradition: MIPS	l Emergency Department and Services
ACEP72 Sumission Criteria 2)	Lactate Level Measurement, Antibiotics Ordered, and Fluid Septic shock outcomes: Lactate clearance rate of greater than equal to 10%	1. Percentage of patients aged ≥ 18 years visiting the emergency department with sepsis or septic shock resulting in hospital admission or transfers and who had an order for all the following: a serum lactate level, antibiotics, and >= 1 L of crystalloids. 2. Percentage of patients aged ≥ 18 years visiting the emergency department with septic shock resulting in hospital admission or transfers	(SUBMISSION CRITERIA 2): Denominator Criteria (Eligible Cases): All emergency department visits for r patients >=18 years with septic shock AND Who were admitted to hospital or transferred AND Who's first serum lactate result (>2mmol/L) is	within 6 hours of Initial Serum Lactate order during the emergency department visit	SUBMISSION CRITERIA 2: Patients with any of the following: -Transferred to the emergency department from another acute care facility or other in-patient hospital setting -Left before treatment was complete -Died during the emergency department visit -Cardiac arrest within the emergency department visit -Patient or surrogate decision maker declined care -Advanced care directives present in patient medical record for comfort care -Status epilepticus -Receiving epinephrine -Liver dysfunction or cirrhosis with decompensation -Liver failure -End-stage liver disease -Secondary diagnosis of: o Gastrointestinal bleeding o Stroke o Acute myocardial infarction o Acute trauma - COVID-19 diagnosis	t	None	Yes	Outcome	No	No	Yes	No	No	1	No Traditional MIPS	l Emergency Department and Services
CPR46	Opiates for Low Back Pain or	Back Pain and/or Migraines Who Were Not Prescribed an Opiate	Any patient greater than of equal to 18 years of age evaluated by the Eligible Professional PLUS Diagnosis of low back pain OR Diagnosis of migraine PLUS Disposition of Discharged (Admitted, transferred to another acute care facility (same or higher level of care), eloped, AMA or expired patients are excluded)		Patients with active cancer or end-of-life care	Opiate prescribed for medical reason documented by the Eligible Professional (e.g., suspected or diagnosed herniated disk, fracture, sciatica, radiculopathy, kidney stones)	None	Yes	Process	Yes	No	Yes	No	No	1	No MVP, Traditiona MIPS	Ambulatory Care: Clinici Office/Clinic Ambulatory Care: Hospital; Ambulatory Care: Urgen Care; Emergency Department and Services Hospital; Outpatient
HCPR24	Utilization of Vancomycin for Cellulitis		equal to 18 years of age evaluated by the Eligible Professional PLUS Admitted or Placed in Observation Status PLUS Diagnosis of Cellulitis	Patients who did NOT have Vancomycin ordered unless known MRSA infection was identified or specific risk for MRSA infection was indicated (i.e. Nasal colonization, prior MRSA infection, recent hospitalization, recent antibiotics, IVDU, or SIRS criteria. OR Penetrating injury, purulent cellulitis, sepsis, or impaired host defense like immunocompromised conditions, autoimmune diseases, rheumatoid arthritis, diabetes, lupus or immunosuppressant medication use)	None	None	None	Yes	Process	Yes	No	Yes	No	No	1	No MVP, Traditiona MIPS	Services; Hospital Emergency
HEPQR1	Prescribed for Acute and Subacute Ischemic Stroke and Transient	prescribed or continuing to take a high intensity statin at	Instructions: This measure is to be submitted for each episode of acute ischemic stroke, subacute ischemic stroke, or transient ischemic attack	Patients who were prescribed or continued on a high intensity statin at time of hospital discharge Performance Met: High-Intensity Statin prescribed or currently being taken Performance Not Met: High-Intensity Statin neither prescribed or active - Reason not given HIGH-Intensity STATIN Medication List and Dosage: * Atorvastatin 40mg per day, OR * Rosuvastatin 20 mg per day	* Enrolled in clinical trial * Transferred * Eloped or left Against Medical Advice (AMA) * Expired * Comfort measures documented * Discharged to hospice	* Documented Medical Reason for exclusion * Patient Refusal	None	No	Process	No	No	Yes	No	No	1	No Traditional MIPS	l Hospital
THEPQR2	Inhibitors for patients who do not meet criteria for long	Proton Pump Inhibitor with an appropriately documented indication or an order for discontinuation for not meeting criteria for long-term utilization.			Patients who have an active diagnosis that meets criteria for long-term utilization of Proton Pump Inhibitors	* Documented medical reason for not discontinuing PPI usage * Patient refusal * Eloped or left AMA * Expired * Discharged to hospice		Yes	Process	No	No	Yes	No	No	1	No Traditional MIPS	l Ambulatory; Hospital