

Measure	CPTII	Code Description	Age	ICD-10	CPT I	Modifiers
#1 (CBE 0059) Diabetes: Glycemic Status Assessment Greater Than 9% Intermediate Outcome – High Priority	G9687	Hospice services provided to patient any time during the measurement period	18-75	E10.A2, E10.10, E10.11, E10.21, E10.22, E10.29, E10.311, E10.319, E10.3211, E10.3212, E10.3213, E10.3219, E10.3291, E10.3292, E10.3293, E10.3299, E10.3311, E10.3312, E10.3313, E10.3319, E10.3391, E10.3392, E10.3393, E10.3399, E10.3411, E10.3412, E10.3413, E10.3419, E10.3491, E10.3492, E10.3493, E10.3499, E10.3511, E10.3512, E10.3513, E10.3519, E10.3521, E10.3522, E10.3523, E10.3529, E10.3531, E10.3532, E10.3533, E10.3539, E10.3541, E10.3542, E10.3543, E10.3549, E10.3551, E10.3552, E10.3553, E10.3559, E10.3591, E10.3592, E10.3593, E10.3599, E10.36, E10.37X1, E10.37X2, E10.37X3, E10.37X9, E10.39, E10.40, E10.41, E10.42, E10.43, E10.44, E10.49, E10.51, E10.52, E10.59, E10.610, E10.618, E10.620, E10.621, E10.622, E10.628, E10.630, E10.638, E10.641, E10.649, E10.65, E10.69, E10.8, E10.9, E11.00, E11.01, E11.21, E11.22, E11.29, E11.311, E11.319, E11.3211, E11.3212, E11.3213, E11.3219, E11.3291, E11.3292, E11.3293, E11.3299, E11.3311, E11.3312, E11.3313, E11.3319, E11.3391, E11.3392, E11.3393, E11.3399, E11.3411, E11.3412, E11.3413, E11.3419, E11.3491, E11.3492, E11.3493, E11.3499, E11.3511, E11.3512, E11.3513, E11.3519, E11.3521, E11.3522, E11.3523, E11.3529, E11.3531, E11.3532, E11.3533, E11.3539, E11.3541, E11.3542, E11.3543, E11.3549, E11.3551, E11.3552, E11.3553, E11.3559, E11.3591, E11.3592, E11.3593, E11.3599, E11.36, E11.37X1, E11.37X2, E11.37X3, E11.37X9, E11.39, E11.40, E11.41, E11.42, E11.43, E11.44, E11.49, E11.51, E11.52, E11.59, E11.610, E11.618, E11.620, E11.621, E11.622, E11.628, E11.630, E11.638, E11.641, E11.649, E11.65, E11.69, E11.8, E11.9, E13.00, E13.01, E13.10, E13.11, E13.21, E13.22, E13.29, E13.311, E13.319, E13.3211, E13.3212, E13.3213, E13.3219, E13.3291, E13.3292, E13.3293, E13.3299, E13.3311, E13.3312, E13.3313, E13.3319, E13.3391, E13.3392, E13.3393, E13.3399, E13.3411, E13.3412, E13.3413, E13.3419, E13.3491, E13.3492, E13.3493, E13.3499, E13.3511, E13.3512, E13.3513, E13.3519, E13.3521, E13.3522, E13.3523, E13.3529, E13.3531, E13.3532, E13.3533, E13.3539, E13.3541, E13.3542, E13.3543, E13.3549, E13.3551, E13.3552, E13.3553, E13.3559, E13.3591, E13.3592, E13.3593, E13.3599, E13.36, E13.37X1, E13.37X2, E13.37X3, E13.37X9, E13.39, E13.40, E13.41, E13.42, E13.43, E13.44, E13.49, E13.51, E13.52, E13.59, E13.610, E13.618, E13.620, E13.621, E13.622, E13.628, E13.630, E13.638, E13.641, E13.649, E13.65, E13.69, E13.8, E13.9, O24.011, O24.012, O24.013, O24.019, O24.02, O24.03, O24.111, O24.112, O24.113, O24.119, O24.12, O24.13, O24.311, O24.312, O24.313, O24.319, O24.32, O24.33, O24.811, O24.812, O24.813, O24.819, O24.82, O24.83	97802, 97803, 97804, 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99385*, 99386*, 99387*, 99395*, 99396*, 99397*, G0270, G0271, G0402, G0438, G0439	ALLOWED Telehealth Modifiers (including but not limited to): GQ, GT, 95, POS 02, POS 10 Be sure to read the entire measure specifications to ensure appropriate use, particularly for diagnoses for frailty and advanced illness
	OR					
	G9988	Palliative care services provided to patient any time during the measurement period				
	OR					
	G2081	Patients age 66 and older in Institutional Special Needs Plans (SNP) or residing in long-term care with a POS code 32, 33, 34, 54 or 56 for more than 90 consecutive days during the measurement period				
	OR					
	G2090	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period AND a dispensed medication for dementia during the measurement period or the year prior to the measurement period				
	OR					
	G2091	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period AND an advanced illness diagnosis during the measurement period or the year prior to the measurement period				
	OR					
	M1211	Most recent glycemic status assessment (HbA1c or GMI) level > 9.0%				
	OR					
M1212	Glycemic status assessment (HbA1c or GMI) level is missing, or was not performed during the measurement period					
OR						
M1371	Most recent glycemic status assessment (HbA1c or GMI) level < 7.0%					
OR						
M1372	Most recent glycemic status assessment (HbA1c or GMI) level ≥ 7.0% and < 8.0%					
OR						
M1373	Most recent glycemic status assessment (HbA1c or GMI) level ≥ 8.0% and ≤ 9.0%					

Measure	CPTII	Code Description	Age	ICD.10	CPT I	Modifiers
#141 Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 20% OR Documentation of a Plan of Care Outcome – High Priority	M1225	POAG: Reduction of IOP >= 20% Pre-Intervention Level	18 +	H40.1111, H40.1112, H40.1113, H40.1114, H40.1121, H40.1122, H40.1123, H40.1124, H40.1131, H40.1132, H40.1133, H40.1134, H40.1211, H40.1212, H40.1213, H40.1214, H40.1221, H40.1222, H40.1223, H40.1224, H40.1231, H40.1232, H40.1233, H40.1234, H40.151, H40.152, H40.153	92002, 92004, 92012, 92014, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99307, 99308, 99309, 99310, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350	WITHOUT Telehealth Modifier (including but not limited to: GQ, GT, POS 02, POS 10) WITHOUT Place of Service (POS): 12 WITHOUT Encounters conducted via telehealth: M1442
	OR					
	1223M	Glaucoma Plan of Care Documented				
	AND					
	M1224	Reduction of IOP < 20% Pre-Intervention Level				
	OR					
	M1222	Glaucoma Plan of Care NOT Documented, Reason NOT Otherwise Specified				
	AND					
M1224	Reduction of IOP < 20% Pre-Intervention Level					
OR						
M1226	IOP measurement not documented, reason not otherwise specified					

Measure	CPT II	Code Descriptor	Age	ICD.10	CPT I	Modifiers
#181 Elder Maltreatment Screen and Follow-up Plan Process – High Priority	G8733	Elder maltreatment screen documented as positive AND a follow-up plan is documented	60+		90791, 90792, 90832, 90834, 90837, 92002, 92004, 92012, 92014 , 92517, 92518, 92519, 92521, 92522, 92523, 92524, 92537, 92538, 92540, 92541, 92542, 92544, 92545, 92546, 92548, 92549, 92550, 92551*, 92552, 92553, 92555, 92556, 92557, 92558, 92567, 92568, 92570, 92587, 92588, 92610, 92620, 92622, 92625, 92626, 92650*, 92651, 92652, 92653, 96105, 96116, 96125, 96127, 96130, 96132, 96136, 96138, 96156, 96158, 97161, 97162, 97163, 97164, 97165, 97166, 97167, 97168, 97802, 97803, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215 , 99281, 99282, 99283, 99284, 99285, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99401*, 99402*, 99403*, 99404*, 99424, 99483, 99487, 99490, 99491, 99492, G0101, G0102, G0270, G0323, G0402, G0438, G0439	WITHOUT Telehealth Modifier (including but not limited to): GQ, GT, FQ, 93, POS 02, POS 10 WITHOUT Encounters conducted via telehealth: M1437
	OR	G8734		Elder maltreatment screen documented as negative, follow-up is not required		
	OR	G8535		Elder maltreatment screen not documented; documentation that patient is not eligible for the elder maltreatment screen at the time of the encounter related to one of the following reasons: (1) Patient refuses to participate in the screening and has reasonable decisional capacity for self-protection, or (2) Patient is in an urgent or emergent situation where time is of the essence and to delay treatment to perform the screening would jeopardize the patient's health status		
	OR	G8536		No documentation of an elder maltreatment screen, reason not given		
	OR	G8735		Elder maltreatment screen documented as positive, follow-up plan not documented, reason not given		

Measure	CPT II	Code Description	Age	ICD-10	CPT I	Modifiers
#226 (CBE 0028) Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Criteria 1					ALLOWED Telehealth Modifiers (including, but not limited to): GQ, GT, 95, POS 02, POS 10
	M1159 OR	Hospice services provided to patient any time during the measurement period	12+ Screened for tobacco use at least two visits		Criteria 1	
	G9902 OR	Patient screened for tobacco use AND identified as a tobacco user			90791, 90792, 90832, 90834, 90837, 90845, 92002, 92004, 92012, 92014, 92521, 92522, 92523, 92524, 92540, 92557, 92622, 92625, 96156, 96158, 97161, 97162, 97163, 97165, 97166, 97167, 97168, 97802, 97803, 97804, 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 98979, 98980, 99024, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99384*, 99385*, 99386*, 99387*, 99394*, 99395*, 99396*, 99397*, 99401*, 99402*, 99403*, 99404*, 99411*, 99412*, 99421, 99422, 99423, 99429*, 99457, 99470, G0270, G0271, G0402, G0438, G0439, G2250, G2251, G2252	
	G9903 OR	Patient screened for tobacco use AND identified as a tobacco non-user				
	G9905	Patient not screened for tobacco use or screened and tobacco use status unknown				
	Criteria 2					
	G9906 OR	IF G9902 Submitted for Criteria 1 and NOT M1159 Patient identified as a tobacco user received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period(counseling and/or pharmacotherapy)	12+ Screened for tobacco use at least two visits, identified as tobacco users AND Received tobacco cessation intervention			
	G9908	Patient identified as tobacco user did not receive tobacco cessation intervention during the measurement period or in the six months prior to the measurement period (counseling and/or pharmacotherapy)				
	Criteria 3					
	G0030 OR	NOT M1159 Patient screened for tobacco use AND received tobacco OR cessation intervention during the measurement period or in the six months prior to the measurement period (counseling, pharmacotherapy, or both), if identified as a tobacco user	12+ Screened for tobacco use at least two visits AND Received tobacco cessation intervention or identified as tobacco non-user			
1036F OR	Current tobacco non-user					
G0029	Tobacco screening not performed OR tobacco cessation intervention not provided during the measurement period or in the six months prior to the measurement period					

Measure	CPT II	Code Descriptor	Age	ICD-10	CPT I	Modifiers
#236 Controlling High Blood Pressure Intermediate Outcome – High Priority	G9740	Hospice services given to patient any time during the measurement period	18-85 years of age	I10	98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 98980, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215 , 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99385*, 99386*, 99387*, 99395*, 99396*, 99397*, 99421, 99422, 99423, 99457, G0402, G0438, G0439, G2250, G2251, G2252	ALLOWED: Telehealth Modifiers (including, but not limited to): GQ, GT, 95, POS 02, POS 10 Be sure to read the entire measure specifications to ensure appropriate use, particularly for diagnoses for frailty and advanced illness
	OR					
	G0031	Palliative care services given to patient any time during the measurement period	Diagnosis of essential hypertension			
	OR					
	G9231	Documentation of end stage renal disease (ESRD), dialysis, renal transplant before or during the measurement period or pregnancy during the measurement period	<i>Only blood pressure readings performed by a clinician or an automated blood pressure monitor or device are acceptable for numerator compliance with this measure</i>			
	OR					
	G9910	Patients age 66 or older in Institutional Special Needs Plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54, or 56 for more than 90 consecutive days during the measurement period				
	OR					
	G2115	Patients 66- 80 years of age with at least one claim/encounter for frailty during the measurement period AND a dispensed medication for dementia during the measurement period or the year prior to the measurement period				
	OR					
	G2116	Patients 66 - 80 years of age with at least one claim/encounter for frailty during the measurement period AND either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period				
	OR					
	G2118	Patients 81 years of age and older with at least one claim/encounter for frailty during the measurement period.				
	OR					
G8752	Most recent systolic blood pressure < 140 mmHg	To describe both systolic and diastolic blood pressure values, each must be submitted separately				
OR						
G8753	Most recent systolic blood pressure ≥ 140 mmHg					
AND						
G8754	Most recent diastolic blood pressure < 90 mmHg					
OR						
G8755	Most recent diastolic blood pressure ≥ 90 mmHg					
OR						
G8756	No documentation of blood pressure measurement, reason not given					

<u>Measure</u>	<u>CPT II</u>	<u>Code Description</u>	<u>Age</u>	<u>ICD-10</u>	<u>CPT I</u>	<u>Modifiers</u>
#317 Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	G9744	Patient not eligible due to active diagnosis of hypertension	18+		90791, 90792, 92002, 92004, 92012, 92014 , 92537, 92538, 92540, 92541, 92542, 92544, 92545, 92546, 92622, 92625, 97802, 97803, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215 , 99236, 99281, 99282, 99283, 99284, 99285, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99385*, 99386*, 99387*, 99395*, 99396*, 99397*, 99424, 99491, D3921, D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7251, G0101, G0270, G0402, G0438, G0439	WITHOUT Telehealth Modifier (including but not limited to): GQ, GT, FQ, 93, POS 02, POS 10 WITHOUT Encounters conducted via telehealth: M1442
	OR		Submitted at each visit for patients			
	G8783	Normal blood pressure reading documented, follow-up not required				
	OR					
	G8950	Elevated or Hypertensive blood pressure reading documented, AND the indicated follow-up is documented				
	OR					
G9745	Documented reason for not screening or recommending a follow-up for high blood pressure					
OR						
G8785	Blood pressure reading not documented, reason not given					
OR						
G8952	Elevated or Hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given					

Please note: For 2026, Quality ID # 128 (Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan) is ONLY available for claims-based reporting and ONLY IF IT IS LISTED AS AN MVP – but not listed under the Ophthalmologic Care MVP so not applicable for Optometry

[Links to 2026 MIPS Performance Category Measure Specifications, Activity Inventory, and Supporting Documentation](#)

Claims bases measures under “Small practices only: 2026 Medicare Part B Claims Measure Specifications and Supporting Documents (ZIP, 8MB)” for links to each measure specification documents.