

2026 QCDR Measure IDs	Measure Title	Measure Description	Denominator	Numerator	Denominator Exclusions	Denominator Exceptions	Numerator Exclusions
VHE1	Treatment of Symptoms of Autonomic Dysfunction for Patients with Parkinson's Disease	Percentage of all patients with a diagnosis of Parkinson's Disease who experienced symptoms of autonomic dysfunction during the measurement period and were provided follow-up care	<p>All patients with a diagnosis of Parkinson's Disease and symptoms of autonomic dysfunction within the measurement period.</p> <p>Autonomic dysfunction includes:</p> <ul style="list-style-type: none"> -Orthostatic hypotension or intolerance - Constipation -Urinary urgency or incontinence - Nocturia - Fecal Incontinence - Urinary retention requiring catheterization. -Delayed gastric emptying - Dysphagia - Drooling -Hyperhidrosis - Sexual dysfunction <p>ICD-10-CM (autonomic dysfunction symptoms – examples):</p> <ul style="list-style-type: none"> -I95.1 – Orthostatic hypotension -K59.00 – Constipation, unspecified -R35.0 – Frequency of micturition -R32 – Unspecified urinary incontinence -R33.9 – Retention of urine, unspecified -R13.10 – Dysphagia, unspecified -K11.7 – Disturbances of salivary secretion (drooling) -N52.9 – Male erectile dysfunction, unspecified -F52.9 – Sexual dysfunction, unspecified <p>ICD-10-CM Codes (Parkinson's Disease)</p> <ul style="list-style-type: none"> -G20.A1 – Parkinson's disease without dyskinesia, without fluctuating manifestations -G20.A2 – Parkinson's disease without dyskinesia, with fluctuating manifestations -G20.B1 – Parkinson's disease with dyskinesia, without fluctuating manifestations -G20.B2 – Parkinson's disease with dyskinesia, with fluctuating manifestations 	<p>Patients in the denominator who were provided treatment or follow-up care for their autonomic dysfunction symptoms within the measurement period.</p> <p>Examples of qualifying follow-up actions / treatments (documented with key phrases) include: - Orthostatic hypotension: "stop antihypertensives," "add midodrine," "add droxidopa," "home monitoring." - Constipation: "recommended/use PEG 3350," "senokot," "Dulcolax." - Urinary urgency/incontinence: "recommended/use oxybutynin," "refer to incontinence clinic," "have urodynamics," "add mirabegron." - Urinary retention: "catheterization inserted/placed." - Dysphagia: "may require speech language pathologist." - Drooling: "botulinum toxin injection," "atropine drops." - Sexual dysfunction: "referral to PCP." SNOMED CT (example care actions): - 225358003 – Referral to speech and language therapist - 44608003 – Injection of botulinum toxin - 713404003 – Prescription of laxative - 428181000124104 – Prescription of midodrine</p>	None	None	None
VHE2	Cluster Headache: Preventive Treatment Prescribed	Percentage of patients greater than or equal to 18 years of age with a diagnosis of cluster headache (CH) who were prescribed or documented as receiving a short-term and/or long-term preventive treatment, including treatments prescribed or managed by a different clinician.	<p>Patients greater than or equal to 18 years of age with a diagnosis of cluster headache AND at least one qualifying encounter with an eligible provider.</p> <p>ICD-10-CM Codes (Cluster Headache):</p> <ul style="list-style-type: none"> ● G44.0 - Cluster headaches and other trigeminal autonomic cephalgias (TAC) ● G44.00 - Cluster headache syndrome, unspecified ● G44.01 - Episodic cluster headache ● G44.02 - Chronic cluster headache <p>(G44, G44.0, G44.00, G44.001, G44.009, G44.01, G44.011, G44.019, G44.02, G44.021, G44.029)</p> <p>Encounter CPT Codes (Qualifying Visits):</p> <ul style="list-style-type: none"> ● 99202–99205 (Office/outpatient new) ● 99211–99215 (Office/outpatient established) ● 99241–99245 (Consultations) 	<p>Patients who were prescribed or managed with short-term and/or long-term* preventive treatment, including treatments prescribed by a different clinician once during the measurement period, or with documented medical/patient exception.</p> <p>Short-term preventive treatments include, but are not limited to:</p> <ul style="list-style-type: none"> ● Occipital nerve injection with steroid ○ CPT: 64405 (Injection, anesthetic agent; greater occipital nerve) ○ CPT: 64450 (Injection, anesthetic agent; other peripheral nerve) ○ SNOMED: 445006006 (Occipital nerve block) ● Oral steroids (prednisone, dexamethasone, etc.) ○ RxNorm: 8640 (Prednisone) ○ RxNorm: 3264 (Dexamethasone) <p>Long-term preventive treatments include, but are not limited to:</p> <ul style="list-style-type: none"> ● Verapamil ○ RxNorm: 11170 (Verapamil) ● Lithium ○ RxNorm: 6840 (Lithium carbonate) ● Sphenopalatine ganglion (SPG) stimulation device (limited availability in U.S.) ○ HCPCS: E1399 (Durable medical equipment, miscellaneous) ○ SNOMED: 76404007 (Implantation of stimulator for cranial nerve) ● Galcanex[®] 	None	* Guideline recommended treatment is medically contraindicated or ineffective for the patient. (This allowable exclusion allows for documentation to occur at any time in the patient record) * Patient reports no CH attacks within the past 12 months or is not in an active attack period. (This allowable exclusion must be documented in the measurement period) * Provider determined attack frequency does not warrant preventive treatment (This allowable exclusion must be documented on the date of the encounter)	None

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VHE3	Appropriate Physical Activity Counseling for patients with Neurological Conditions	Percentage of patients with Multiple Sclerosis and Parkinson's disease who benefit from physical activity who are counseled on the benefits of the physical activity in the past 12 months.	<p>All patients with a diagnosis of Parkinson's Disease or Multiple Sclerosis. ICD-10-CM code ● G35 — Multiple sclerosis ○ G35.A — Relapsing-remitting multiple sclerosis, ○ G35.B — Primary progressive multiple sclerosis, ○ G35.B0 — Primary progressive multiple sclerosis unspecified, ○ G35.B1 — Active primary progressive multiple sclerosis, ○ G35.B2 — Non-active primary progressive multiple sclerosis, ○ G35.C — Secondary progressive multiple sclerosis, ○ G35.C0 — Secondary progressive multiple sclerosis unspecified, ○ G35.C1 — Active secondary progressive multiple sclerosis, ○ G35.C2 — Non-active secondary progressive multiple sclerosis, ○ G35.D — Multiple sclerosis, unspecified Parkinson's disease, ○ G20.A1 — Parkinson's disease without dyskinesia, without fluctuating manifestations, ○ G20.A2 — Parkinson's disease without dyskinesia, with fluctuating manifestations, ○ G20.B1 — Parkinson's disease with dyskinesia, without fluctuating manifestations, ○ G20.B2 — Parkinson's disease with dyskinesia, with fluctuating manifestations, ○ G20.C — Parkinsonism, unspecified</p> <p>Encounter CPT Codes (Qualifying Visits): ● 99202–99205 (Office/outpatient new) ● 99211–99215 (Office/outpatient established) ● 99241–99245 (Consultations)</p>	<p>Patients with Parkinson's Disease or Multiple Sclerosis counseled on the benefits of appropriate physical activity in past 12 months.</p> <p>Definition – “Counseled”: To advise seriously and formally after consultation. Counseling may be documented as verbal or written education, shared decision-making discussion, or referral to physical therapy/exercise programs tailored for MS or PD.</p> <p>Examples of qualifying documentation: ● “Counseled patient on benefits of regular aerobic and resistance exercise for MS.” ● “Provided handout on stretching and activity guidelines for PD.” ● “Discussed referral to PT for individualized activity program.”</p> <p>SNOMED CT (Counseling/education codes – examples): ● 409073007 (Counseling for physical activity) ● 409063005 (Advice about exercise) ● 409043006 (Education about physical activity)</p>	None	None	None
VHE4	Acute Migraine Attacks: Recommended Treatment	Percentage of patients age 6 years and older with a diagnosis of migraine who were prescribed a guideline recommended or FDA approved/cleared treatment for acute migraine attacks within the measurement period.	<p>All patients age 6 years old and older with a diagnosis of migraine and at least one qualifying encounter during the measurement period.</p> <p>ICD-10-CM Codes (Migraine): ● G43 - Migraine ● G43.0 – Migraine without aura ● G43.1 – Migraine with aura ● G43.4 - Hemiplegic migraine ● G43.5 - Persistent migraine aura without cerebral infarction ● G43.6 - Persistent migraine aura with cerebral infarction ● G43.7 - Chronic migraine without aura ● G43.8 – Other specified migraine ● G43.9 – Migraine, unspecified ● G43.A - Cyclical vomiting ● G43.B - Ophthalmoplegic migraine ● G43.C - Periodic headache syndromes in child or adult ● G43.D - Abdominal migraine ● G43.E Chronic migraine with aura (G43.0, G43.00, G43.001, G43.009, G43.01, G43.011, G43.019, G43.1, G43.10, G43.101, G43.109, G43.11, G43.111, G43.119, G43.4, G43.40, G43.401, G43.409, G43.41, G43.411, G43.419, G43.5, G43.50, G43.501, G43.509, G43.51, G43.511, G43.519, G43.6, G43.60, G43.601, G43.609, G43.61, G43.611, G43.619, G43.7, G43.70, G43.701, G43.709, G43.71, G43.711, G43.719, G43.8, G43.80, G43.801, G43.809, G43.81, G43.811, G43.819, G43.82, G43.821, G43.829, G43.83, G43.831, G43.839, G43.9, G43.90, G43.901, G43.909, G43.91, G43.911, G43.919, G43.A, G43.A0, G43.A1, G43.B, G43.B0, G43.B1, G43.C, G43.C0, G43.C1, G43.D, G43.D0, G43.D1, G43.E, G43.E0, G43.E01, G43.E09, G43.E1, G43.E11, G43.E19) Encounter CPT Codes (Qualifying Visits): ● 99202–99205 (Office/outpatient new) ● 99211–99215 (Office/outpatient established) ● 99241–99245 (Consultations)</p>	<p>Patients who were prescribed a guideline recommended or FDA approved/cleared treatment* for acute migraine attacks once during the measurement period</p> <p>*Guideline recommended or FDA approved/cleared acute medications for acute migraine attack include the following but are not limited to: triptans, dihydroergotamine (DHE), NSAIDs, D2 antagonists, neuromodulation devices. Clinicians should use their best judgment to prescribe a treatment for acute migraine attacks to meet the specific needs of the individual patient. ● Triptans (e.g., sumatriptan, rizatriptan, zolmitriptan, eletriptan, almotriptan, naratriptan, frovatriptan) ● CGRP antagonists (e.g. -gepants) ● Selective 5-HT Agonists (e.g. -ditans) ● Dihydroergotamine (DHE) – nasal or injectable ● NSAIDs (e.g., ibuprofen, naproxen, diclofenac potassium oral solution) ● Anti-dopaminergic agents (D2 antagonists) – e.g., metoclopramide, prochlorperazine (commonly ED-based) ● Neuromodulation devices approved/cleared by the FDA (e.g., external trigeminal nerve stimulation, vagus nerve stimulation, single-pulse TMS) RxNorm / NDC / HCPCS (Treatment identification examples): ● Triptans: RXCUI codes for sumatriptan (153555), rizatriptan (312961), zolmitriptan (199241), etc. ● DHE: RXCUI 20476 (dihydroergotamine mesylate) ● NSAIDs: RXCUI for naproxen (1314923), ibuprofen (5640), diclofenac potassium solution (314152) ● Neuromodulation devices: HCPCS code E0734 (transcutaneous stimulator for pain therapy, approved devices for migraine)</p> <p>Numerator Note: ● Clinicians may prescribe based on patient-specific needs, contraindications, comorbidities, and treatment history. ● Preventive-only prescriptions (e.g., beta blockers, topiramate) do not satisfy the numerator unless an acute therapy is also prescribed. ● OTC NSAIDs documented as recommended/prescribed for acute migraine also count if recorded in the medication list. ● Clinicians should use their best judgment to prescribe a treatment for acute migraine attacks to meet the specific needs of the individual patient. Note: The above list of medications/treatment names is based on clinical guidelines and other evidence and may not be all-inclusive or current. Physicians and other health care professionals should refer to the Food and Drug Administration's (FDA) web site page entitled "Drug Safety Communications" for up-to-date drug recall and alert information when prescribing medications.</p>	Patients with an emergency department or urgent care visit on the date of migraine presentation. Patients in hospice or palliative care during the measurement period.	*All guideline recommended or FDA approved/cleared treatments are medically contraindicated or ineffective for the patient *Patient is already on an effective over the counter medication or an acute migraine medication prescribed by another clinician *Patient has history of acute migraine medication overuse and additional medications contraindicated at time of visit *Patient has minimal or no pain with migraine *Patient and/or caregiver decline	None

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VHE5	Reduction of Polyneuropathy-Related Pain	Percentage of patients 18 years and older diagnosed with polyneuropathy whose pain score at 12 months (+/- 60 days) was improved from the index score.	Patients aged 18 years and older diagnosed with polyneuropathy and has a pain score documented at the index visit.	Patients aged 18 years and older diagnosed with polyneuropathy whose pain score improved within 12 months of their index visit.	Polyneuropathy with associated neuropathic pain with a VAS less than or equal to 39 or NRS less than or equal to 3 at index visit * Patients who died * Second VAS or NRS score not collected at twelve months (+/-60 days) * VAS or NRS pain is not linked to foot pain	Patient declines or refuses to complete pain assessment on date of encounter * Unable to complete pain assessment on date of encounter (For example, non-verbal with no care partner present, coma, etc.) * Patient has contraindications to appropriate pain medications documented in their history * Patient has an allergy to appropriate pain medications documented in their history * Patient has previously failed one medication from each class of appropriate pain medications on date of encounter	None
VHE6	Documentation of Seizure Frequency	Percentage of patients with epilepsy who had seizure frequency documented at each visit.	All visits for patients with primary diagnosis of epilepsy ICD-10-CM Codes (Epilepsy): G40 — Epilepsy and Recurrent Seizures G40.0 — Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset G40.1 -Localization-related (focal) symptomatic epilepsy and epileptic syndromes with simple partial seizures G40.2 — Localization-related symptomatic epilepsy with complex partial seizures G40.3-Generalized idiopathic epilepsy and epileptic syndromes G40.4-Other generalized epilepsy and epileptic syndromes G40.5-Special epileptic syndromes G40.8- Other epilepsies G40.9- Epilepsy, unspecified (G40, G40.0, G40.00, G40.001, G40.009, G40.01, G40.011, G40.019, G40.1, G40.10, G40.10, G40.109, G40.11, G40.111, G40.119, G40.2, G40.20, G40.201, G40.209, G40.21, G40.211, G40.219, G40.3, G40.30, G40.301, G40.309, G40.31, G40.311, G40.319, G40.A, G40.A0, G40.A01, G40.A09, G40.A1, G40.A11, G40.A19, G40.B, G40.B0, G40.B01, G40.B09, G40.B1, G40.B11, G40.B19, G40.C, G40.C0, G40.C01, G40.C09, G40.C1, G40.C11, G40.C19, G40.4, G40.40, G40.401, G40.409, G40.41, G40.411, G40.419, G40.42, G40.5, G40.50, G40.501, G40.509, G40.8, G40.80, G40.801, G40.802, G40.803, G40.804, G40.81, G40.811, G40.812, G40.813, G40.814, G40.82, G40.821, G40.822, G40.823, G40.824, G40.83, G40.833, G40.834, G40.84, G40.841, G40.842, G40.843, G40.844, G40.89, G40.9, G40.90, G40.901, G40.909, G40.91, G40.911, G40.919) Encounter CPT Codes (Qualifying Visits): 99202–99205 (Office/outpatient new) 99211–99215 (Office/outpatient established) 99241–99245 (Consultations)	Patients with documentation of seizure frequency and evidence of improvement or stability in seizure frequency since last documentation. Numerator Met: Patients with documentation of seizure frequency for the current visit and evidence that seizure frequency has decreased or remained stable compared to the most recent prior documentation within the past 12 months. Numerator Exclusion: Patients with documentation of seizure frequency at the current visit for the first time within the past 12 months (i.e., no prior documentation available to determine change in frequency). Numerator not met: Seizure frequency not documented in the current visit. Seizure frequency documented in the current visit, but when compared to seizure frequency from a prior visit in the past 12 months, frequency increased. Patients with documentation of seizure frequency for the current visit and evidence that seizure frequency has increased compared to the most recent prior documentation within the past 12 months. Numerator not met: No Prior Frequency Documented Documentation Requirements: Seizure frequency must be documented as either: - Discrete numeric value (e.g., "5 seizures/month"), OR - Categorical value including but not limited to: - Innumerable (≥10 per day most days) - Multiple per day (≥2 per day, ≥4 days per week) - Daily (≥4 days per week) - Weekly but not daily (1–3 per week) - Monthly but not weekly (1–3 per month) - At least once per year but not monthly (≤10/year) - Less than once per year - Frequency not well defined - Unknown SNOMED CT Concepts (Seizure frequency/diary reporting): - 162467007 (Seizure frequency documented) - 370790009 (Patient diary reviewed) - 225337009 (Seizure diary provided) - 445521000000102 (Seizure frequency assessment) Numerator Notes: If there is no frequency documented in the prior visit the patient will still be denominator eligible and assessed for numerator compliance. If there isn't a prior visit, patient will still be denominator eligible and assessed for numerator compliance or meeting denominator exception. If there is a frequency documented in a prior visit and frequency has decreased or stayed the same over time from the older visit to the current visit, patient will be considered numerator compliant.	Patients with psychogenic non-epileptic episodes (PNEE) only. ICD-10-CM Code: - F44.5 (Conversion disorder with seizures or convulsions / Psychogenic nonepileptic seizures)	Documentation that the patient declines or is unable to provide seizure frequency information on date of encounter. SNOMED CT Examples: - 105480006 (Refusal of treatment) - 371153000 (Unable to provide history due to cognitive impairment)	None

2026 QCDR Measure IDs	CBE ID#	High-Priority Measure	High-Priority Type	Measure Type	Includes Telehealth?	Inverse Measure	Proportional Measure	Continuous Variable Measure	Ratio Measure	# performance rates to be calculated and submitted	Overall Performance Rate	Risk-Adjusted Status	MIPS Reporting Options	Care Setting
VHE1	N/A	No	N/A	Process	Yes	No	Yes	No	No	1	1st Performance Rate	No	Traditional Mips	Ambulatory Care: Clinician Office/Clinic
VHE2	N/A	No	N/A	Process	Yes	No	Yes	No	No	1	1st Performance Rate	No	Traditional Mips	Ambulatory Care: Clinician Office/Clinic

2026 QCDR Measure IDs	CBE ID#	High-Priority Measure	High-Priority Type	Measure Type	Includes Telehealth?	Inverse Measure	Proportional Measure	Continuous Variable Measure	Ratio Measure	# performance rates to be calculated and submitted	Overall Performance Rate	Risk-Adjusted Status	MIPS Reporting Options	Care Setting
VHE3	N/A	No	N/A	Process	Yes	No	Yes	No	No	1	1st Performance Rate	No	Traditional Mips	Ambulatory Care: Clinician Office/Clinic
VHE4	N/A	No	N/A	Process	Yes	No	Yes	No	No	1	1st Performance Rate	No	Traditional Mips	Ambulatory Care: Clinician Office/Clinic

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VHE5	N/A	Yes	Outcome	Patient-Reported Outcome-based Performance Measure (PRO-PM)	Yes	No	Yes	No	No	1	1st Performance Rate	No	Traditional Mips	Ambulatory Care: Clinician Office/Clinic
VHE6	N/A	Yes	Outcome	Patient-Reported Outcome-based Performance Measure (PRO-PM)	Yes	No	Yes	No	No	1	1st Performance Rate	No	Traditional Mips	Ambulatory Care: Clinician Office/Clinic