

## SUBMISSION CODES

For each attributed Episode, the HSCRC will use claims data to determine whether each of EQIP's three quality measures was completed at least once within the year preceding the end of the Episode by any practitioner.

**The following submission codes will satisfy the quality metrics requirement for EQIP:**

### ADVANCE CARE PLAN

- **I123F**: An advance care plan or a surrogate decision maker is documented in the medical record.
- **I124F**: An advance care plan was discussed but patient did not wish or was not able to provide an advanced care plan or a surrogate decision maker.

### MEDICATION RECONCILIATION

- **G8427**: Medication list documented, updated, or reviewed (Performance Met).
- **G8430**: Patient not eligible (e.g., emergent situation) (Denominator Exception).
- **G8428**: Medication list not documented, reason not given (Performance Not Met).

### BODY MASS INDEX (BMI)

- **G8420**: BMI within normal range, no follow-up needed (Performance Met).
- **G8417**: BMI above normal, follow-up documented (Performance Met).
- **G8418**: BMI below normal, follow-up documented (Performance Met).
- **G2181**: BMI not documented due to patient refusal or medical reasons (Exceptions / Non-Compliance).
- **G8419**: BMI outside normal range, no follow-up documented, no reason given (Exception / Non-Compliance).

