Contents

TABLE 1: SPECIALTIES EXCLUDED FROM RATESETTING CALCULATION 7

TABLE 2: APPLICATION OF PAYMENT MODIFIERS TO UTILIZATION FILES 8

TABLE 3: CALCULATION OF PE RVUS UNDER METHODOLOGY FOR SELECTED CODES 9

TABLE 4: TRANSPLANTATION PROCEDURES SHOWING A SIGNIFICANT RANGE IN THE NUMBER OF INCLUDED E/M SERVICES 12

TABLE 5: CPT CODES NOMINATED AS POTENTIALLY MISVALUED IN CY 2012 FINAL RULE COMMENT PERIOD: PROPOSED ACTION 12

TABLE 6: CPT CODES NOMINATED AS POTENTIALLY MISVALUED IN CY 2012 FINAL RULE COMMENT PERIOD: NO FURTHER ACTION PROPOSED 12

TABLE 7: HARVARD-VALUED CPT CODES WITH ANNUAL ALLOWED CHARGES ≥$10,000,000 14

TABLE 8: EQUIPMENT INPUTS OMITTED FROM RUC RECOMMENDATION FOR CPT CODE 77418 (IMRT TREATMENT DELIVERY) 14

TABLE 9: SERVICES WITH STAND ALONE PE PROCEDURE TIME 15

TABLE 10: PAYABLE CPT CODES WITH PHYSICIAN TIME AND NO PHYSICIAN WORK 16

TABLE 11: ILLUSTRATION OF CURRENT AND PROPOSED PAYMENTS 16

TABLE 12: DIAGNOSTIC CARDIOVASCULAR SERVICES SUBJECT TO THE MULTIPLE PROCEDURE PAYMENT REDUCTION 16

TABLE 13: DIAGNOSTIC OPHTHALMOLOGY SERVICES SUBJECT TO THE MULTIPLE PROCEDURE PAYMENT REDUCTION 18

TABLE 14: FREQUENTLY BILLED DIAGNOSTIC CARDIOVASCULAR COMBINATIONS 19

TABLE 15: FREQUENTLY BILLED DIAGNOSTIC OPHTHALMOLOGY COMBINATIONS 20

TABLE 16: COST SHARE WEIGHTS FINALIZED IN CY 2012 GPCI UPDATE 21

TABLE 17: PROPOSED NONPAYABLE G-CODES FOR REPORTING FUNCTIONAL LIMITATIONS. 21

TABLE 18: PROPOSED MODIFIERS 21

TABLE 19: SELECT CATEGORIES OF G-CODES 22

TABLE 20: EXAMPLE 23

TABLE 21: AMA RUC-RECOMMENDED PHYSICIAN WORK RVUS AND TIMES FOR NEW MOLECULAR PATHOLOGY CPT CODES 23

TABLE 22: AMA RUC-RECOMMENDED UTILIZATION CROSSWALKS FOR NEW MOLECULAR PATHOLOGY CPT CODES 26

TABLE 23: NEW PREVENTIVE SERVICE HCPCS G-CODES 27

TABLE 24: DME LIST OF SPECIFIED COVERED ITEMS 27

TABLE 25: PROPOSED CRITERIA FOR SATISFACTORY REPORTING BY INDIVIDUAL ELIGIBLE PROFESSIONALS OF DATA ON PQRS QUALITY MEASURES FOR THE 2013 INCENTIVE 33

TABLE 26: PROPOSED CRITERIA FOR SATISFACTORY REPORTING BY INDIVIDUAL ELIGIBLE PROFESSIONALS OF DATA ON PQRS QUALITY MEASURES FOR THE 2014 INCENTIVE 34

TABLE 27: PROPOSED CRITERIA FOR SATISFACTORY REPORTING OF DATA ON PQRS QUALITY MEASURES VIA THE GPRO FOR THE 2013 INCENTIVE 35

TABLE 28: PROPOSED CRITERIA FOR SATISFACTORY REPORTING OF DATA ON PQRS QUALITY MEASURES VIA THE GPRO FOR THE 2014 INCENTIVE 36

TABLE 29: PROPOSED PQRS INDIVIDUAL CORE MEASURES FOR 2013 AND BEYOND 37

TABLE 30: PROPOSED PQRS INDIVIDUAL QUALITY MEASURES AVAILABLE FOR REPORTING VIA CLAIMS, REGISTRY, EHR AND/OR THE GPRO WEB-INTERFACE FOR 2013 AND BEYOND THAT WERE NOT AVAILABLE FOR REPORTING UNDER THE 2012 PQRS 41

TABLE 31: MEASURES INCLUDED IN THE 2012 PQRSS MEASURE SET THAT ARE NOT PROPOSED TO BE INCLUDED IN THE PHYSICIAN QUALITY REPORTING PROGRAM MEASURE SET FOR 2013 AND BEYOND 52

TABLE 32: PROPOSED PQRS INDIVIDUAL QUALITY MEASURES AVAILABLE FOR REPORTING VIA CLAIMS, REGISTRY, EHR, OR GRPO WEB-INTERFACE FOR 2013 AND BEYOND 61

TABLE 33: PROPOSED PQRS INDIVIDUAL QUALITY MEASURES AVAILABLE FOR REPORTING VIA CLAIMS, REGISTRY, EHR AND/OR THE GPRO WEB-INTERFACE FOR 2014 AND BEYOND THAT WERE NOT AVAILABLE FOR REPORTING UNDER THE 2012 PQRS 162

TABLE 35: MEASURES PROPOSED TO BE INCLUDED IN THE GROUP PRACTICE REPORTING OPTION (GPRO) WEB-BASED INTERFACE FOR 2013 AND BEYOND¥ 184

TABLE 36: MEASURES INCLUDED IN THE 2012 PQRS GROUP PRACTICE REPORTING OPTION WEB-BASED INTERFACE THAT ARE NOT PROPOSED FOR INCLUSION IN THE WEB-BASED INTERFACE BEGINNING IN 2013¥ 187

TABLE 37: 2013 AND BEYOND PROPOSED MEASURES – DIABETES MELLITUS MEASURES GROUP* 189

TABLE 38: 2013 AND BEYOND PROPOSED MEASURES – CHRONIC KIDNEY DISEASE (CKD) MEASURES GROUP* 189

TABLE 39: 2013 AND BEYOND PROPOSED MEASURES – PREVENTIVE CARE MEASURES GROUP* 189

TABLE 40: 2013 AND BEYOND PROPOSED MEASURES – CORONARY ARTERY BYPASS GRAFT (CABG) MEASURES GROUP* 190

TABLE 41: 2013 AND BEYOND PROPOSED MEASURES – RHEUMATOID ARTHRITIS (RA) MEASURES GROUP* 191

TABLE 42: 2013 AND BEYOND PROPOSED MEASURES – PERIOPERATIVE CARE MEASURES GROUP* 192

TABLE 43: 2013 AND BEYOND PROPOSED MEASURES – BACK PAIN MEASURES GROUP* 192

TABLE 44: 2013 AND BEYOND PROPOSED MEASURES – HEPATITIS C MEASURES GROUP* 192

TABLE 45: 2013 AND BEYOND PROPOSED MEASURES – HEART FAILURE (HF) MEASURES GROUP* 193

TABLE 46: 2013 AND BEYOND PROPOSED MEASURES – CORONARY ARTERY DISEASE

(CAD) MEASURES GROUP* 194

TABLE 47: 2013 AND BEYOND PROPOSED MEASURES – ISCHEMIC VASCULAR DISEASE (IVD) MEASURES GROUP* 194

TABLE 48: 2013 AND BEYOND PROPOSED MEASURES – HIV/AIDS MEASURES GROUP* 194

TABLE 49: 2013 AND BEYOND PROPOSED MEASURES – ASTHMA MEASURES GROUP* 195

TABLE 50: 2013 AND BEYOND PROPOSED MEASURES – CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) MEASURES GROUP* 196

TABLE 51: 2013 AND BEYOND PROPOSED MEASURES – INFLAMMATORY BOWEL DISEASE (IBD) MEASURES GROUP* 196

TABLE 52: 2013 AND BEYOND PROPOSED MEASURES – SLEEP APNEA MEASURES GROUP* 197

TABLE 53: 2013 AND BEYOND PROPOSED MEASURES – DEMENTIA MEASURES GROUP* 197

TABLE 54: 2013 AND BEYOND PROPOSED MEASURES – PARKINSON'S DISEASE MEASURES GROUP* 198

TABLE 55: 2013 AND BEYOND PROPOSED MEASURES – HYPERTENSION MEASURES GROUP* 199

TABLE 56: 2013 AND BEYOND PROPOSED MEASURES – CARDIOVASCULAR PREVENTION MEASURES GROUP* 199

TABLE 57: 2013 AND BEYOND PROPOSED MEASURES – CATARACTS MEASURES GROUP* 200

TABLE 58: 2013 AND BEYOND PROPOSED MEASURES – ONCOLOGY MEASURES GROUP* 200

TABLE 59: 2014 AND BEYOND PROPOSED MEASURES – OSTEOPOROSIS MEASURES GROUP* 201

TABLE 60: 2014 AND BEYOND PROPOSED MEASURES – TOTAL KNEE REPLACEMENT MEASURES GROUP* 202

TABLE 61: 2014 AND BEYOND PROPOSED MEASURES – RADIATION DOSE OPTIMIZATION MEASURES GROUP* 203

TABLE 62: 2014 AND BEYOND PROPOSED MEASURES – PREVENTIVE CARDIOLOGY MEASURES GROUP* 204

TABLE 63: PROPOSED MEASURES FOR ELIGIBLE PROFESSIONALS AND GROUP PRACTICES WHO REPORT USING ADMINISTRATIVE CLAIMS FOR THE 2015 AND 2016 PQRS PAYMENT ADJUSTMENT 205

TABLE 64: PROPOSED MEASURES FOR THE ADMINISTRATIVE CLAIMS OPTION FOR 2015 AND 2016 206

TABLE 65: REMAINING MEASURES NOT PROPOSED FOR THE ADMINISTRATIVE CLAIMS OPTION 207

TABLE 66: FOUR OUTCOME MEASURES FOR THE VALUE-BASED PAYMENT MODIFIER FOR GROUPS OF PHYSICIANS 208

TABLE 67: AVERAGE PER CAPITA COSTS BY ATTRIBUTION RULE FOR PHYSICIANS IN IOWA, KANSAS, NEBRASKA, AND MISSOURI 209

TABLE 68: RELATIONSHIP BETWEEN QUALITY OF CARE AND COST COMPOSITES AND THE VALUE-BASED PAYMENT MODIFIER 210

TABLE 69: EXAMPLE OF STANDARDIZED SCORES IN ONE QUALITY DOMAIN 210

TABLE 70: VALUE-BASED PAYMENT MODIFIER AMOUNTS FOR THE QUALITY-TIERING APPROACH 211

TABLE 71: EXAMPLE OF TOTAL PERFORMANCE SCORE 211

TABLE 72: PERFORMANCE RATES ON 26 QUALITY MEASURES FOR INDIVIDUAL ELIGIBLE PHYSICIANS AND GROUPS 211

TABLE 73: PERFORMANCE RATES FOR THE ACSCS 212

TABLE 74: QUALITY OF CARE COMPARED TO COST 213

TABLE 75: PHYSICIAN PERFORMANCE ON MEDICARE CLAIMS–BASED QUALITY MEASURES 213

FOR 2010 QRUR PHYSICIANS (IOWA, KANSAS, MISSOURI, NEBRASKA) 213

TABLE 76: BENEFICIARIES IN IOWA, KANSAS, MISSOURI, AND NEBRASKA ATTRIBUTED BY PHYSICIAN TYPE: AVERAGE NUMBER OF BENEFICIARIES 215

TABLE 77: MEAN TOTAL PER CAPITA COSTS IN THE QRURS 216

TABLE 78: PHYSICIAN TIME TO DOCUMENT OCCURRENCE OF A FACE-TO-FACE ENCOUNTER 216

TABLE 79: PHYSICIAN ASSISTANT, NURSE PRACTITIONER OR CLINICAL NURSE SPECIALIST TIME 216

TABLE 80: SUMMARY OF ANNUAL BURDEN ESTIMATES 216

TABLE 81: ESTIMATED COSTS FOR REPORTING PQRS QUALITY MEASURES DATA FOR ELIGIBLE PROFESSIONALS 217

TABLE 82: ESTIMATED COSTS TO VENDORS TO PARTICIPATE IN PQRS 217

TABLE 83: CY 2013 PFS PROPOSED RULE ESTIMATED IMPACT ON TOTAL ALLOWED CHARGES BY SPECIALTY* 217

TABLE 84: CY 2013 PFS PROPOSED RULE ESTIMATED IMPACT ON TOTAL ALLOWED CHARGES BY SPECIALTY BY SELECTED PROPOSAL* 219

TABLE 85: IMPACT OF PROPOSED RULE ON CY 2013 PAYMENT FOR SELECTED PROCEDURES (BASED ON THE MARCH 2012 PRELIMINARY PHYSICIAN UPDATE)* 223

TABLE 86: OVERALL ECONOMIC IMPACT TO HEALTH SECTOR (IN MILLIONS) 226

TABLE 87: PRIVATE SECTOR PAPERWORK COSTS 226

TABLE 88: MEDICARE 5-YEAR COSTS FOR ADDITIONAL FACE-TO-FACE VISITS AND G CODE BILLINGS 226

TABLE 89: BENEFICIARY COST IMPACT RESULTING FROM ADDITIONAL FACE-TO-FACE VISITS TO OBTAIN DME SERVICES 226

TABLE 90: YEAR-TO-YEAR MEDICARE SAVINGS FROM REDUCED DME SERVICES 227

TABLE 91: ESTIMATED COSTS FOR REPORTING PHYSICIAN QUALITY REPORTING SYSTEM QUALITY MEASURES DATA FOR ELIGIBLE PROFESSIONALS 227

TABLE 92: ESTIMATED COSTS TO VENDORS TO PARTICIPATE IN THE PHYSICIAN QUALITY REPORTING SYSTEM 227

TABLE 93: ACCOUNTING STATEMENT: CLASSIFICATION OF ESTIMATED EXPENDITURES 228

TABLE 1: **Specialties Excluded From Ratesetting Calculation**

Specialty Code	Specialty Description
49	Ambulatory surgical center
50	Nurse practitioner
51	Medical supply company with certified orthotist
52	Medical supply company with certified prosthetist
53	Medical supply company with certified prosthetist-orthotist
54	Medical supply company not included in 51, 52, or 53.
55	Individual certified orthotist
56	Individual certified prosthestist
57	Individual certified prosthetist-orthotist
58	Individuals not included in 55, 56, or 57
59	Ambulance service supplier, e.g., private ambulance companies, funeral homes, etc.
60	Public health or welfare agencies
61	Voluntary health or charitable agencies
73	Mass immunization roster biller
74	Radiation therapy centers
87	All other suppliers (e.g., drug and department stores)
88	Unknown supplier/provider specialty
89	Certified clinical nurse specialist
95	Competitive Acquisition Program (CAP) Vendor
96	Optician
97	Physician assistant
A0	Hospital
A1	SNF
A2	Intermediate care nursing facility
A3	Nursing facility, other
A4	HHA
A5	Pharmacy
A6	Medical supply company with respiratory therapist
A7	Department store
1	Supplier of oxygen and/or oxygen related equipment
2	Pedorthic personnel
3	Medical supply company with pedorthic personnel

TABLE 2: Application of Payment Modifiers to Utilization Files

Modifier	Description	Volume Adjustment	Time Adjustment
80,81,82	Assistant at Surgery	16%	Intraoperative portion
AS	Assistant at Surgery – Physician Assistant	14% (85% * 16%)	Intraoperative portion
50 or LT and RT	Bilateral Surgery	150%	150% of physician time
51	Multiple Procedure	50%	Intraoperative portion
52	Reduced Services	50%	50%
53	Discontinued Procedure	50%	50%
54	Intraoperative Care only	Preoperative + Intraoperative Percentages on the payment files used by Medicare contractors to process Medicare claims	Preoperative + Intraoperative portion
55	Postoperative Care only	Postoperative Percentage on the payment files used by Medicare contractors to process Medicare claims	Postoperative portion
62	Co-surgeons	62.5%	50%
66	Team Surgeons	33%	33%

TABLE 3: CALCULATION OF PE RVUS UNDER METHODOLOGY FOR SELECTED CODES

	Step	Source	Formula	99213 Office visit, est nonfacility	33533 CABG, arterial, single facility	71020 Chest x-ray nonfacility	71020-TC Chest xray nonfacility	71020-26 Chest xray nonfacility	93000 ECG, complete nonfacility	93005 ECG, tracing nonfacility	93010 ECG, report nonfacility
(1) Labor cost (Lab)	Step 1	AMA		13.32	77.52	5.74	5.74	0.00	6.12	6.12	0.00
(2) Supply cost (Sup)	Step 1	AMA		2.98	7.34	3.39	3.39	0.00	1.19	1.19	0.00
(3) Equipment cost (Eqp.)	Step 1	AMA		0.17	0.58	7.24	7.24	0.00	0.11	0.11	0.00
(4) Direct cost (Dir)	Step 1		=(1)+(2)+(3)	16.48	85.45	16.38	16.38	0.00	7.42	7.42	0.00
(5) Direct adjustment (Dir. Adj).	Steps 2-4	See footnote*		0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58
(6) Adjusted Labor	Steps 2-4	=Lab * Dir Adj	=(1)*(5)	7.68	44.68	3.31	3.31	0.00	3.53	3.53	0.00
(7) Adjusted Supplies	Steps 2-4	= Sup * Dir Adj	=(2)*(5)	1.72	4.23	1.95	1.95	0.00	0.69	0.69	0.00
(8) Adjusted Equipment	Steps 2-4	= Eqp * Dir Adj	=(3)*(5)	0.10	0.34	4.17	4.17	0.00	0.06	0.06	0.00
(9) Adjusted direct	Steps 2-4		=(6)+(7)+(8)	9.50	49.25	9.44	9.44	0.00	4.28	4.28	0.00
(10) Conversion Factor (CF)	Step 5	PFS		34.0376	34.0376	34.0376	34.0376	34.0376	34.0376	34.0376	34.0376
(11) Adj. labor cost converted	Step 5	=(Lab * Dir Adj)/CF	=(6)/(10)	0.23	1.31	0.10	0.10	0.00	0.10	0.10	0.00
(12) Adj. supply cost converted	Step 5	=(Sup * Dir Adj)/CF	=(7)/(10)	0.05	0.12	0.06	0.06	0.00	0.02	0.02	0.00
(13) Adj. equipment cost converted	Step 5	=(Eqp * Dir Adj)/CF	=(8)/(10)	0.00	0.01	0.12	0.12	0.00	0.00	0.00	0.00

	Step	Source	Formula	99213 Office visit, est nonfacility	33533 CABG, arterial, single facility	71020 Chest x-ray nonfacility	71020-TC Chest xray nonfacility	71020-26 Chest xray nonfacility	93000 ECG, complete nonfacility	93005 ECG, tracing nonfacility	93010 ECG, report nonfacility
(14) Adj. direct cost converted	Step 5		=(11)+(12)+(13)	0.28	1.45	0.28	0.28	0.00	0.13	0.13	0.00
(15) Work RVU	Setup File	PFS		0.97	33.75	0.22	0.00	0.22	0.17	0.00	0.17
(16) Dir_pct	Steps 6,7	Surveys		0.31	0.18	0.31	0.31	0.31	0.31	0.31	0.31
(17) Ind_pct	Steps 6,7	Surveys		0.69	0.82	0.69	0.69	0.69	0.69	0.69	0.69
(18) Ind. Alloc. Formula (1st part).	Step 8	See Step 8		((14)/(16)*(17)	((14)/(16)*(17)	((14)/(16)*(17)	((14)/(16)*(17)	((14)/(16)*(17)	((14)/(16)*(17)	((14)/(16)*(17)	((14)/(16)*(17)
(19) Ind. Alloc. (1st part).	Step 8		See (18)	0.82	6.76	0.68	0.68	0.00	0.31	0.31	0.00
(20) Ind. Alloc. Formulas (2nd part).	Step 8	See Step 8		(15)	(15)	(15+11)	(11)	(15)	(15+11)	(11)	(15)
(21) Ind. Alloc. (2nd part).	Step 8		See (20)	0.97	33.75	0.32	0.10	0.22	0.27	0.10	0.17
(22) Indirect Allocator (1st + 2nd)	Step 8		=(19)+(21)	1.79	40.51	1.00	0.78	0.22	0.59	0.42	0.17
(23) Indirect Adjustment (Ind. Adj.)	Steps 9-11	See footnote**		0.40	0.40	0.40	0.40	0.40	0.40	0.40	0.40
(24) Adjusted indirect allocator	Steps 9-11	=Ind Alloc * Ind Adj		0.72	16.25	0.40	0.31	0.09	0.23	0.17	0.07
(25) Ind. Practice Cost Index (IPCI)	Steps 12-16	See Steps 12 - 16		1.12	0.79	0.92	0.92	0.92	0.94	0.94	0.94
(26) Adjusted Indirect	Step 17	= Adj.Ind Alloc * PCI	=(24) * (25)	0.80	12.76	0.37	0.29	0.08	0.22	0.16	0.06
(28) PE RVU	Step 18	=(Adj Dir + Adj Ind) * budn	=((14)+(26)) * budn	1.08	14.19	0.64	0.56	0.08	0.34	0.28	0.06

Note: PE RVUs in table 2, row 28, may not match Addendum B due to rounding. * The direct adj = [current pe rvus * CF * avg dir pct]/[sum direct inputs] = [Step 2]/[Step 3]** The indirect adj = [current pe rvus * avg ind pct]/[sum of ind allocators] = [Step 9]/[Step 10]
Note: The use of any particular conversion factor (CF) in Table 3 to illustrate the PE calculation has no effect on the resulting RVUs.

TABLE 4: Transplantation Procedures Showing a Significant Range in the Number of Included E/M Services

CPT Code	Short Descriptor	Work RVU	E/M services included in global period				Total E/M Work RVU
			99213	99231	99238	99291	
50360	Transplantation of kidney	40.90	9	12	1	10	64.13
47135	Transplantation of liver	83.64	7	0	0	0	6.79

TABLE 5: CPT Codes Nominated as Potentially Misvalued in CY 2012 Final Rule Comment Period: Proposed Action

CPT Code	Short Descriptor	Last Reviewed For:	CMS Proposed Action	Regulations.gov comment search
33282	Implant pat-active ht record	CY 2000	Review and add nonfacility inputs. Not considered potentially misvalued.	CMS-2011-0131-1422
33284	Remove pat-active ht record	CY 2000	Review and add nonfacility inputs. Not considered potentially misvalued.	CMS-2011-0131-1422
77336	Radiation physics consult	CY 2003 (PE Only)	Review as a potentially misvalued code.	CMS-2011-0131-1617
94762	Measure blood oxygen level	CY 2010 (PE Only)	Propose revisions in the CY 2013 PFS proposed rule.	CMS-2011-0131-1615; CMS-2011-0131-1412; CMS-2011-0131-1632

TABLE 6: CPT Codes Nominated as Potentially Misvalued in CY 2012 Final Rule Comment Period: No Further Action Proposed

CPT Code	Short Descriptor
28820	Amputation of toe
28825	Partial amputation of toe
35188	Repair blood vessel lesion
35612	Artery bypass graft
35800	Explore neck vessels
35840	Explore abdominal vessels
35860	Explore limb vessels
36819	Av fuse uppr arm basilic
36825	Artery-vein autograft
43283	Lap esoph lengthening
43327	Esoph fundoplasty lap

CPT Code	Short Descriptor
43328	Esoph fundoplasty thor
43332	Transab esoph hiat hern rpr
43333	Transab esoph hiat hern rpr
43334	Transthor diaphrag hern rpr
43335	Transthor diaphrag hern rpr
43336	Thorabd diaphr hern repair
43337	Thorabd diaphr hern repair
43338	Esoph lengthening
47563	Laparo cholecystectomy/graph
49507	Prp i/hern init block >5 yr
49521	Rerepair ing hernia blocked
49587	Rpr umbil hern block > 5 yr
49652	Lap vent/abd hernia repair
49653	Lap vent/abd hern proc comp
49654	Lap inc hernia repair
49655	Lap inc hern repair comp
53445*	Insert uro/ves nck sphincter
60220	Partial removal of thyroid
60240	Removal of thyroid
60500	Explore parathyroid glands
95800	Slp stdy unattended

*CPT code 53445 is currently interim and open for public comment. We are accepting as public comment the nomination information submitted and will address these comments in the CY 2013 PFS final rule with comment period.

TABLE 7: Harvard-valued CPT Codes with Annual Allowed Charges ≥$10,000,000

CPT Code	Short Descriptor
13152*	Repair of wound or lesion
27446	Revision of knee joint
29823	Shoulder arthroscopy/surgery
36215**	Place catheter in artery
36245**	Ins cath abd/l-ext art 1st
43264**	Endo cholangiopancreatograph
50360	Transplantation of kidney
52353*	Cystouretero w/lithotripsy
64450*	N block other peripheral
64590	Insrt/redo pn/gastr stimul
66180	Implant eye shunt
67036	Removal of inner eye fluid
67917	Repair eyelid defect
92286**	Internal eye photography
92982*	Coronary artery dilation
95860*	Muscle test one limb
*Scheduled for CY 2012 AMA RUC Review	
**Referred by the AMA RUC to the CPT Editorial Panel	

TABLE 8: Equipment Inputs Omitted From RUC Recommendation for CPT Code 77418 (IMRT Treatment Delivery)

Equipment Code	Equipment Description
ED011	computer system, record and verify
ED035	video camera
ED036	video printer, color (Sony medical grade)

Equipment Code	Equipment Description
EQ139	intercom (incl. master, pt substation, power, wiring)
ER006	IMRT physics tools
ER038	isocentric beam alignment device
ER040	laser, diode, for patient positioning (Probe)

TABLE 9: Services with Stand Alone PE Procedure Time

CPT Code	Short Descriptor
77280	Set radiation therapy field
77285	Set radiation therapy field
77290	Set radiation therapy field
77301	Radiotherapy dose plan imrt
77338	Design mlc device for imrt
77372	Srs linear based
77373	Sbrt delivery
77402	Radiation treatment delivery
77403	Radiation treatment delivery
77404	Radiation treatment delivery
77406	Radiation treatment delivery
77407	Radiation treatment delivery
77408	Radiation treatment delivery
77409	Radiation treatment delivery
77412	Radiation treatment delivery
77413	Radiation treatment delivery
77414	Radiation treatment delivery
77416	Radiation treatment delivery
77418	Radiation tx delivery imrt
77600	Hyperthermia treatment
77785	Hdr brachytx 1 channel
77786	Hdr brachytx 2-12 channel
77787	Hdr brachytx over 12 chan
88348	Electron microscopy

TABLE 10: Payable CPT Codes with Physician Time and No Physician Work

CPT Code	Short Descriptor	PFS Procedure Status	CY 2012 Total Physician Time
22841	Insert spine fixation device	B (Bundled, not separately payable)	5 minutes
51798	Us urine capacity measure	A (Active, payable)	9 minutes
95990	Spin/brain pump refill & main	A (Active, payable)	40 minutes
96904	Whole body photography	R (Restricted coverage)	80 minutes
96913	Photochemotherapy uv-a or b	A (Active, payable)	90 minutes
97545	Work hardening	R(Restricted coverage)	120 minutes
97602	Wound(s) care non-selective	B (Bundled, not separately payable)	36 minutes

TABLE 11: Illustration of Current and Proposed Payments

Sample Cardiovascular Payment Reduction *					
	Code	Code	Total Current	Total Proposed	Payment
	78452	93306	Payment	Payment	Calculation
PC	$77.00	$65.00	$142.00	$142.00	no reduction
TC	$427.00	$148.00	$575.00	$538.00	$427 + (.75 x $148)
Global	$504.00	$213.00	$717.00	$680.00	$142 + $427 + (.75 x $148)
Sample Ophthalmology Payment Reduction *					
	Code	Code	Total Current	Total Proposed	Payment
	92235	92250	Payment	Payment	Calculation
PC	$46.00	$23.00	$69.00	$69.00	no reduction
TC	$92.00	$53.00	$145.00	$131.75	$92 + (.75 x $53)
Global	$138.00	$76.00	$214.00	$200.75	$69 + $92 + (.75 x $53)

*Dollar amounts are for illustrative purposes and may not reflect actual payment amounts.

TABLE 12: Diagnostic Cardiovascular Services Subject to the Multiple Procedure Payment Reduction

Code	Descriptor
75600	Contrast x-ray exam of aorta
75605	Contrast x-ray exam of aorta

Code	Descriptor
75625	Contrast x-ray exam of aorta
75630	X-ray aorta leg arteries

Code	Descriptor
75650	Artery x-rays head & neck
75658	Artery x-rays arm
75660	Artery x-rays head & neck
75662	Artery x-rays head & neck
75665	Artery x-rays head & neck
75671	Artery x-rays head & neck
75676	Artery x-rays neck
75680	Artery x-rays neck
75685	Artery x-rays spine
75705	Artery x-rays spine
75710	Artery x-rays arm/leg
75716	Artery x-rays arms/legs
75726	Artery x-rays abdomen
75731	Artery x-rays adrenal gland
75733	Artery x-rays adrenals
75736	Artery x-rays pelvis
75741	Artery x-rays lung
75743	Artery x-rays lungs
75746	Artery x-rays lung
75756	Artery x-rays chest
75774	Artery x-ray each vessel
75791	Av dialysis shunt imaging
75809	Nonvascular shunt x-ray
75820	Vein x-ray arm/leg
75822	Vein x-ray arms/legs
75825	Vein x-ray trunk
75827	Vein x-ray chest
75831	Vein x-ray kidney
75833	Vein x-ray kidneys
75840	Vein x-ray adrenal gland
75842	Vein x-ray adrenal glands
75860	Vein x-ray neck
75870	Vein x-ray skull
75872	Vein x-ray skull
75880	Vein x-ray eye socket
75885	Vein x-ray liver
75887	Vein x-ray liver
75889	Vein x-ray liver
75891	Vein x-ray liver
75893	Venous sampling by catheter
78428	Cardiac shunt imaging
78445	Vascular flow imaging

Code	Descriptor
78451	Ht muscle image spect sing
78452	Ht muscle image spect mult
78453	Ht muscle image planar sing
78454	Ht musc image planar mult
78456	Acute venous thrombus image
78457	Venous thrombosis imaging
78458	Ven thrombosis images bilat
78466	Heart infarct image
78468	Heart infarct image (ef)
78469	Heart infarct image (3D)
78472	Gated heart planar single
78473	Gated heart multiple
78481	Heart first pass single
78483	Heart first pass multiple
78494	Heart image spect
78496	Heart first pass add-on
93005	Electrocardiogram tracing
93017	Cardiovascular stress test
93318	Echo transesophageal intraop
93024	Cardiac drug stress test
93025	Microvolt t-wave assess
93041	Rhythm ecg tracing
93225	Ecg monit/reprt up to 48 hrs
93226	Ecg monit/reprt up to 48 hrs
93229	Remote 30 day ecg tech supp
93270	Remote 30 day ecg rev/report
93271	Ecg/monitoring and analysis
93278	ECG/signal-averaged
93279	Pm device progr eval sngl
93280	Pm device progr eval dual
93281	Pm device progr eval multi
93282	Icd device prog eval 1 sngl
93283	Icd device progr eval dual
93284	Icd device progr eval mult
93285	Ilr device eval progr
93286	Pre-op pm device eval
93287	Pre-op icd device eval
93288	Pm device eval in person
93289	Icd device interrogate
93290	Icm device eval
93291	Ilr device interrogate
93292	Wcd device interrogate

Code	Descriptor
93293	Pm phone r-strip device eval
93296	Pm/icd remote tech serv
93303	Echo transthoracic
93304	Echo transthoracic
93306	Tte w/doppler complete
93307	Tte w/o doppler complete
93308	Tte f-up or lmtd
93312	Echo transesophageal
93314	Echo transesophageal
93318	Echo transesophageal intraop
93320	Doppler echo exam heart
93321	Doppler echo exam heart
93325	Doppler color flow add-on
93350	Stress tte only
93351	Stress tte complete
93701	Bioimpedance cv analysis
93724	Analyze pacemaker system
93786	Ambulatory BP recording
93788	Ambulatory BP analysis
93880	Extracranial study
93882	Extracranial study
93886	Intracranial study

Code	Descriptor
93888	Intracranial study
93890	Tcd vasoreactivity study
93892	Tcd emboli detect w/o inj
93893	Tcd emboli detect w/inj
93922	Upr/l xtremity art 2 levels
93923	Upr/lxtr art stdy 3+ lvls
93924	Lwr xtr vasc stdy bilat
93925	Lower extremity study
93926	Lower extremity study
93930	Upper extremity study
93931	Upper extremity study
93965	Extremity study
93970	Extremity study
93971	Extremity study
93975	Vascular study
93976	Vascular study
93978	Vascular study
93979	Vascular study
93980	Penile vascular study
93981	Penile vascular study
93990	Doppler flow testing

TABLE 13: Diagnostic Ophthalmology Services Subject to the Multiple Procedure Payment Reduction

Code	Descriptor
76510	Ophth us b & quant a
76511	Ophth us quant a only
76512	Ophth us b w/non-quant a
76513	Echo exam of eye water bath
76514	Echo exam of eye thickness
76516	Echo exam of eye
76519	Echo exam of eye
92025	Corneal topography
92060	Special eye evaluation
92081	Visual field examination(s)
92082	Visual field examination(s)
92083	Visual field examination(s)
92132	Cmptr ophth dx img ant segmt
92133	Cmptr ophth img optic nerve
92134	Cptr ophth dx img post segmt

Code	Descriptor
92136	Ophthalmic biometry
92228	Remote retinal imaging mgmt
92235	Eye exam with photos
92240	Icg angiography
92250	Eye exam with photos
92265	Eye muscle evaluation
92270	Electro-oculography
92275	Electroretinography
92283	Color vision examination
92284	Dark adaptation eye exam
92285	Eye photography
92286	Internal eye photography

TABLE 14: Frequently Billed Diagnostic Cardiovascular Combinations

Code Range 75600-75893

Code	Descriptor	Code	Descriptor	Code	Descriptor	Code	Descriptor
75710	Artery x-rays arm/leg	75791	Av dialysis shunt imaging				
75625	Contrast x-ray exam of aorta	75716	Artery x-rays arms/legs				
75625	Contrast x-ray exam of aorta	75716	Artery x-rays arms/legs	75774	Artery x-ray each vessel		
75820	Vein x-ray arm/leg	75827	Vein x-ray chest				
75625	Contrast x-ray exam of aorta	75710	Artery x-rays arm/leg				
75791	Av dialysis shunt imaging	75827	Vein x-ray chest				
75658	Artery x-rays arm	75791	Av dialysis shunt imaging	75820	Vein x-ray arm/leg	75827	Vein x-ray chest
75710	Artery x-rays arm/leg	75774	Artery x-ray each vessel				
75820	Vein x-ray arm/leg	93931	Upper extremity study				
75791	Av dialysis shunt imaging	75820	Vein x-ray arm/leg				

Code Range 78414-78496

Code	Descriptor	Code	Descriptor	Code	Descriptor	Code	Descriptor
78452	Ht muscle image spect mult	93306	Tte w/doppler complete				
78452	Ht muscle image spect mult	93017	Cardiovascular stress test				
78452	Ht muscle image spect mult	93306	Tte w/doppler complete	93880	Extracranial study		
78452TC	Ht muscle image spect mult	93017	Cardiovascular stress test				
78452	Ht muscle image spect mult	93880	Extracranial study				
78452TC	Ht muscle image spect mult	93306	Tte w/doppler complete				
78452	Ht muscle image spect mult	93017	Cardiovascular stress test	93306	Tte w/doppler complete		
78451	Ht muscle image spect sing	93306	Tte w/doppler complete				
78452TC	Ht muscle image spect mult	93306TC	Tte w/doppler complete				
78452	Ht muscle image spect mult	93306	Tte w/doppler complete	93880	Extracranial study	93978	Vascular study

Code Range 93000-93990

Code	Descriptor	Code	Descriptor	Code	Descriptor
93306	Tte w/doppler complete	93880	Extracranial study		
93320	Doppler echo exam heart	93325	Lower extremity study	93351	Stress tte complete
93922	Upr/l xtremity art 2 levels	93925	Lower extremity study		
93923	Upr/lxtr art stdy 3+ lvls	93925	Lower extremity study		

93306TC	Tte w/doppler complete	93880TC	Extracranial study
93880	Extracranial study	93978	Vascular study
93284	Icd device progr eval mult	93290	Icm device eval
93922	Upr/l xtremity art 2 levels	93926	Lower extremity study
93965	Extremity study	93970	Extremity study
93925	Lower extremity study	93970	Extremity study

TABLE 15: Frequently Billed Diagnostic Ophthalmology Combinations

Code Range 76510-76529					
Code	**Descriptor**	**Code**	**Descriptor**	**Code**	**Descriptor**
76514	Echo exam of eye thickness	92133	Cmptr ophth img optic nerve		
76514	Echo exam of eye thickness	92083	Visual field examination(s)	92133	Cmptr ophth img optic nerve
76514	Echo exam of eye thickness	92083	Visual field examination(s)		
76514	Echo exam of eye thickness	92250	Eye exam with photos		
76514	Echo exam of eye thickness	92083	Visual field examination(s)	92250	Eye exam with photos
76512	Ophth us b w/non-quant a	92134	Cptr ophth dx img post segmt		
76512	Ophth us b w/non-quant a	92250	Eye exam with photos		
76514	Echo exam of eye thickness	92286	Internal eye photography		
76514	Echo exam of eye thickness	92134	Cptr ophth dx img post segmt		
76512	Ophth us b w/non-quant a	92235	Eye exam with photos	92250	Eye exam with photos

Code Range 92002-92371					
Code	**Descriptor**	**Code**	**Descriptor**	**Code**	**Descriptor**
92083	Visual field examination(s)	92133	Cmptr ophth img optic nerve		
92235	Eye exam with photos	92250	Eye exam with photos		
92083	Visual field examination(s)	92250	Eye exam with photos		
92083	Visual field examination(s)	92134	Cptr ophth dx img post segmt		
92134	Cptr ophth dx img post segmt	92235	Eye exam with photos		
92134	Cptr ophth dx img post segmt	92250	Eye exam with photos		
92134	Cptr ophth dx img post segmt	92235	Eye exam with photos	92250	Eye exam with photos
92250	Eye exam with photos	92285	Eye photography		
92082	Visual field examination(s)	92250	Eye exam with photos		
92081	Visual field examination(s)	92285	Eye photography		

TABLE 16: Cost Share Weights finalized in CY 2012 GPCI Update

Expense Category	Cost Share Weights %
Physician Work	48.266
Practice Expense	47.439
Employee Compensation	19.153
Office Rent	10.223
Purchased Services	8.095
Equipment, Supplies, and Other	9.968
Malpractice Insurance	4.295

TABLE 17: Proposed Nonpayable G-Codes for Reporting Functional Limitations.

Functional limitation for primary functional limitation		
GXXX1	Primary Functional limitation	Current status at initial treatment/episode outset and at reporting intervals
GXXX2	Primary Functional limitation	Projected goal status
GXXX3	Primary Functional limitation	Status at therapy discharge or end of reporting
Functional limitation for a secondary functional limitation if one exists		
GXXX4	Secondary Functional limitation	Current status at initial treatment/outset of therapy and at reporting intervals
GXXX5	Secondary Functional limitation	Projected goal status
GXXX6	Secondary Functional limitation	Status at therapy discharge or end of reporting
Provider attestation that functional reporting not required		
GXXX7		Provider confirms functional reporting not required

TABLE 18: Proposed Modifiers

Modifier	Impairment Limitation Restriction Difficulty
XA	0%
XB	Between 1-9%
XC	Between 10 - 19%

Modifier	Impairment Limitation Restriction Difficulty
XD	Between 20 - 29%
XE	Between 30 - 39%
XF	Between 40 - 49%
XG	Between 50 - 59%
XH	Between 60 - 69%
XI	Between 70 - 79%
XJ	Between 80 - 89%
XK	Between 90 - 99%
XL	100%

TABLE 19: Select Categories of G-Codes

Walking & Moving Around	
Walking & moving around functional limitation, current status at time of initial therapy treatment/episode outset and reporting intervals	GXXX8
Walking & moving around functional limitation, projected goal status, at initial therapy treatment/outset and at discharge from therapy	GXXX9
Walking & moving around functional limitation, discharge status, at discharge from therapy/end of reporting on limitation	GXX10
Changing & Maintaining Body Position	
Changing & maintaining body position functional limitation, current status at time of initial therapy treatment/episode outset and reporting intervals	GXX11
Changing & maintaining body position functional limitation, projected goal status at initial therapy treatment/outset and at discharge from therapy	GXX12
Changing & maintaining body position functional limitation, discharge status at discharge from therapy/end of reporting on limitation	GXX13
Carrying, Moving & Handling Objects	
Carrying, moving & handling objects functional limitation, current status at time of initial therapy treatment/episode outset and reporting intervals	GXX14
Carrying, moving & handling objects functional limitation, projected goal status at initial therapy treatment/outset and at discharge from therapy	GXX15
Carrying, moving & handling objects functional limitation, discharge status at discharge from therapy/end of reporting on limitation	GXX16
Self Care (washing oneself, toileting, dressing, eating, drinking)	
Self care functional limitation, current status at time of initial therapy treatment/episode outset and reporting intervals	GXX17
Self care functional limitation, projected goal status at initial therapy treatment/outset and at discharge from therapy	GXX18
Self care functional limitation, discharge status at discharge from therapy/end of reporting on limitation	GXX19
Communication: Reception (spoken, nonverbal, sign language, written)	
Communication: Reception functional limitation, current status at time of initial therapy treatment/episode outset and reporting intervals	GXX20

Communication: Reception functional limitation, projected goal status at initial therapy treatment/outset and at discharge from therapy	GXX21
Communication: Reception functional limitation, discharge status at discharge from therapy/end of reporting on limitation	GXX22
Communication: Expression (speaking, nonverbal, sign language, writing)	
Communication: Expression functional limitation, current status at time of initial therapy treatment/episode outset and reporting intervals	GXX23
Communication: Expression functional limitation, projected goal status at initial therapy treatment/outset and at discharge from therapy	GXX24
Communication: Expression functional limitation, discharge status at discharge from therapy/end of reporting on limitation	GXX25

TABLE 20: Example

	Evaluation/Treatment Day 1 Begin Reporting Period #1	End Reporting Period #1	Begin Reporting Period #2	Claim for treatment days 5 and 6 in Period #2	End Reporting Period #2	Begin Reporting Period #3	Discharge /End of reporting on Primary Functional Limitation	End Reporting Period #3
Primary Function Status								
GXXX1 – Current	X	X	X		X	X		
GXXX2 – Goal	X		X			X	X	
GXXX3 – Discharge							X	
Secondary Function								
GXXX4 – Current			X		X	X		X
GXXX5 – Goal			X			X		
GXXX6 – Discharge								
No Functional Reporting Required								
GXXXX7				X				

TABLE 21: AMA RUC-Recommended Physician Work RVUs and Times for New Molecular Pathology CPT Codes

CPT Code	Short Descriptor	AMA RUC-Recommended Physician Work RVU	AMA RUC-Recommended Physician Intra-service Time (Minutes)
81206	Bcr/abl1 gene major bp	0.37	15
81207	Bcr/abl1 gene minor bp	0.15	11
81208	Bcr/abl1 gene other bp	0.46	18
81210	Braf gene	0.37	15
81220	Cftr gene com variants	0.15	10
81221	Cftr gene known fam variants	0.40	20
81222	Cftr gene dup/delet variants	0.22	13
81223	Cftr gene full sequence	0.40	20

CPT Code	Short Descriptor	AMA RUC-Recommended Physician Work RVU	AMA RUC-Recommended Physician Intra-service Time (Minutes)
81224	Cftr gene intron poly t	0.15	10
81225	Cyp2c19 gene com variants	0.37	13
81226	Cyp2d6 gene com variants	0.43	15
81227	Cyp2c9 gene com variants	0.38	14
81240	F2 gene	0.13	7
81241	F5 gene	0.13	8
81243	Fmr1 gene detection	0.37	15
81244	Fmr1 gene characterization	0.51	20
81245	Flt3 gene	0.37	15
81256	Hfe gene	0.13	7
81257	Hba1/hba2 gene	0.50	20
81261	Igh gene rearrange amp meth	0.52	21
81262	Igh gene rearrang dir probe	0.61	20
81263	Igh vari regional mutation	0.52	23
81264	Igk rearrangeabn clonal pop	0.58	22
81265	Str markers specimen anal	0.40	17
81266	Str markers spec anal addl	0.41	15
81267	Chimerism anal no cell selec	0.45	18
81268	Chimerism anal w/cell select	0.51	20
81270	Jak2 gene	0.15	10
81275	Kras gene	0.50	20
81291	Mthfr gene	0.15	10
81292	Mlh1 gene full seq	1.40	60
81293	Mlh1 gene known variants	0.52	28
81294	Mlh1 gene dup/delete variant	0.80	30
81295	Msh2 gene full seq	1.40	60
81296	Msh2 gene known variants	0.52	28
81297	Msh2 gene dup/delete variant	0.80	30
81298	Msh6 gene full seq	0.80	30
81299	Msh6 gene known variants	0.52	28
81300	Msh6 gene dup/delete variant	0.65	30
81301	Microsatellite instability	0.50	20
81302	Mecp2 gene full seq	0.65	30
81303	Mecp2 gene known variant	0.52	28
81304	Mecp2 gene dup/delet variant	0.52	28
81310	Npm1 gene	0.39	19
81315	Pml/raralpha com breakpoints	0.37	15
81316	Pml/raralpha 1 breakpoint	0.22	12
81317	Pms2 gene full seq analysis	1.40	60
81318	Pms2 known familial variants	0.52	28
81319	Pms2 gene dup/delet variants	0.80	30
81331	Snrpn/ube3a gene	0.39	15
81332	Serpina1 gene	0.40	15
81340	Trb@ gene rearrange amplify	0.63	25
81341	Trb@ gene rearrange dirprobe	0.45	19
81342	Trg gene rearrangement anal	0.57	25
81350	Ugt1a1 gene	0.37	15
81355	Vkorc1 gene	0.38	15
81370	Hla i & ii typing lr	0.54	15
81371	Hla i & ii type verify lr	0.60	30
81372	Hla i typing complete lr	0.52	15
81373	Hla i typing 1 locus lr	0.37	15

CPT Code	Short Descriptor	AMA RUC-Recommended Physician Work RVU	AMA RUC-Recommended Physician Intra-service Time (Minutes)
81374	Hla i typing 1 antigen lr	0.34	13
81375	Hla ii typing ag equiv lr	0.60	15
81376	Hla ii typing 1 locus lr	0.50	15
81377	Hla ii type 1 ag equiv lr	0.43	15
81378	Hla i & ii typing hr	0.45	20
81379	Hla i typing complete hr	0.45	15
81380	Hla i typing 1 locus hr	0.45	15
81381	Hla i typing 1 allele hr	0.45	12
81382	Hla ii typing 1 loc hr	0.45	15
81383	Hla ii typing 1 allele hr	0.45	15
81400	Mopath procedure level 1	0.32	10
81401	Mopath procedure level 2	0.40	15
81402	Mopath procedure level 3	0.50	20
81403	Mopath procedure level 4	0.52	28
81404	Mopath procedure level 5	0.65	30
81405	Mopath procedure level 6	0.80	30
81406	Mopath procedure level 7	1.40	60
81407	Mopath procedure level 8	1.85	60
81408	Mopath procedure level 9	2.35	80

TABLE 22: AMA RUC-Recommended Utilization Crosswalks for New Molecular Pathology CPT Codes

Source	Destination	Analytic Ratio*
83912 26	81206	0.116
83912 26	81207	0.003
83912 26	81208	0.003
83912 26	81210	0.020
83912 26	81220	0.017
83912 26	81221	0.003
83912 26	81222	0.003
83912 26	81223	0.003
83912 26	81224	0.003
83912 26	81225	0.006
83912 26	81226	0.006
83912 26	81227	0.011
83912 26	81240	0.073
83912 26	81241	0.110
83912 26	81243	0.003
83912 26	81244	0.000
83912 26	81245	0.014
83912 26	81256	0.050
83912 26	81257	0.014
83912 26	81261	0.014
83912 26	81262	0.002
83912 26	81263	0.001
83912 26	81264	0.011
83912 26	81265	0.043
83912 26	81266	0.001
83912 26	81267	0.006
83912 26	81268	0.001
83912 26	81270	0.050
83912 26	81275	0.050
83912 26	81291	0.017
83912 26	81292	0.003
83912 26	81293	0.001
83912 26	81294	0.002
83912 26	81295	0.003
83912 26	81296	0.001
83912 26	81297	0.002
83912 26	81298	0.001
83912 26	81299	0.002
83912 26	81300	0.001
83912 26	81301	0.003
83912 26	81302	0.001
83912 26	81303	0.000
83912 26	81304	0.000
83912 26	81310	0.014
83912 26	81315	0.017
83912 26	81316	0.003
83912 26	81317	0.002
83912 26	81318	0.001
83912 26	81319	0.001
83912 26	81331	0.001
83912 26	81332	0.003
83912 26	81340	0.011
83912 26	81341	0.003
83912 26	81342	0.017
83912 26	81350	0.002
83912 26	81355	0.011
83912 26	81370	0.043
83912 26	81371	0.029
83912 26	81372	0.011
83912 26	81373	0.011
83912 26	81374	0.029
83912 26	81375	0.006
83912 26	81376	0.006
83912 26	81377	0.006
83912 26	81378	0.006
83912 26	81379	0.003
83912 26	81380	0.003
83912 26	81381	0.003
83912 26	81382	0.003
83912 26	81383	0.003
83912 26	81400	0.007
83912 26	81401	0.007
83912 26	81402	0.007
83912 26	81403	0.007
83912 26	81404	0.007
83912 26	81405	0.007
83912 26	81406	0.003
83912 26	81407	0.003
83912 26	81408	0.003

*Percentage of source code utilization transferred to the destination code

TABLE 23: New Preventive Service HCPCS G-Codes

HCPCS Code	HCPCS Code Long Descriptor	CMS National Coverage Determination (NCD)	CMS Change Request (CR)
G0442	Annual alcohol misuse screening, 15 minutes	Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse (NCD 210.8)	CR7633
G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	Screening Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse (NCD 210.8)	CR7633
G0444	Annual Depression Screening, 15 minutes	Screening for Depression in Adults (NCD 210.9)	CR7637
G0445	High-intensity behavioral counseling to prevent sexually transmitted infections, face-to-face, individual, includes: education, skills training, and guidance on how to change sexual behavior; performed semi-annually, 30 minutes	Screening for Sexually Transmitted infections(STIs) and High- Intensity Behavioral Counseling (HIBC) to prevent STIs (NCD 210.10)	CR7610
G0446	Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes	Intensive Behavioral Therapy for Cardiovascular Disease (NCD 210.11)	CR7636
G0447	Face-to-face behavioral counseling for obesity, 15 minutes	Intensive Behavioral Therapy for Obesity (NCD 210.12)	CR7641

TABLE 24: DME List of Specified Covered Items

HCPCS Code	Description
E0185	Gel or gel-like pressure mattress pad
E0188	Synthetic sheepskin pad
E0189	Lamb's wool sheepskin pad
E0194	Air fluidized bed
E0197	Air pressure pad for mattress standard length and width
E0198	Water pressure pad for mattress standard length and width
E0199	Dry pressure pad for mattress standard length and width
E0250	Hospital bed fixed height with any type of side rails, mattress
E0251	Hospital bed fixed height with any type side rails without mattress
E0255	Hospital bed variable height with any type side rails with mattress
E0256	Hospital bed variable height with any type side rails without mattress
E0260	Hospital bed semi-electric (Head and foot adjustment) with any type side rails with mattress
E0261	Hospital bed semi-electric (head and foot adjustment) with any type side rails without mattress
E0265	Hospital bed total electric (head, foot and height adjustments) with any type side rails with mattress
E0266	Hospital bed total electric (head, foot and height adjustments) with any type side rails without mattress
E0290	Hospital bed fixed height without rails with mattress
E0291	Hospital bed fixed height without rail without mattress
E0292	Hospital bed variable height without rail without mattress

HCPCS Code	Description
E0293	Hospital bed variable height without rail with mattress
E0294	Hospital bed semi-electric (head and foot adjustment) without rail with mattress
E0295	Hospital bed semi-electric (head and foot adjustment) without rail without mattress
E0296	Hospital bed total electric (head, foot and height adjustments) without rail with mattress
E0297	Hospital bed total electric (head, foot and height adjustments) without rail without mattress
E0300	Pediatric crib, hospital grade, fully enclosed
E0301	Hospital bed Heavy Duty extra wide, with weight capacity 350-600 lbs with any type of rail, without mattress
E0302	Hospital bed Heavy Duty extra wide, with weight capacity greater than 600 lbs with any type of rail, without mattress
E0303	Hospital bed Heavy Duty extra wide, with weight capacity 350-600 lbs with any type of rail, with mattress
E0304	Hospital bed Heavy Duty extra wide, with weight capacity greater than 600 lbs with any type of rail, with mattress
E0424	Stationary compressed gas Oxygen System rental; includes contents, regulator, nebulizer, cannula or mask and tubing
E0431	Portable gaseous oxygen system rental includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing
E0433	Portable liquid oxygen system
E0434	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, content gauge, cannula or mask, and tubing
E0439	Stationary liquid oxygen system rental, includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing
E0441	Oxygen contents, gaseous (1 months supply)
E0442	Oxygen contents, liquid (1 months supply)
E0443	Portable Oxygen contents, gas (1 months supply)
E0444	Portable oxygen contents, liquid (1 months supply)
E0450	Volume control ventilator without pressure support used with invasive interface
E0457	Chest shell
E0459	Chest wrap
E0460	Negative pressure ventilator portable or stationary
E0461	Volume control ventilator without pressure support node for a noninvasive interface
E0462	Rocking bed with or without side rail
E0463	Pressure support ventilator with volume control mode used for invasive surfaces
E0464	Pressure support vent with volume control mode used for

HCPCS Code	Description
	noninvasive surfaces
E0470	Respiratory Assist Device, bi-level pressure capability, without backup rate used non-invasive interface
E0471	Respiratory Assist Device, bi-level pressure capability, with backup rate for a non-invasive interface
E0472	Respiratory Assist Device, bi-level pressure capability, with backup rate for invasive interface
E0480	Percussor electric/pneumatic home model
E0482	Cough stimulating device, alternating positive and negative airway pressure
E0483	High Frequency chest wall oscillation air pulse generator system
E0484	Oscillatory positive expiratory device, non-electric
E0570	Nebulizer with compressor
E0575	Nebulizer, ultrasonic, large volume
E0580	Nebulizer, durable, glass or autoclavable plastic, bottle type for use with regulator or flowmeter
E0585	Nebulizer with compressor & heater
E0601	Continuous airway pressure device
E0607	Home blood glucose monitor
E0627	Seat lift mechanism incorporated lift-chair
E0628	Separate Seat lift mechanism for patient owned furniture electric
E0629	Separate seat lift mechanism for patient owned furniture non-electric
E0636	Multi positional patient support system, with integrated lift, patient accessible controls
E0650	Pneumatic compressor non-segmental home model
E0651	Pneumatic compressor segmental home model without calibrated gradient pressure
E0652	Pneumatic compressor segmental home model with calibrated gradient pressure
E0655	Non- segmental pneumatic appliance for use with pneumatic compressor on half arm
E0656	Non- segmental pneumatic appliance for use with pneumatic compressor on trunk
E0657	Non- segmental pneumatic appliance for use with pneumatic compressor chest
E0660	Non- segmental pneumatic appliance for use with pneumatic compressor on full leg
E0665	Non- segmental pneumatic appliance for use with pneumatic compressor on full arm
E0666	Non- segmental pneumatic appliance for use with pneumatic compressor on half leg
E0667	Segmental pneumatic appliance for use with pneumatic compressor on full-leg
E0668	Segmental pneumatic appliance for use with pneumatic compressor

HCPCS Code	Description
	on full arm
E0669	Segmental pneumatic appliance for use with pneumatic compressor on half leg
E0671	Segmental gradient pressure pneumatic appliance full leg
E0672	Segmental gradient pressure pneumatic appliance full arm
E0673	Segmental gradient pressure pneumatic appliance half leg
E0675	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency
E0692	Ultraviolet light therapy system panel treatment 4 foot panel
E0693	Ultraviolet light therapy system panel treatment 6 foot panel
E0694	Ultraviolet multidirectional light therapy system in 6 foot cabinet
E0720	Transcutaneous electrical nerve stimulation, two lead, local stimulation
E0730	Transcutaneous electrical nerve stimulation, four or more leads, for multiple nerve stimulation
E0731	Form fitting conductive garment for delivery of TENS or NMES
E0740	Incontinence treatment system, Pelvic floor stimulator, monitor, sensor, and/or trainer
E0744	Neuromuscular stimulator for scoliosis
E0745	Neuromuscular stimulator electric shock unit
E0747	Osteogenesis stimulator, electrical, non-invasive, other than spine application.
E0748	Osteogenesis stimulator, electrical, non-invasive, spinal application
E0749	Osteogenesis stimulator, electrical, surgically implanted
E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive
E0762	Transcutaneous electrical joint stimulation system including all accessories
E0764	Functional neuromuscular stimulator, transcutaneous stimulations of muscles of ambulation with computer controls
E0765	FDA approved nerve stimulator for treatment of nausea & vomiting
E0782	Infusion pumps, implantable, Non-programmable
E0783	Infusion pump, implantable, Programmable
E0784	External ambulatory infusion pump
E0786	Implantable programmable infusion pump, replacement
E0840	Tract frame attach to headboard, cervical traction
E0849	Traction equipment cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible
E0850	Traction stand, free standing, cervical traction
E0855	Cervical traction equipment not requiring additional stand or frame
E0856	Cervical traction device, cervical collar with inflatable air bladder
E0958	Manual wheelchair accessory, one-arm drive attachment
E0959	Manual wheelchair accessory-adapter for Amputee
E0960	Manual wheelchair accessory, shoulder harness/strap

HCPCS Code	Description
E0961	Manual wheelchair accessory wheel lock brake extension handle
E0966	Manual wheelchair accessory, headrest extension
E0967	Manual wheelchair accessory, hand rim with projections
E0968	Commode seat, wheelchair
E0969	Narrowing device wheelchair
E0971	Manual wheelchair accessory anti-tipping device
E0973	Manual wheelchair accessory, adjustable height, detachable armrest
E0974	Manual wheelchair accessory anti-rollback device
E0978	Manual wheelchair accessory positioning belt/safety belt/ pelvic strap
E0980	Manual wheelchair accessory safety vest
E0981	Manual wheelchair accessory Seat upholstery, replacement only
E0982	Manual wheelchair accessory, back upholstery, replacement only
E0983	Manual wheelchair accessory power add on to convert manual wheelchair to motorized wheelchair, joystick control
E0984	Manual wheelchair accessory power add on to convert manual wheelchair to motorized wheelchair, Tiller control
E0985	Wheelchair accessory, seat lift mechanism
E0986	Manual wheelchair accessory, push activated power assist
E0990	Manual wheelchair accessory, elevating leg rest
E0992	Manual wheelchair accessory, elevating leg rest solid seat insert
E0994	Arm rest
E0995	Wheelchair accessory calf rest
E1002	Wheelchair accessory Power seating system, tilt only
E1003	Wheelchair accessory Power seating system, recline only without shear
E1004	Wheelchair accessory Power seating system, recline only with mechanical shear
E1005	Wheelchair accessory Power seating system, recline only with power shear
E1006	Wheelchair accessory Power seating system, tilt and recline without shear
E1007	Wheelchair accessory Power seating system, tilt and recline with mechanical shear
E1008	Wheelchair accessory Power seating system, tilt and recline with power shear
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest pair
E1014	Reclining back, addition to pediatric size wheelchair
E1015	Shock absorber for manual wheelchair
E1020	Residual limb support system for wheelchair
E1028	Wheelchair accessory, manual swing away, retractable or removable mounting hardware for joystick, other control interface or positioning accessory

HCPCS Code	Description
E1029	Wheelchair accessory, ventilator tray
E1030	Wheelchair accessory, ventilator tray, gimbaled
E1031	Rollabout chair, any and all types with castors 5" or greater
E1035	Multi-positional patient transfer system with integrated seat operated by care giver
E1036	Patient transfer system
E1037	Transport chair, pediatric size
E1038	Transport chair, adult size up to 300lb
E1039	Transport chair, adult size heavy duty >300lb
E1161	Manual Adult size wheelchair includes tilt in space
E1227	Special height arm for wheelchair
E1228	Special back height for wheelchair
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable with seating system
E1233	Wheelchair, pediatric size, tilt-in-space, folding, adjustable without seating system
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable without seating system
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system
E1238	Wheelchair, pediatric size, folding, adjustable, without seating system
E1296	Special sized wheelchair seat height
E1297	Special sized wheelchair seat depth by upholstery
E1298	Special sized wheelchair seat depth and/or width by construction
E1310	Whirlpool non-portable
E2502	Speech Generating Devices prerecord messages between 8 and 20 Minutes
E2506	Speech Generating Devices prerecord messages over 40 minutes
E2508	Speech Generating Devices message through spelling, manual type
E2510	Speech Generating Devices synthesized with multiple message methods
E2227	Rigid pediatric wheelchair adjustable
K0001	Standard wheelchair
K0002	Standard hemi (low seat) wheelchair
K0003	Lightweight wheelchair
K0004	High strength ltwt wheelchair
K0005	Ultra Lightweight wheelchair
K0006	Heavy duty wheelchair
K0007	Extra heavy duty wheelchair
K0009	Other manual wheelchair/base

HCPCS Code	Description
K0606	AED garment with electronic analysis
K0730	Controlled dose inhalation drug delivery system

Table 25: Proposed Criteria for Satisfactory Reporting by Individual Eligible Professionals of Data on PQRS Quality Measures for the 2013 Incentive

Reporting Period	Measure Type	Reporting Mechanism	Proposed Reporting Criteria
Jan 1, 2013—Dec 31, 2013*	Individual Measures	Claims	Report at least 3 measures, OR, If less than 3 measures apply to the eligible professional, report 1—2 measures*; AND Report each measure for at least 50 percent of the eligible professional's Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate will not be counted.
Jan 1, 2013—Dec 31, 2013	Individual Measures	Qualified Registry	Report at least 3 measures, AND Report each measure for at least 80 percent of the eligible professional's Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate will not be counted.
Jan 1, 2013—Dec 31, 2013	Individual Measures	Direct EHR Product	Option 1: Report on ALL three PQRS EHR measures that are also Medicare EHR Incentive Program core measures. If the denominator for one or more of the Medicare EHR Incentive Program core measures is 0, report on up to three PQRS EHR measures that are also Medicare EHR Incentive Program alternate core measures; AND Report on three additional PQRS EHR measures that are also measures available for the Medicare EHR Incentive Program Option 2: Report at least 3 measures, AND Report each measure for at least 80 percent of the eligible professional's Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate will not be counted.
Jan 1, 2013—Dec 31, 2013	Individual Measures	EHR Data Submission Vendor	Option 1: Report on ALL three PQRS EHR measures that are also Medicare EHR Incentive Program core measures. If the denominator for one or more of the Medicare EHR Incentive Program core measures is 0, report on up to three PQRS EHR measures that are also Medicare EHR Incentive Program alternate core measures; AND Report on three additional PQRS EHR measures that are also measures available for the Medicare EHR Incentive Program Option 2: Report at least 3 measures, AND Report each measure for at least 80 percent of the eligible professional's Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate will not be counted.
Jan 1, 2013—Dec 31,	Measures Groups	Claims	Report at least 1 measures group, AND Report each measures group for at least 20 Medicare Part B FFS patients. Measures groups containing a measure with a 0 percent

Reporting Period	Measure Type	Reporting Mechanism	Proposed Reporting Criteria
2013			performance rate will not be counted.
Jan 1, 2013—Dec 31, 2013	Measures Groups	Qualified Registry	Report at least 1 measures group, AND Report each measures group for at least 20 patients, a majority of which must be Medicare Part B FFS patients. Measures groups containing a measure with a 0 percent performance rate will not be counted
Jul 1, 2013—Dec 31, 2013	Measures Groups	Qualified Registry	Report at least 1 measures group, AND Report each measures group for at least 20 patients, a majority of which must be Medicare Part B FFS patients. Measures groups containing a measure with a 0 percent performance rate will not be counted

* Subject to the measure applicability validation (MAV) process.

Table 26: Proposed Criteria for Satisfactory Reporting by Individual Eligible Professionals of Data on PQRS quality measures for the 2014 Incentive

Reporting Period	Measure Type	Reporting Mechanism	Proposed Reporting Criteria
Jan 1, 2014—Dec 31, 2014*	Individual Measures	Claims	Report at least 3 measures, OR, If less than 3 measures apply to the eligible professional, report 1—2 measures*; AND Report each measure for at least 50 percent of the eligible professional's Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate will not be counted.
Jan 1, 2014—Dec 31, 2014	Individual Measures	Qualified Registry	Report at least 3 measures, AND Report each measure for at least 80 percent of the eligible professional's Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate will not be counted.
Jan 1, 2014—Dec 31, 2014	Individual Measures	Direct EHR product	Option 1a: Select and submit 12 clinical quality measures available for EHR-based reporting from Tables 32 and 33, including at least 1 measure from each of the following 6 domains – (1) patient and family engagement, (2) patient safety, (3) care coordination, (4) population and public health, (5) efficient use of healthcare resources, and (6) clinical process/effectiveness. Option 1b: Submit 12 clinical quality measures composed of all 11 of the proposed Medicare EHR Incentive Program core clinical quality measures specified in Tables 32 and 33plus 1 menu clinical quality measure from Tables 32 and 33. Option 2: Report at least 3 measures AND report each measure for at least 80 percent of the eligible professional's Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a zero percent performance rate will not be counted.
Jan 1, 2014—Dec 31, 2014	Individual Measures	EHR data submission vendor	Option 1a: Select and submit 12 clinical quality measures available for EHR-based reporting from Tables 32 and 33, including at least 1 measure from each of the following 6 domains – (1) patient and family engagement, (2) patient safety, (3) care coordination, (4) population and public health, (5) efficient use of healthcare resources, and (6) clinical process/effectiveness.

Reporting Period	Measure Type	Reporting Mechanism	Proposed Reporting Criteria
			Option 1b: Submit 12 clinical quality measures composed of all 11 of the proposed Medicare EHR Incentive Program core clinical quality measures specified in Tables 32 and 33plus 1 menu clinical quality measure from Tables 32 and 33. Option 2: Report at least 3 measures AND report each measure for at least 80 percent of the eligible professional's Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a zero percent performance rate will not be counted.
Jan 1, 2014— Dec 31, 2014	Measures Groups	Claims	Report at least 1 measures group, AND Report each measures group for at least 20 Medicare Part B FFS patients. Measures groups containing a measure with a 0 percent performance rate will not be counted.
Jan 1, 2014— Dec 31, 2014	Measures Groups	Qualified Registry	Report at least 1 measures group, AND Report each measures group for at least 20 patients, a majority of which must be Medicare Part B FFS patients. Measures groups containing a measure with a 0 percent performance rate will not be counted.
Jul 1, 2014— Dec 31, 2014	Measures Groups	Qualified Registry	Report at least 1 measures group, AND Report each measures group for at least 20 patients, a majority of which must be Medicare Part B FFS patients. Measures groups containing a measure with a 0 percent performance rate will not be counted.

* Subject to the measure applicability validation (MAV) process.

TABLE 27: Proposed Criteria for Satisfactory Reporting of Data on PQRS Quality Measures via the GPRO for the 2013 Incentive

Reporting Period	Reporting Mechanism	Group Practice Size	Proposed Reporting Criterion
12-month (Jan 1 — Dec 31)	GPRO Web-Interface	25-99 eligible professionals	Report on all measures included in the web interface in Table 35; AND Populate data fields for the first 218 consecutively ranked and assigned beneficiaries in the order in which they appear in the group's sample for each module or preventive care measure. If the pool of eligible assigned beneficiaries is less than 218, then report on 100 percent of assigned beneficiaries.
12-month (Jan 1 — Dec 31)	GPRO Web-Interface	100+ eligible professionals	Report on all measures included in the web interface in Table 35; AND Populate data fields for the first 411 consecutively ranked and assigned beneficiaries in the order in which they appear in the group's sample for each module or preventive care measure. If the pool of eligible assigned beneficiaries is less than 411, then report on 100 percent of assigned beneficiaries.
12-month (Jan 1 — Dec 31)*	Claims	2-99 eligible professionals	Report at least 3 measures, AND Report each measure for at least 50 percent of the group practice's Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate will not be counted.
12-month (Jan 1 — Dec 31)	Qualified Registry	2-99 eligible professionals	Report at least 3 measures, AND Report each measure for at least 80 percent of the group practice's Medicare Part B FFS patients seen during the

Reporting Period	Reporting Mechanism	Group Practice Size	Proposed Reporting Criterion
			reporting period to which the measure applies. Measures with a 0 percent performance rate will not be counted.
12-month (Jan 1 — Dec 31)	Direct EHR product	2-99 eligible professionals	Option 1: Eligible professionals in a group practice must report on three Medicare EHR Incentive Program core or alternate core measures, plus three additional measures. The EHR Incentive Program' core, alternate core, and additional measures can be found in Table 6 of the EHR Incentive Program's Stage 1 final rule (75 FR 44398) or in Tables 32 and 33 of this section. We refer readers to the discussion in the Stage 1 final rule for further explanation of the requirements for eligible professionals for reporting those CQMs (75 FR 44398 through 44411). Option 2: Report at least 3 measures, AND Report each measure for at least 80 percent of the group practice's Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate will not be counted.
12-month (Jan 1 — Dec 31)	EHR data submission vendor	2-99 eligible professionals	Option 1: Eligible professionals in a group practice must report on three Medicare EHR Incentive Program core or alternate core measures, plus three additional measures. The EHR Incentive Program' core, alternate core, and additional measures can be found in Table 6 of the EHR Incentive Program's Stage 1 final rule (75 FR 44398) or in Tables 32 and 33 of this section. We refer readers to the discussion in the Stage 1 final rule for further explanation of the requirements for eligible professionals for reporting those CQMs (75 FR 44398 through 44411). Option 2: Report at least 3 measures, AND Report each measure for at least 80 percent of the group practice's Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate will not be counted.

* Subject to the measure applicability validation (MAV) process.

Table 28: Proposed Criteria for Satisfactory Reporting of Data on PQRS Quality Measures via the GPRO for the 2014 Incentive

Reporting Period	Reporting Mechanism	Group Practice Size	Proposed Reporting Criterion
12-month (Jan 1 — Dec 31)	GPRO Web-Interface	25-99 eligible professionals	Report on all measures included in the web interface in Table 35; AND Populate data fields for the first 218 consecutively ranked and assigned beneficiaries in the order in which they appear in the group's sample for each module or preventive care measure. If the pool of eligible assigned beneficiaries is less than 218, then report on 100 percent of assigned beneficiaries.
12-month (Jan 1 — Dec 31)	GPRO Web-Interface	100+ eligible professionals	Report on all measures included in the web interface in Table 35; AND Populate data fields for the first 411 consecutively ranked and assigned beneficiaries in the order in which they appear in the group's sample for each module or preventive care measure. If the pool of eligible assigned beneficiaries is less than 411, then report on 100 percent of assigned beneficiaries.
12-month (Jan 1 —	Claims	2-99 eligible professionals	Report at least 3 measures, AND Report each measure for at least 50 percent of the group practice's

Reporting Period	Reporting Mechanism	Group Practice Size	Proposed Reporting Criterion
Dec 31)*			Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate will not be counted.
12-month (Jan 1 — Dec 31)	Qualified Registry	2-99 eligible professionals	Report at least 3 measures, AND Report each measure for at least 80 percent of the group practice's Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate will not be counted.
12-month (Jan 1 — Dec 31)	Direct EHR product	2-99 eligible professionals	Option 1a: Select and submit 12 clinical quality measures available for EHR-based reporting from Tables 32 and 33, including at least 1 measure from each of the following 6 domains – (1) patient and family engagement, (2) patient safety, (3) care coordination, (4) population and public health, (5) efficient use of healthcare resources, and (6) clinical process/effectiveness. Option 1b: Submit 12 clinical quality measures composed of all 11 of the proposed Medicare EHR Incentive Program core clinical quality measures specified in Tables 32 and 33 plus 1 menu clinical quality measure from Tables 32 and 33. Option 2: Report at least 3 measures, AND Report each measure for at least 80 percent of the group practice's Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate will not be counted.
12-month (Jan 1 — Dec 31)	EHR data submission vendor	2-99 eligible professionals	Option 1a: Select and submit 12 clinical quality measures available for EHR-based reporting from Tables 32 and 33, including at least 1 measure from each of the following 6 domains – (1) patient and family engagement, (2) patient safety, (3) care coordination, (4) population and public health, (5) efficient use of healthcare resources, and (6) clinical process/effectiveness. Option 1b: Submit 12 clinical quality measures composed of all 11 of the proposed Medicare EHR Incentive Program core clinical quality measures specified in Tables 32 and 33 plus 1 menu clinical quality measure from Tables 32 and 33. Option 2: Report at least 3 measures, AND Report each measure for at least 80 percent of the group practice's Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate will not be counted.

* Subject to the measure applicability validation (MAV) process.

TABLE 29: Proposed PQRS Individual Core Measures for 2013 and Beyond

F-PQ	National Quality	Measure Title	Reporting Mechanism	Repo

		Strategy Domain	and Description[¥]		PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
0064/2		Clinical Process/ Effectiveness	**Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control in Diabetes Mellitus:** Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent LDL-C level in control (less than 100 mg/dL)	NCQA	X	X	X		X	HITECH Million Hearts
0068/204		Clinical Process/ Effectiveness	**Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic:** Percentage of patients aged 18 years and older with ischemic vascular disease (IVD) with documented use of aspirin or other antithrombotic	NCQA	X	X	X	X	X	HITECH ACO Million Hearts
0028/226		Population/Public Health	**Preventive Care and Screening: Tobacco Use: Screening and Cessation**	AMA-PCPI	X	X	X	X	X	HITECH ACO Million Hearts

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			Intervention: Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user							
0018/236		Clinical Process/ Effectiveness	**Hypertension (HTN): Controlling High Blood Pressure:** Percentage of patients aged 18 through 85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (< 140/90 mmHg)	NCQA	X	X	X	X	X	HITECH ACO Million Hearts
0075/241		Clinical Process/ Effectiveness	**Ischemic Vascular Disease (IVD): Complete Lipid Panel and Low**	NCQA	X	X	X	X	X	HITECH ACO Million Hearts

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			Density Lipoprotein (LDL-C) Control: Percentage of patients aged 18 years and older with Ischemic Vascular Disease (IVD) who received at least one lipid profile within 12 months and whose most recent LDL-C level was in control (less than 100 mg/dL)							
N/A/ 316		Clinical Process/ Effectiveness	**Preventive Care and Screening: Cholesterol – Fasting Low Density Lipoprotein (LDL) Test Performed AND Risk-Stratified Fasting LDL:** Percentage of patients aged 20 through 79 years whose risk factors* have been assessed and a fasting LDL test has been performed	CMS/QIP			X			HITECH Million Hearts

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description¥	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			*There are three criteria for this measure based on the patient's risk category. 1. Highest Level of Risk: Coronary Heart Disease (CHD) or CHD Risk Equivalent 2. Moderate Level of Risk: Multiple (2+) Risk Factors 3. Lowest Level of Risk: 0 or 1 Risk Factor							
N/A/ 317		Population/Public Health	**Preventive Care and Screening: Screening for High Blood Pressure:** Percentage of patients aged 18 and older who are screened for high blood pressure	CMS/QIP	X	X	X	X	X	HITECH ACO Million Hearts

*Measures that can be reported using the GPRO web interface.
¥ Titles and descriptions in this table are aligned with the proposed 2013 Physician Quality Reporting System Electronic Health Records (EHR) measure titles, and may differ from existing measures in other programs. Please reference the National Quality Forum (NQF) and Physician Quality Reporting System numbers for clarification.

TABLE 30: Proposed PQRS Individual Quality Measures Available for Reporting via Claims, Registry, EHR and/or the GPRO Web-Interface

for 2013 and Beyond That Were NOT Available for Reporting under the 2012 PQRS

NQF/ PQRS	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
				PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
TBD/ TBD	Clinical Process/ Effectiveness	**Stroke and Stroke Rehabilitation: Tissue Plasminogen Activator (t-PA) Considered (Paired Measure):** Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke who arrive at the hospital within 4.5 hours of time last known well who were considered for t-PA administration	AMA-PCPI	X	X				
TBD/ TBD	Clinical Process/ Effectiveness	**Stroke and Stroke Rehabilitation: Tissue Plasminogen Activator (t-PA) Administered Initiated (Paired Measure):** Percentage of all patients aged 18 years and older with a diagnosis of ischemic stroke who present within two hours of time	AMA-PCPI	X	X				

NQF/ PQRS	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
				PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
		last known well and who are eligible for t-PA, for whom t-PA was initiated within three hours of time last known well							
0729/ TBD	Clinical Process/ Effectiveness	**Diabetes Composite: Optimal Diabetes Care:** Patients ages 18 through 75 with a diagnosis of diabetes, who meet all the numerator targets of this composite measure: A1c < 8.0%, LDL < 100 mg/dL, blood pressure < 140/90 mmHg, tobacco non-user and for patients with a diagnosis of ischemic vascular disease daily aspirin use unless contraindicated	MNCM				X		ACO
0658/ TBD	Care Coordination	**Endoscopy and Polyp Surveillance: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk**	AMA-PCPI	X	X				

NQF/ PQRS	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
				PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
		Patients: Percentage of patients aged 50 years and older receiving a screening colonoscopy without biopsy or polypectomy who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report							
0493/ TBD	Care Coordination	**Participation by a Physician or Other Clinician in a Systematic Clinical Database Registry that Includes Consensus Endorsed Quality:** Participation in a systematic qualified clinical database registry involves: a. Physician or other clinician submits standardized data elements to registry	CMS/ QIP	X	X				

NQF/ PQRS	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
				PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
		b. Data elements are applicable to consensus endorsed quality measures c. Registry measures shall include at least two (2) representative NQF consensus endorsed measures for registry's clinical topic(s) and report on all patients eligible for the selected measures. d. Registry provides calculated measures results, benchmarking, and quality improvement information to individual physicians and clinicians. e. Registry must receive data from more than 5 separate practices and may not be located (warehoused) at an individual group's practice. Participation in a national or state-							

NQF/ PQRS	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
				PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
		wide registry is encouraged for this measure. f. Registry may provide feedback directly to the provider's local registry if one exists							
0670/ TBD	Efficient Use of Healthcare Resources	**Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluative in Low-Risk Surgery Patients:** Percentage of stress single-photon emission computed tomography (SPECT) myocardial perfusion imaging (MPI), stress echo, cardiac computed tomography angiography (CCTA), or cardiovascular magnetic resonance (CMR) performed in low risk surgery patients for preoperative evaluation	ACC		X				

NQF/ PQRS	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
				PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
0671/ TBD	Efficient Use of Healthcare Resources	**Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Routine Testing After Percutaneous Coronary Intervention (PCI):** Percentage of all stress single-photon emission computed tomography (SPECT) myocardial perfusion imaging (MPI) and stress echo performed routinely after percutaneous cardiology intervention (PCI), with reference to timing of test after PCI and symptom status	ACC		X				
0672/ TBD	Efficient Use of Healthcare Resources	**Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Testing in Asyptomatic, Low-Risk Patients:** Percentage of all	ACC		X				

NQF/ PQRS	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
				PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
		stress single-photon emission computed tomography (SPECT) myocardial perfusion imaging (MPI), stress echo, cardiac computed tomography angiography (CCTA), and cardiovascular magnetic resonance (CMR) performed in asymptomatic, low coronary heart disease (CHD) risk patients for intial detection and risk assessment							
TBD/ TBD	Clinical Process/ Effectiveness	**Adult Major Depressive Disorder: Coordination of Care of Patients with Co-Morbid Conditions - Timely Follow-Up:** Percentage of medical records of patients aged 18 years and older with a diagnosis of MDD and a diagnosed co-morbid condition being treated by	AMA-PCPI		X				

NQF/ PQRS	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
				PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
		another physician with communication to the other physician treating the co-morbid condition							
TBD/ TBD	Care Coordination	**Coordination of Care of Patients with Co-Morbid Conditions - Timely Follow-Up (Paired Measure):** Percentage of medical records of patients aged 18 years and older with a diagnosis of major depressive disorder (MDD) and a diagnosed co-morbid condition with communication to another physician treating the co-morbid condition who have a response from the other physician within 45 days of original communication OR who have a follow-up attempt within 60 days of original communication by the physician	AMA-PCPI		X				

NQF/ PQRS	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
				PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
		treating MDD to elicit a response from the other physician							
1525/ TBD	Patient Safety	**Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy:** Percentage of patients aged 18 and older with nonvalvular AF or atrial flutter at high risk for thromboembolism, according to CHADS2 risk stratification, who were presecribed warfarin or another oral anticoagulant drug that is FDA approved for the prevention of thromboembolism during the 12-month reporting period	AMA	X	X				HITECH
TBD/ TBD	Clinical Process/ Effectiveness	**Pediatric End-Stage Renal Disease Measure (AMA/ASPN): Pediatric Kidney Disease: Adequacy of**	AMA/ASPN	X	X				

NQF/ PQRS	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
				PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
		Volume Management: Percentage of calendar months within a 12-month period during which patients aged 17 years and younger with a diagnosis of end-stage renal disease (ESRD) undergoing maintenance hemodialysis in an outpatient dialysis facility have an assessment of the adequacy of volume management from a nephrologist							
1667/ TBD	Clinical Process/ Effectiveness	**Pediatric Kidney Disease: ESRD Patients Receiving Dialysis: Hemoglobin Level <10g/dL:** Percentage of calendar months within a 12-month period during which patients aged 17 years and younger with a diagnosis of ESRD receiving	AMA	X	X				

NQF/ PQRS	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
				PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
		hemodialysis or peritoneal dialysis have a Hemoglobin level <10 g/dL							

*Measures that can be reported using the GPRO web interface.
[†]These measures can only be reported by participants using the GPRO. They are not available for reporting for individual Eligible Professionals using this reporting method.
¥ Titles and descriptions in this table may differ from existing measures in other programs. Please reference the National Quality Forum (NQF) and PQRS numbers for clarification.

Although we are proposing to add measures that were not available for reporting under the 2012 PQRS, we note that we are not proposing to retain certain measures from the 2012 PQRS. For reference, in Table 31 we list 14 measures from the 2012 PQRS that we are not proposing for the 2013 PQRS.

TABLE 31: Measures Included in the 2012 PQRSs Measure Set that are Not Proposed to be Included in the Physician Quality Reporting Program Measure Set for 2013 and Beyond

NQF/ PQRS	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
				PQRS Claims	PQRS Qualified Registry	CMS-Selected EHR	CMS-Selected GPRO (web interface)*	Measures Groups	

NQF/ PQRS	National Quality Strategy Domain	Measure Title and Description¥	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
				PQRS Claims	PQRS Qualified Registry	CMS-Selected EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
0246/ 10	Clinical Process/ Effectiveness	**Stroke and Stroke Rehabilitation: Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) Reports:** Percentage of final reports for CT or MRI studies of the brain performed either: • In the hospital within 24 hours of arrival, OR • In an outpatient imaging center to confirm initial diagnosis of stroke, transient ischemic attack (TIA) or intracranial hemorrhage For patients aged 18 years and older with either a diagnosis of ischemic stroke, TIA or intracranial hemorrhage OR	AMA-PCPI/NCQA	X	X				HITECH

NQF/ PQRS	National Quality Strategy Domain	Measure Title and Description¥	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
				PQRS Claims	PQRS Qualified Registry	CMS-Selected EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
		at least one documented symptom consistent with ischemic stroke, TIA or intracranial hemorrhage that includes documentation of the presence or absence of each of the following: hemorrhage, mass lesion and acute infarction							
0094/ 57	Clinical Process/ Effectiveness	**Emergency Medicine: Community-Acquired Pneumonia (CAP): Assessment of Oxygen Saturation:** Percentage of patients aged 18 years and older with a diagnosis of community-acquired bacterial pneumonia with oxygen saturation documented and reviewed	AMA-PCPI/NCQA	X	X			X	
0095/58	Clinical Process/	**Emergency Medicine:**	AMA-PCPI/NCQA	X	X			X	

NQF/ PQRS	National Quality Strategy Domain	Measure Title and Description¥	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
				PQRS Claims	PQRS Qualified Registry	CMS-Selected EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
	Effectiveness	**Community-Acquired Pneumonia (CAP): Assessment of Mental Status:** Percentage of patients aged 18 years and older with a diagnosis of community-acquired bacterial pneumonia with mental status assessed							
AQA adopted/ 92	Clinical Process/ Effectiveness	**Acute Otitis Externa (AOE): Pain Assessment:** Percentage of patient visits for those patients aged 2 years and older with a diagnosis of AOE with assessment for auricular or periauricular pain	AMA-PCPI	X	X				
0488/ 124	Care Coordination	**Health Information Technology (HIT): Adoption/Use of Electronic Health Records (EHR):** Documents	CMS/QIP	X	X				

NQF/ PQRS	National Quality Strategy Domain	Measure Title and Description¥	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
				PQRS Claims	PQRS Qualified Registry	CMS-Selected EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
		whether provider has adopted and is using health information technology. To report this measure, the eligible professional must have adopted and be using a certified, Physician Quality Reporting System qualified or other acceptable EHR system							
0466/ 158	Clinical Process/ Effectiveness	**Carotid Endarterectomy: Use of Patch During Conventional Carotid Endarterectomy:** Percentage of patients aged 18 years and older undergoing conventional (non-eversion) carotid endarterectomy (CEA) who undergo patch closure of the arteriotomy	SVS	X	X				
AQA	Clinical	**Chronic Wound**	AMA-	X	X				

NQF/ PQRS	National Quality Strategy Domain	Measure Title and Description¥	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
				PQRS Claims	PQRS Qualified Registry	CMS-Selected EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
adopted/ 186	Process/ Effectiveness	**Care: Use of Compression System in Patients with Venous Ulcers:** Percentage of patients aged 18 years and older with a diagnosis of venous ulcer who were prescribed compression therapy within the 12-month reporting period	PCPI/NCQA						
N/A/ 189	Care Coordination	**Referral for Otologic Evaluation for Patients with History of Active Drainage from the Ear Within the Previous 90 Days:** Percentage of patients aged birth and older who have disease of the ear and mastoid processes referred to a physician (preferably a physician with training in disorders of the ear) for an	AQC	X	X				

NQF/ PQRS	National Quality Strategy Domain	Measure Title and Description¥	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
				PQRS Claims	PQRS Qualified Registry	CMS-Selected EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
		otologic evaluation subsequent to an audiologic evaluation after presenting with a history of active drainage from the ear within the previous 90 days							
N/A/ 190	Care Coordination	**Referral for Otologic Evaluation for Patients with a History of Sudden or Rapidly Progressive Hearing Loss:** Percentage of patients aged birth and older referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation immediately following an audiologic evaluation that verifies and documents	AQC	X	X				

NQF/ PQRS	National Quality Strategy Domain	Measure Title and Description¥	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
				PQRS Claims	PQRS Qualified Registry	CMS-Selected EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
		sudden or rapidly progressive hearing loss							
0065/ 196	Clinical Process/ Effectiveness	**Coronary Artery Disease (CAD): Symptom and Activity Assessment:** Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period for whom there are documented results of an evaluation of level of activity AND an evaluation of presence or absence of anginal symptoms in the medical record	AMA-PCPI/ACCF/AHA		X			X	
0082/ 199	Clinical Process/ Effectiveness	**Heart Failure: Patient Education:** Percentage of patients aged 18 years and older with a diagnosis of heart failure who were	CMS/QIP				X		

NQF/ PQRS	National Quality Strategy Domain	Measure Title and Description¥	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
				PQRS Claims	PQRS Qualified Registry	CMS-Selected EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
		provided with patient education on disease management and health behavior changes during one or more visit(s) within 12 months							
0447/ 212	Care Coordination	**Functional Communication Measure - Motor Speech:** Percentage of patients aged 16 years and older with a diagnosis of late effects of cerebrovascular disease (CVD) that make progress on the Motor Speech Functional Communication Measure	ASHA		X				
0017/235	Clinical Process/ Effectiveness	**Hypertension (HTN): Plan of Care:** Percentage of patient visits for patients aged 18 years and older with a diagnosis of HTN during which either systolic blood pressure ≥	CMS/QIP	X	X				

NQF/ PQRS	National Quality Strategy Domain	Measure Title and Description¥	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
				PQRS Claims	PQRS Qualified Registry	CMS-Selected EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
		140 mmHg OR diastolic blood pressure ≥ 90mm Hg, with documented plan of care for hypertension							
0502/ 253	Clinical Process/ Effectiveness	**Pregnancy Test for Female Abdominal Pain Patients:** Percentage of female patients aged 14 to 50 who present to the emergency department (ED) with a chief complaint of abdominal pain for whom a pregnancy test ordered	ACEP	X	X				

*Measures that can be reported using the GPRO web interface.
¥ Titles and descriptions in this table are aligned with the proposed 2013 PQRS Electronic Health Records (EHR) measure titles, and may differ from existing measures in other programs. Please reference the National Quality Forum (NQF) and PQRS numbers for clarification.

A summary of the measures we are proposing for 2013 and beyond are specified in Table 32. Table 32 specifies our proposals to propose all measures that were available for reporting in PQRS in 2012, with the exception of the measures listed in Table 31, as well as propose new measures specified in Table 30 not available for reporting under PQRS in prior years.

TABLE 32: Proposed PQRS Individual Quality Measures Available for

Reporting via Claims, Registry, EHR, or GRPO Web-Interface for 2013 and Beyond

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
0059/ 1		Clinical Process/ Effectiveness	**Diabetes Mellitus: Hemoglobin A1c Poor Control in Diabetes Mellitus:** Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent hemoglobin A1c greater than 9.0%	NCQA	X	X	X	X	X	HITECH ACO
0064/ 2		Clinical Process/ Effectiveness	**Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control in Diabetes Mellitus:** Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent LDL-C level in control (less than 100 mg/dL)	NCQA	X	X	X		X	HITECH Million Hearts
0061/ 3		Clinical Process/ Effectiveness	**Diabetes Mellitus: High Blood Pressure Control in Diabetes Mellitus:** Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent blood pressure in control (less than 140/90 mmHg)	NCQA	X	X	X		X	HITECH
0081/ 5		Clinical Process/ Effectiveness	**Heart Failure: Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy**	AMA-PCPI/ ACCF/AHA		X	X		X	HITECH

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			for Left Ventricular Systolic Dysfunction (LVSD): Percentage of patients aged 18 years and older with a diagnosis of heart failure and LVSD (LVEF < 40%) who were prescribed ACE inhibitor or ARB therapy							
0067/ 6		Clinical Process/ Effectiveness	**Coronary Artery Disease (CAD): Antiplatelet Therapy:** Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who were prescribed aspirin or clopidogrel	AMA-PCPI/ ACCF/AHA	X	X	X		X	
0070/ 7		Clinical Process/ Effectiveness	**Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI):** Percentage of patients aged 18 years and older with a diagnosis of CAD and prior MI who were prescribed beta-blocker therapy	AMA-PCPI/ ACCF/AHA		X	X			HITECH
0083/ 8		Clinical Process/ Effectiveness	**Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD):** Percentage of patients	AMA-PCPI/ ACCF/AHA		X	X	X	X	HITECH ACO

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			aged 18 years and older with a diagnosis of heart failure who also have LVSD (LVEF < 40%) and who were prescribed beta-blocker therapy							
0105/ 9		Clinical Process/ Effectiveness	**Anti-depressant medication management: (a) Effective Acute Phase Treatment, (b) Effective Continuation Phase Treatment:** The percentage of patients 18 years of age and older who were diagnosed with a new episode of major depression, treated with antidepressant medication, and who remained on an antidepressant medication treatment	NCQA	X	X	X			HITECH
0086/ 12		Clinical Process/ Effectiveness	**Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation:** Percentage of patients aged 18 years and older with a diagnosis of POAG who have an optic nerve head evaluation during one or more office visits within 12 months	AMA-PCPI/ NCQA	X	X	X			HITECH
0087/ 14		Clinical Process/ Effectivenes	**Age-Related Macular Degeneration (AMD): Dilated Macular**	AMA-PCPI/ NCQA	X	X				

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
		s	**Examination:** Percentage of patients aged 50 years and older with a diagnosis of AMD who had a dilated macular examination performed which included documentation of the presence or absence of macular thickening or hemorrhage AND the level of macular degeneration severity during one or more office visits within 12 months							
0088/ 18		Clinical Process/ Effectiveness	**Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy:** Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months	AMA-PCPI/ NCQA	X	X	X			HITECH
0089/ 19		Clinical Process/	**Diabetic Retinopathy: Communication with the**	AMA-PCPI/	X	X	X			HITECH

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
		Effectiveness	**Physician Managing On-going Diabetes Care:** Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the on-going care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months	NCQA						
0270/ 20		Patient Safety	**Perioperative Care: Timing of Antibiotic Prophylaxis – Ordering Physician:** Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic parenteral antibiotics, who have an order for prophylactic parenteral antibiotic to be given within one hour (if fluoroquinolone or vancomycin, two hours), prior to the surgical incision (or start of procedure when no incision is required)	AMA-PCPI/ NCQA	X	X			X	

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
0268/ 21		Patient Safety	**Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin:** Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for a first OR second generation cephalosporin prophylactic antibiotic, who had an order for cefazolin OR cefuroxime for antimicrobial prophylaxis	AMA-PCPI/ NCQA	X	X			X	
0271/ 22		Patient Safety	**Perioperative Care: Discontinuation of Prophylactic Antibiotics (Non-Cardiac Procedures):** Percentage of non-cardiac surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic parenteral antibiotics AND who received a prophylactic parenteral antibiotic, who have an order for discontinuation of prophylactic parenteral antibiotics within 24 hours of surgical end time	AMA-PCPI/ NCQA	X	X			X	

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
0239/ 23		Patient Safety	**Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients):** Percentage of patients aged 18 years and older undergoing procedures for which VTE prophylaxis is indicated in all patients, who had an order for Low Molecular Weight Heparin (LMWH), Low-Dose Unfractionated Heparin (LDUH), adjusted-dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end time	AMA-PCPI/ NCQA	X	X			X	
0045/ 24		Care Coordination	**Osteoporosis: Communication with the Physician Managing On-going Care Post-Fracture of Hip, Spine or Distal Radius for Men and Women Aged 50 Years and Older:** Percentage of patients aged 50 years and older treated for a hip, spine or distal radial fracture with documentation of	AMA-PCPI/ NCQA	X	X				

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			communication with the physician managing the patient's on-going care that a fracture occurred and that the patient was or should be tested or treated for osteoporosis							
0092/ 28		Clinical Process/ Effectiveness	**Aspirin at Arrival for Acute Myocardial Infarction (AMI):** Percentage of patients, regardless of age, with an emergency department discharge diagnosis of AMI who had documentation of receiving aspirin within 24 hours before emergency department arrival or during emergency department stay	AMA-PCPI/ NCQA	X	X				
0269/ 30		Patient Safety	**Perioperative Care: Timely Administration of Prophylactic Parenteral Antibiotics:** Percentage of surgical patients aged 18 years and older who receive an anesthetic when undergoing procedures with the indications for prophylactic parenteral antibiotics for whom administration of the prophylactic parenteral	AMA-PCPI/ NCQA	X	X				

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			antibiotic ordered has been initiated within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required)							
0240/ 31		Clinical Process/ Effectiveness	**Stroke and Stroke Rehabilitation: Deep Vein Thrombosis (DVT) Prophylaxis for Ischemic Stroke or Intracranial Hemorrhage:** Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or intracranial hemorrhage who were administered DVT prophylaxis by end of hospital day two	AMA-PCPI/ NCQA	X	X				
0325/ 32		Clinical Process/ Effectiveness	**Stroke and Stroke Rehabilitation: Discharged on Antithrombotic Therapy:** Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or transient ischemic attack (TIA) who were prescribed antithrombotic therapy at discharge	AMA-PCPI/ NCQA	X	X				
0241/ 33		Clinical Process/	**Stroke and Stroke Rehabilitation:**	AMA-PCPI/		X				

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
		Effectiveness	**Anticoagulant Therapy Prescribed for Atrial Fibrillation (AF) at Discharge:** Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or transient ischemic attack (TIA) with documented permanent, persistent, or paroxysmal atrial fibrillation who were prescribed an anticoagulant at discharge	NCQA						
0243/ 35		Clinical Process/ Effectiveness	**Stroke and Stroke Rehabilitation: Screening for Dysphagia:** Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or intracranial hemorrhage who receive any food, fluids or medication by mouth (PO) for whom a dysphagia screening was performed prior to PO intake in accordance with a dysphagia screening tool approved by the institution in which the patient is receiving care	AMA-PCPI/ NCQA	X	X				
0244/ 36		Clinical Process/ Effectiveness	**Stroke and Stroke Rehabilitation: Rehabilitation Services Ordered:** Percentage of	AMA-PCPI/ NCQA	X	X				

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			patients aged 18 years and older with a diagnosis of ischemic stroke or intracranial hemorrhage for whom occupational, physical, or speech rehabilitation services were ordered at or prior to inpatient discharge OR documentation that no rehabilitation services are indicated at or prior to inpatient discharge							
0046/ 39		Clinical Process/ Effectiveness	**Screening or Therapy for Osteoporosis for Women Aged 65 Years and Older:** Percentage of female patients aged 65 years and older who have a central dual-energy X-ray absorptiometry (DXA) measurement ordered or performed at least once since age 60 or pharmacologic therapy prescribed within 12 months	AMA-PCPI/ NCQA	X	X	X		X	
0048/ 40		Clinical Process/ Effectiveness	**Osteoporosis: Management Following Fracture of Hip, Spine or Distal Radius for Men and Women Aged 50 Years and Older:** Percentage of patients **aged 50 years and older** with fracture of the hip,	AMA-PCPI/ NCQA	X	X				

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			spine, or distal radius who had a central dual-energy X-ray absorptiometry (DXA) measurement ordered or performed or pharmacologic therapy prescribed							
0049/ 41		Clinical Process/ Effectiveness	**Osteoporosis: Pharmacologic Therapy for Men and Women Aged 50 Years and Older:** Percentage of patients **aged 50 years and older** with a diagnosis of osteoporosis who were prescribed pharmacologic therapy within 12 months	AMA-PCPI/ NCQA	X	X				
0134/ 43		Clinical Process/ Effectiveness	**Coronary Artery Bypass Graft (CABG): Use of Internal Mammary Artery (IMA) in Patients with Isolated CABG: Surgery:** Percentage of patients aged 18 years and older undergoing isolated CABG surgery using an IMA graft	STS	X	X			X	
0236/ 44		Clinical Process/ Effectiveness	**Coronary Artery Bypass Graft (CABG): Preoperative Beta-Blocker in Patients with Isolated CABG Surgery:** Percentage of patients aged 18 years and older	CMS/ QIP	X	X			X	

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			undergoing isolated CABG surgery who received a beta-blocker within 24 hours prior to surgical incision							
0637/ 45		Patient Safety	**Perioperative Care: Discontinuation of Prophylactic Antibiotics (Cardiac Procedures):** Percentage of cardiac surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic antibiotics AND who received a prophylactic antibiotic, who have an order for discontinuation of prophylactic antibiotics within 48 hours of surgical end time	AMA-PCPI/ NCQA	X	X				
0097/ 46		Patient Safety	**Medication Reconciliation: Reconciliation After Discharge from an Inpatient Facility:** Percentage of patients aged 65 years and older discharged from any inpatient facility (e.g., hospital, skilled nursing facility, or rehabilitation facility) and seen within 60 days following discharge in the office by the physician	AMA-PCPI/ NCQA	X	X		X		ACO

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			providing on-going care who had a reconciliation of the discharge medications with the current medication list in the medical record documented							
0326/ 47		Care Coordination	**Advanced Care Plan:** Percentage of patients aged 65 years and older who have an advanced care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advanced care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advanced care plan	AMA-PCPI/NCQA	X	X	X			
0098/ 48		Clinical Process/ Effectiveness	**Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older:** Percentage of female patients aged 65 years and older who were assessed for the presence or absence of urinary incontinence within 12 months	AMA-PCPI/ NCQA	X	X	X		X	
0099/		Clinical	**Urinary Incontinence:**	AMA-	X	X				

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
49		Process/ Effectiveness	**Characterization of Urinary Incontinence in Women Aged 65 Years and Older:** Percentage of female patients aged 65 years and older with a diagnosis of urinary incontinence whose urinary incontinence was characterized at least once within 12 months	PCPI/ NCQA						
0100/ 50		Patient and Family Engagement	**Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older:** Percentage of female patients aged 65 years and older with a diagnosis of urinary incontinence with a documented plan of care for urinary incontinence at least once within 12 months	AMA-PCPI/ NCQA	X	X				
0091/ 51		Clinical Process/ Effectiveness	**Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation:** Percentage of patients aged 18 years and older with a diagnosis of COPD who had spirometry evaluation results documented	AMA-PCPI	X	X			X	
0102/ 52		Clinical Process/ Effectivenes	**Chronic Obstructive Pulmonary Disease (COPD):**	AMA-PCPI	X	X			X	

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
		s	**Bronchodilator Therapy:** Percentage of patients aged 18 years and older with a diagnosis of COPD and who have an FEV1/FVC less than 70% and have symptoms who were prescribed an inhaled bronchodilator							
0047/ 53		Clinical Process/ Effectiveness	**Asthma: Pharmacologic Therapy for Persistent Asthma:** Percentage of patients aged 5 through 50 years with a diagnosis of mild, moderate, or severe persistent asthma who were prescribed either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment	AMA-PCPI/ NCQA	X	X	X		X	
0090/ 54		Clinical Process/ Effectiveness	**Emergency Medicine: 12-Lead Electrocardiogram (ECG) Performed for Non- Traumatic Chest Pain:** Percentage of patients aged 40 years and older with an emergency department discharge diagnosis of non-traumatic chest pain who had a 12-lead ECG performed	AMA-PCPI/ NCQA	X	X				

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
0093/ 55		Clinical Process/ Effectiveness	**Emergency Medicine: 12-Lead Electrocardiogram (ECG) Performed for Syncope:** Percentage of patients aged 60 years and older with an emergency department discharge diagnosis of syncope who had a 12-lead ECG performed	AMA-PCPI/ NCQA	X	X				
0232/ 56		Clinical Process/ Effectiveness	**Emergency Medicine: Community-Acquired Pneumonia (CAP): Vital Signs:** Percentage of patients aged 18 years and older with a diagnosis of community-acquired bacterial pneumonia with vital signs documented and reviewed	AMA-PCPI/ NCQA	X	X				
0096/ 59		Clinical Process/ Effectiveness	**Emergency Medicine: Community-Acquired Pneumonia (CAP): Empiric Antibiotic:** Percentage of patients aged 18 years and older with a diagnosis of community-acquired bacterial pneumonia with an appropriate empiric antibiotic prescribed	AMA-PCPI/ NCQA	X	X				
0001/ 64		Clinical Process/ Effectiveness	**Asthma: Assessment of Asthma Control:** Percentage of patients aged 5 through 50 years	AMA-PCPI/ NCQA	X	X	X		X	

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			with a diagnosis of asthma who were evaluated during at least one office visit within 12 months for the frequency (numeric) of daytime and nocturnal asthma symptoms							
0069/ 65		Efficient Use of Healthcare Resources	**Treatment for Children with Upper Respiratory Infection (URI): Avoidance of Inappropriate Use:** Percentage of children aged 3 months through 18 years with a diagnosis of URI who were not prescribed or dispensed an antibiotic prescription on or within 3 days of the initial date of service	NCQA	X	X				HITECH
0002/ 66		Efficient Use of Healthcare Resources	**Appropriate Testing for Children with Pharyngitis:** Percentage of children aged 2 through 18 years with a diagnosis of pharyngitis, who were prescribed an antibiotic and who received a group A streptococcus (strep) test for the episode	NCQA	X	X	X			HITECH
0377/ 67		Clinical Process/ Effectiveness	**Hematology: Myelodysplastic Syndrome (MDS) and Acute Leukemias:**	AMA-PCPI/ ASH	X	X				

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			Baseline Cytogenetic Testing Performed on Bone Marrow: Percentage of patients aged 18 years and older with a diagnosis of MDS or an acute leukemia who had baseline cytogenetic testing performed on bone marrow							
0378/ 68		Clinical Process/ Effectiveness	**Hematology: Myelodysplastic Syndrome (MDS): Documentation of Iron Stores in Patients Receiving Erythropoietin Therapy:** Percentage of patients aged 18 years and older with a diagnosis of MDS who are receiving erythropoietin therapy with documentation of iron stores prior to initiating erythropoietin therapy	AMA-PCPI/ ASH	X	X				
0380/ 69		Clinical Process/ Effectiveness	**Hematology: Multiple Myeloma: Treatment with Bisphosphonates:** Percentage of patients aged 18 years and older with a diagnosis of multiple myeloma, not in remission, who were prescribed or received	AMA-PCPI/ ASH	X	X				

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			intravenous bisphosphonate therapy within the 12-month reporting period							
0379/ 70		Clinical Process/ Effectiveness	**Hematology: Chronic Lymphocytic Leukemia (CLL): Baseline Flow Cytometry:** Percentage of patients aged 18 years and older with a diagnosis of CLL who had baseline flow cytometry studies performed	AMA-PCPI/ ASH	X	X				
0387/ 71		Clinical Process/ Effectiveness	**Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer:** Percentage of female patients aged 18 years and older with Stage IC through IIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period	AMA-PCPI/ ASCO/NCCN	X	X	X		X	HITECH
0385/ 72		Clinical Process/ Effectiveness	**Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients:** Percentage of patients aged 18 years and older with Stage IIIA through IIIC colon cancer who are referred for	AMA-PCPI/ ASCO/NCCN	X	X	X		X	HITECH

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12-month reporting period							
0464/ 76		Patient Safety	**Prevention of Catheter-Related Bloodstream Infections (CRBSI): Central Venous Catheter (CVC) Insertion Protocol:** Percentage of patients, regardless of age, who undergo CVC insertion for whom CVC was inserted with all elements of maximal sterile barrier technique [cap AND mask AND sterile gown AND sterile gloves AND a large sterile sheet AND hand hygiene AND 2% chlorhexidine for cutaneous antisepsis (or acceptable alternative antiseptics per current guideline)] followed	AMA-PCPI	X	X				
0323/ 81		Care Coordination	**Adult Kidney Disease: Hemodialysis Adequacy: Solute:** Percentage of calendar months within a 12-month period during which patients aged 18 years and older with a	AMA-PCPI		X				

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			diagnosis of ESRD receiving hemodialysis three times a week who have a spKt/V ≥ 1.2							
0321/ 82		Care Coordination	**Adult Kidney Disease: Peritoneal Dialysis Adequacy: Solute:** Percentage of patients aged 18 years and older with a diagnosis of ESRD receiving peritoneal dialysis who have a total Kt/V ≥ 1.7 per week measured once every 4 months	AMA-PCPI		X				
0393/ 83		Clinical Process/ Effectiveness	**Hepatitis C: Testing for Chronic Hepatitis C – Confirmation of Hepatitis C Viremia:** Percentage of patients aged 18 years and older with a diagnosis of hepatitis C seen for an initial evaluation who had HCV RNA testing ordered or previously performed	AMA-PCPI		X				
0395/ 84		Clinical Process/ Effectiveness	**Hepatitis C: Ribonucleic Acid (RNA) Testing Before Initiating Treatment:** Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment for whom	AMA-PCPI	X	X			X	

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			quantitative HCV RNA testing was performed within 6 months prior to initiation of antiviral treatment							
0396/ 85		Clinical Process/ Effectiveness	**Hepatitis C: HCV Genotype Testing Prior to Treatment:** Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment for whom HCV genotype testing was performed prior to initiation of antiviral treatment	AMA-PCPI	X	X			X	
0397/ 86		Clinical Process/ Effectiveness	**Hepatitis C: Antiviral Treatment Prescribed:** Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who were prescribed at a minimum peginterferon and ribavirin therapy within the 12-month reporting period	AMA-PCPI	X	X			X	
0398/ 87		Clinical Process/ Effectiveness	**Hepatitis C: HCV Ribonucleic Acid (RNA) Testing at Week 12 of Treatment:** Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral	AMA-PCPI	X	X			X	

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			treatment for whom quantitative HCV RNA testing was performed at no greater than 12 weeks from the initiation of antiviral treatment							
0401/ 89		Clinical Process/ Effectiveness	**Hepatitis C: Counseling Regarding Risk of Alcohol Consumption:** Percentage of patients aged 18 years and older with a diagnosis of hepatitis C who were counseled about the risks of alcohol use at least once within 12-months	AMA-PCPI	X	X			X	
0394/ 90		Clinical Process/ Effectiveness	**Hepatitis C: Counseling Regarding Use of Contraception Prior to Antiviral Therapy:** Percentage of female patients aged 18 through 44 years and all men aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment who were counseled regarding contraception prior to the initiation of treatment	AMA-PCPI	X	X			X	
0653/ 91		Clinical Process/ Effectiveness	**Acute Otitis Externa (AOE): Topical Therapy:** Percentage of patients aged 2 years and older with a diagnosis of	AMA-PCPI	X	X				

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			AOE who were prescribed topical preparations							
0654/ 93		Care Coordination	**Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use:** Percentage of patients aged 2 years and older with a diagnosis of AOE who were <u>not</u> <u>prescribed</u> systemic antimicrobial therapy	AMA-PCPI	X	X				
0391/ 99		Clinical Process/ Effectiveness	**Breast Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade:** Percentage of breast cancer resection pathology reports that include the pT category (primary tumor), the pN category (regional lymph nodes), and the histologic grade	AMA-PCPI/ CAP	X	X				
0392/ 100		Clinical Process/ Effectiveness	**Colorectal Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade:**	AMA-PCPI/ CAP	X	X				

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			Percentage of colon and rectum cancer resection pathology reports that include the pT category (primary tumor), the pN category (regional lymph nodes) and the histologic grade							
0389/ 102		Efficient Use of Healthcare Resources	**Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low-Risk Prostate Cancer Patients:** Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer	AMA-PCPI	X	X	X			HITECH
0390/ 104		Clinical Process/ Effectiveness	**Prostate Cancer: Adjuvant Hormonal Therapy for High-Risk Prostate Cancer Patients:** Percentage of patients, regardless of age, with a diagnosis of	AMA-PCPI	X	X				

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			prostate cancer at high risk of recurrence receiving external beam radiotherapy to the prostate who were prescribed adjuvant hormonal therapy (GnRH agonist or antagonist)							
0388/ 105		Patient Safety	**Prostate Cancer: Three Dimensional (3D) Radiotherapy:** Percentage of patients, regardless of age, with a diagnosis of clinically localized prostate cancer receiving external beam radiotherapy as a primary therapy to the prostate with or without nodal irradiation (no metastases; no salvage therapy) who receive three-dimensional conformal radiotherapy (3D-CRT) or intensity modulated radiation therapy (IMRT)	AMA-PCPI	X	X				
0103/ 106		Clinical Process/ Effectiveness	**Major Depressive Disorder (MDD): Diagnostic Evaluation:** Percentage of patients aged 18 years and older with a new diagnosis or recurrent episode of MDD who met the DSM-IV criteria during the visit in which the new diagnosis	AMA-PCPI	X	X				

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			or recurrent episode was identified during the measurement period							
0104/ 107		Clinical Process/ Effectiveness	**Major Depressive Disorder (MDD): Suicide Risk Assessment:** Percentage of patients aged 18 years and older with a new diagnosis or recurrent episode of MDD who had a suicide risk assessment completed at each visit during the measurement period	AMA-PCPI	X	X				
0054/ 108		Clinical Process/ Effectiveness	**Rheumatoid Arthritis (RA): Disease Modifying Anti-Rheumatic Drug (DMARD) Therapy:** Percentage of patients aged 18 years and older who were diagnosed with RA and were prescribed, dispensed, or administered at least one ambulatory prescription for a DMARD	NCQA	X	X			X	
0050/ 109		Patient and Family Engagement	**Osteoarthritis (OA): Function and Pain Assessment:** Percentage of patient visits for patients aged 21 years and older with a diagnosis of OA with assessment for function and pain	AMA-PCPI	X	X				
0041/		Population/	**Preventive Care and**	AMA-	X	X	X	X	X	HITE

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
110		Public Health	**Screening: Influenza Immunization:** Percentage of patients aged 6 months and older who received an influenza immunization during the flu season (October 1 through March 31)	PCPI						CH ACO
0043/ 111		Clinical Process/ Effectiveness	**Preventive Care and Screening: Pneumonia Vaccination for Patients 65 Years and Older:** Percentage of patients aged 65 years and older who have ever received a pneumococcal vaccine	NCQA	X	X	X	X	X	HITE CH ACO
0031/ 112		Clinical Process/ Effectiveness	**Preventive Care and Screening: Screening Mammography:** Percentage of women aged 40 through 69 years who had a mammogram to screen for breast cancer	NCQA	X	X	X	X	X	HITE CH ACO
0034/ 113		Clinical Process/ Effectiveness	**Preventive Care and Screening: Colorectal Cancer Screening:** Percentage of patients aged 50 through 75 years who received the appropriate colorectal cancer screening	NCQA	X	X	X	X	X	HITE CH ACO
0058/ 116		Efficient Use of Healthcare Resources	**Antibiotic Treatment for Adults with Acute Bronchitis: Avoidance of Inappropriate Use:** Percentage of adults aged	NCQA	X	X				

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			18 through 64 years with a diagnosis of acute bronchitis who were not prescribed or dispensed an antibiotic prescription on or within 3 days of the initial date of service							
0055/ 117		Clinical Process/ Effectiveness	**Diabetes Mellitus: Dilated Eye Exam in Diabetic Patient:** Percentage of patients aged 18 through 75 years with a diagnosis of diabetes mellitus who had a dilated eye exam	NCQA	X	X	X		X	HITECH
0066/ 118		Clinical Process/ Effectiveness	**Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Patients with CAD and Diabetes and/or Left Ventricular Systolic Dysfunction (LVSD):** Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who also have diabetes OR a current or prior LVEF < 40% who were prescribed ACE inhibitor or ARB therapy	AMA-PCPI/ ACCF/AHA		X		X		ACO

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
0062/ 119		Clinical Process/ Effectiveness	**Diabetes: Urine Screening:** Percentage of patients aged 18 through 75 years with diabetes (type 1 or type 2) who had a nephropathy screening test or evidence of nephropathy	NCQA	X	X	X		X	HITECH
AQA adopted/ 121		Clinical Process/ Effectiveness	**Adult Kidney: Disease Laboratory Testing (Lipid Profile):** Percentage of patients aged 18 years and older with a diagnosis of CKD (stage 3, 4, or 5, not receiving Renal Replacement Therapy [RRT]) who had a fasting lipid profile performed at least once within a 12-month period	AMA-PCPI	X	X			X	
AQA adopted/ 122		Clinical Process/ Effectiveness	**Adult Kidney Disease: Blood Pressure Management:** Percentage of patient visits for those patients aged 18 years and older with a diagnosis of CKD (stage 3, 4, or 5, not receiving Renal Replacement Therapy [RRT]) and documented proteinuria with a blood pressure < 130/80 mmHg OR ≥ 130/80 mmHg with a documented plan of care	AMA-PCPI	X	X			X	
AQA		Clinical	**Adult Kidney Disease:**	AMA-	X	X			X	

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
adopted/ 123		Process/ Effectiveness	**Patients On Erythropoiesis-Stimulating Agent (ESA) - Hemoglobin Level > 12.0 g/dL:** Percentage of calendar months within a 12-month period during which a Hemoglobin level is measured for patients aged 18 years and older with a diagnosis of advanced Chronic Kidney Disease (CKD) (stage 4 or 5, not receiving Renal Replacement Therapy [RRT]) or End Stage Renal Disease (ESRD) (who are on hemodialysis or peritoneal dialysis) who are also receiving ESA therapy AND have a Hemoglobin level > 12.0 g/dL	PCPI						
0417/ 126		Clinical Process/ Effectiveness	**Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy – Neurological Evaluation:** Percentage of patients aged 18 years and older with a diagnosis of diabetes mellitus who had a neurological examination of their lower extremities within	APMA	X	X				

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			12 months							
0416/ 127		Clinical Process/ Effectiveness	**Diabetes Mellitus: Diabetic Foot and Ankle Care, Ulcer Prevention – Evaluation of Footwear:** Percentage of patients aged 18 years and older with a diagnosis of diabetes mellitus who were evaluated for proper footwear and sizing	APMA	X	X				
0421/ 128		Population/ Public Health	**Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up:** Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented. Normal Parameters: Age 65 years and older BMI ≥ 23 and < 30; Age 18 – 64 years BMI ≥ 18.5 and < 25.	CMS/ QIP	X	X	X	X	X	HITECH ACO
0419/ 130		Patient Safety	**Documentation of Current Medications in the Medical Record:** Percentage of specified visits for patients aged 18	CMS/ QIP	X	X			X	HITECH

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			years and older for which the eligible professional attests to documenting a list of current medications to the best of his/her knowledge and ability. This list ***must*** include ALL prescriptions, over-the-counters, herbals, vitamin/mineral/dietary (nutritional) supplements AND ***must*** contain the medications' name, dosage, frequency and route							
0420/ 131		Population/ Public Health	**Pain Assessment and Follow-Up:** Percentage of patients aged 18 years and older with documentation of a pain assessment through discussion with the patient including the use of a standardized tool(s) on each visit AND documentation of a follow-up plan when pain is present	CMS/ QIP	X	X				
0418/ 134		Population/ Public Health	**Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan:** Percentage of patients aged 12 years and older screened for clinical depression using an age appropriate standardized	CMS/ QIP	X	X		X		HITE CH ACO

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			tool AND follow-up plan documented							
0650/ 137		Clinical Process/ Effectiveness	**Melanoma: Continuity of Care – Recall System:** Percentage of patients, regardless of age, with a current diagnosis of melanoma or a history of melanoma whose information was entered, at least once within a 12 month period, into a recall system that includes: • A target date for the next complete physical skin exam, AND • A process to follow up with patients who either did not make an appointment within the specified timeframe or who missed a scheduled appointment	AMA-PCPI/ NCQA		X				
0561/ 138		Care Coordination	**Melanoma: Coordination of Care:** Percentage of patient visits, regardless of patient age, with a new occurrence of melanoma who have a treatment plan documented in the chart that was communicated to the physician(s) providing continuing care within one month of diagnosis	AMA-PCPI/ NCQA		X				
0566/		Clinical	**Age-Related Macular**	AMA-	X	X				

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
140		Process/ Effectiveness	**Degeneration (AMD): Counseling on Antioxidant Supplement:** Percentage of patients aged 50 years and older with a diagnosis of AMD and/or their caregiver(s) who were counseled within 12 months on the benefits and/or risks of the Age-Related Eye Disease Study (AREDS) formulation for preventing progression of AMD	PCPI/ NCQA						
0563/ 141		Care Coordination	**Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care:** Percentage of patients aged 18 years and older with a diagnosis of POAG whose glaucoma treatment has not failed (the most recent IOP was reduced by at least 15% from the pre- intervention level) OR if the most recent IOP was not reduced by at least 15% from the pre- intervention level, a plan of care was documented within 12	AMA-PCPI/ NCQA	X	X				

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			months							
0051/ 142		Clinical Process/ Effectiveness	**Osteoarthritis (OA): Assessment for Use of Anti-Inflammatory or Analgesic Over-the-Counter (OTC) Medications:** Percentage of patient visits for patients aged 21 years and older with a diagnosis of OA with an assessment for use of anti-inflammatory or analgesic OTC medications	AMA-PCPI	X	X				
0384/ 143		Patient and Family Engagement	**Oncology: Medical and Radiation – Pain Intensity Quantified:** Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified	AMA-PCPI		X			X	HITECH
0383/ 144		Patient and Family Engagement	**Oncology: Medical and Radiation – Plan of Care for Pain:** Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain with a documented plan of care to address	AMA-PCPI		X			X	

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			pain							
0510/ 145		Patient Safety	**Radiology: Exposure Time Reported for Procedures Using Fluoroscopy:** Percentage of final reports for procedures using fluoroscopy that include documentation of radiation exposure or exposure time	AMA-PCPI/ NCQA	X	X				
0508/ 146		Efficient Use of Healthcare Resources	**Radiology: Inappropriate Use of "Probably Benign" Assessment Category in Mammography Screening:** Percentage of final reports for screening mammograms that are classified as "probably benign"	AMA-PCPI/ NCQA	X	X				
0511/ 147		Care Coordination	**Nuclear Medicine: Correlation with Existing Imaging Studies for All Patients Undergoing Bone Scintigraphy:** Percentage of final reports for all patients, regardless of age, undergoing bone scintigraphy that include physician documentation of correlation with existing relevant imaging studies (e.g., x-ray, MRI, CT, etc.) that were	AMA-PCPI	X	X				

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			performed							
0322/ 148		Efficient Use of Healthcare Resources	**Back Pain: Initial Visit:** The percentage of patients aged 18 through 79 years with a diagnosis of back pain or undergoing back surgery who had back pain and function assessed during the initial visit to the clinician for the episode of back pain	NCQA					X	
0319/ 149		Clinical Process/ Effectiveness	**Back Pain: Physical Exam:** Percentage of patients aged 18 through 79 years with a diagnosis of back pain or undergoing back surgery who received a physical examination at the initial visit to the clinician for the episode of back pain	NCQA					X	
0314/ 150		Clinical Process/ Effectiveness	**Back Pain: Advice for Normal Activities:** The percentage of patients aged 18 through 79 years with a diagnosis of back pain or undergoing back surgery who received advice for normal activities at the initial visit to the clinician for the episode of back pain	NCQA					X	
0313/ 151		Clinical Process/ Effectiveness	**Back Pain: Advice Against Bed Rest:** The percentage of patients aged 18 through 79 years	NCQA					X	

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			with a diagnosis of back pain or undergoing back surgery who received advice against bed rest lasting four days or longer at the initial visit to the clinician for the episode of back pain							
AQA adopted/ 154		Patient Safety	**Falls: Risk Assessment:** Percentage of patients aged 65 years and older with a history of falls who had a risk assessment for falls completed within 12 months	AMA-PCPI/ NCQA	X	X				
AQA adopted/ 155		Care Coordination	**Falls: Plan of Care:** Percentage of patients aged 65 years and older with a history of falls who had a plan of care for falls documented within 12 months	AMA-PCPI/ NCQA	X	X				
0382/ 156		Patient Safety	**Oncology: Radiation Dose Limits to Normal Tissues:** Percentage of patients, regardless of age, with a diagnosis of pancreatic or lung cancer receiving 3D conformal radiation therapy with documentation in medical record that radiation dose limits to normal tissues were established prior to the initiation of a course of 3D conformal radiation	AMA-PCPI	X	X				

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			for a minimum of two tissues							
0455/ 157		Patient Safety	**Thoracic Surgery: Recording of Clinical Stage Prior to Lung Cancer or Esophageal Cancer Resection:** Percentage of surgical patients aged 18 years and older undergoing resection for lung or esophageal cancer who had clinical staging provided prior to surgery	STS	X	X				
0404/ 159		Clinical Process/ Effectiveness	**HIV/AIDS: CD4+ Cell Count or CD4+ Percentage:** Percentage of patients aged 6 months and older with a diagnosis of HIV/AIDS for whom a CD4+ cell count or CD4+ cell percentage was performed at least once every 6 months	AMA-PCPI/ NCQA		X			X	
0405/ 160		Clinical Process/ Effectiveness	**HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis:** Percentage of patients aged 6 years and older with a diagnosis of HIV/AIDS and CD4+ cell count < 200 cells/mm3 who were prescribed PCP prophylaxis within 3 months of low CD4+ cell	AMA-PCPI/ NCQA		X			X	HITECH

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			count							
0406/ 161		Clinical Process/ Effectiveness	**HIV/AIDS: Adolescent and Adult Patients with HIV/AIDS Who Are Prescribed Potent Antiretroviral Therapy:** Percentage of patients with a diagnosis of HIV/AIDS aged 13 years and older: who have a history of a nadir CD4+ cell count below 350/mm3 or who have a history of an AIDS-defining condition, regardless of CD4+ cell count; or who are pregnant, regardless of CD4+ cell count or age, who were prescribed potent antiretroviral therapy	AMA-PCPI/ NCQA		X			X	
0407/ 162		Clinical Process/ Effectiveness	**HIV/AIDS: HIV RNA Control After Six Months of Potent Antiretroviral Therapy:** Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS who are receiving potent antiretroviral therapy, who have a viral load below limits of quantification after at least 6 months of potent	AMA-PCPI/ NCQA		X			X	HITECH

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			antiretroviral therapy or patients whose viral load is not below limits of quantification after at least 6 months of potent antiretroviral therapy and have documentation of a plan of care							
0056/ 163		Clinical Process/ Effectiveness	**Diabetes Mellitus: Foot Exam:** The percentage of patients aged 18 through 75 years with diabetes who had a foot examination	NCQA	X	X	X		X	HITECH
0129/ 164		Clinical Process/ Effectiveness	**Coronary Artery Bypass Graft (CABG): Prolonged Intubation:** Percentage of patients aged 18 years and older undergoing isolated CABG surgery who require intubation > 24 hours	STS		X			X	
0130/ 165		Clinical Process/ Effectiveness	**Coronary Artery Bypass Graft (CABG): Deep Sternal Wound Infection Rate:** Percentage of patients aged 18 years and older undergoing isolated CABG surgery who, within 30 days postoperatively, develop deep sternal wound infection (involving muscle, bone, and/or mediastinum requiring	STS		X			X	

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			operative intervention)							
0131/ 166		Clinical Process/ Effectiveness	**Coronary Artery Bypass Graft (CABG): Stroke:** Percentage of patients aged 18 years and older undergoing isolated CABG surgery who have a postoperative stroke (i.e., any confirmed neurological deficit of abrupt onset caused by a disturbance in blood supply to the brain) that did not resolve within 24 hours	STS		X			X	
0114/ 167		Clinical Process/ Effectiveness	**Coronary Artery Bypass Graft (CABG): Postoperative Renal Failure:** Percentage of patients aged 18 years and older undergoing isolated CABG surgery (without pre-existing renal failure) who develop postoperative renal failure or require dialysis	STS		X			X	
0115/ 168		Clinical Process/ Effectiveness	**Coronary Artery Bypass Graft (CABG): Surgical Re-Exploration:** Percentage of patients aged 18 years and older undergoing isolated CABG surgery who require a return to the operating room (OR) during the current	STS		X			X	

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			hospitalization for mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction, or other cardiac reason							
0116/ 169		Clinical Process/ Effectiveness	**Coronary Artery Bypass Graft (CABG): Antiplatelet Medications at Discharge:** Percentage of patients aged 18 years and older undergoing isolated CABG surgery who were discharged on antiplatelet medication	STS		X			X	
0117/ 170		Clinical Process/ Effectiveness	**Coronary Artery Bypass Graft (CABG): Beta-Blockers Administered at Discharge:** Percentage of patients aged 18 years and older undergoing isolated CABG surgery who were discharged on beta-blockers	STS		X			X	
0118/ 171		Clinical Process/ Effectiveness	**Coronary Artery Bypass Graft (CABG): Anti-Lipid Treatment at Discharge:** Percentage of patients aged 18 years and older undergoing isolated CABG surgery who were discharged on a statin or other lipid-lowering regimen	STS		X			X	
0259/		Clinical	**Hemodialysis Vascular**	SVS	X	X				

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
172		Process/ Effectiveness	**Access Decision-Making by Surgeon to Maximize Placement of Autogenous Arterial Venous (AV) Fistula:** Percentage of patients aged 18 years and older with a diagnosis of advanced Chronic Kidney Disease (CKD) (stage 4 or 5) or End Stage Renal Disease (ESRD) requiring hemodialysis vascular access documented by surgeon to have received autogenous AV fistula							
AQA adopted/ 173		Population/ Public Health	**Preventive Care and Screening: Unhealthy Alcohol Use – Screening:** Percentage of patients aged 18 years and older who were screened for unhealthy alcohol use using a systematic screening method within 24 months	AMA-PCPI	X	X	X		X	
AQA adopted/ 176		Clinical Process/ Effectiveness	**Rheumatoid Arthritis (RA): Tuberculosis Screening:** Percentage of patients aged 18 years and older with a diagnosis of RA who have documentation of a tuberculosis (TB) screening performed and results interpreted within	AMA-PCPI/ NCQA	X	X			X	

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			6 months prior to receiving a first course of therapy using a biologic disease-modifying anti-rheumatic drug (DMARD)							
AQA adopted/ 177		Clinical Process/ Effectiveness	**Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity:** Percentage of patients aged 18 years and older with a diagnosis of RA who have an assessment and classification of disease activity within 12 months	AMA-PCPI/ NCQA	X	X			X	
AQA adopted/ 178		Clinical Process/ Effectiveness	**Rheumatoid Arthritis (RA): Functional Status Assessment:** Percentage of patients aged 18 years and older with a diagnosis of RA for whom a functional status assessment was performed at least once within 12 months	AMA-PCPI/ NCQA	X	X			X	
AQA adopted/ 179		Clinical Process/ Effectiveness	**Rheumatoid Arthritis (RA): Assessment and Classification of Disease Prognosis:** Percentage of patients aged 18 years and older with a diagnosis of RA who have an assessment and classification of disease prognosis at least once	AMA-PCPI/ NCQA	X	X			X	

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			within 12 months							
AQA adopted/ 180		Care Coordination	**Rheumatoid Arthritis (RA): Glucocorticoid Management:** Percentage of patients aged 18 years and older with a diagnosis of RA who have been assessed for glucocorticoid use and, for those on prolonged doses of prednisone ≥ 10 mg daily (or equivalent) with improvement or no change in disease activity, documentation of glucocorticoid management plan within 12 months	AMA-PCPI/ NCQA	X	X			X	
AQA adopted/ 181		Patient Safety	**Elder Maltreatment Screen and Follow-Up Plan:** Percentage of patients aged 65 years and older with documentation of a screen for elder maltreatment AND documented follow-up plan	CMS/ QIP	X	X				
AQA adopted/ 182		Care Coordination	**Functional Outcome Assessment:** Percentage of patients aged 18 years and older with documentation of a current functional outcome assessment using a standardized functional outcome assessment tool	CMS/ QIP	X	X				

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			AND documentation of a care plan based on identified functional outcome deficiencies							
0399/ 183		Population/ Public Health	**Hepatitis C: Hepatitis A Vaccination in Patients with HCV:** Percentage of patients aged 18 years and older with a diagnosis of hepatitis C who received at least one injection of hepatitis A vaccine, or who have documented immunity to hepatitis A	AMA-PCPI	X	X			X	
0400/ 184		Population/ Public Health	**Hepatitis C: Hepatitis B Vaccination in Patients with HCV:** Percentage of patients aged 18 years and older with a diagnosis of hepatitis C who received at least one injection of hepatitis B vaccine, or who have documented immunity to hepatitis B	AMA-PCPI	X	X			X	
0659/ 185		Care Coordinatio n	**Endoscopy & Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use:** Percentage of patients aged 18 years and older receiving a surveillance colonoscopy with a history of colonic	AMA-PCPI/ NCQA	X	X				

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			polyp(s) in a previous colonoscopy, who had a follow-up interval of 3 or more years since their last colonoscopy documented in the colonoscopy report							
0437/ 187		Clinical Process/ Effectiveness	**Stroke and Stroke Rehabilitation: Thrombolytic Therapy:** Percentage of patients aged 18 years and older with a diagnosis of acute ischemic stroke who arrive at the hospital within two hours of time last known well and for whom IV t-PA was initiated within three hours of time last known well	AHA/ ASA/ TJC		X				
N/A/ 188		Care Coordination	**Referral for Otologic Evaluation for Patients with Congenital or Traumatic Deformity of the Ear:** Percentage of patients aged birth and older referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation subsequent to an audiologic evaluation after presenting with a congenital or traumatic deformity of the ear	AQC	X	X				

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			(internal or external)							
0565/ 191		Clinical Process/ Effectiveness	**Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery:** Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and no significant ocular conditions impacting the visual outcome of surgery and had best-corrected visual acuity of 20/40 or better (distance or near) achieved within 90 days following the cataract surgery	AMA-PCPI/ NCQA		X			X	HITECH
0564/ 192		Patient Safety	**Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures:** Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and had any of a specified list of surgical procedures in the 30 days following cataract surgery which would indicate the occurrence of any of the following major	AMA-PCPI/ NCQA		X			X	HITECH

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			complications: retained nuclear fragments, endophthalmitis, dislocated or wrong power IOL, retinal detachment, or wound dehiscence							
0454/ 193		Patient Safety	**Perioperative Temperature Management:** Percentage of patients, regardless of age, undergoing surgical or therapeutic procedures under general or neuraxial anesthesia of 60 minutes duration or longer, except patients undergoing cardiopulmonary bypass, for whom *either* active warming was used intraoperatively for the purpose of maintaining normothermia, OR at least one body temperature equal to or greater than 36 degrees Centigrade (or 96.8 degrees Fahrenheit) was recorded within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time	AMA-PCPI	X	X				
0386/ 194		Clinical Process/ Effectiveness	**Oncology: Cancer Stage Documented:** Percentage of patients, regardless of age, with a diagnosis of	AMA-PCPI/ ASCO	X	X			X	

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			breast, colon, or rectal cancer who are seen in the ambulatory setting who have a baseline AJCC cancer stage or documentation that the cancer is metastatic in the medical record at least once within 12 months							
0507/ 195		Clinical Process/ Effectiveness	**Radiology: Stenosis Measurement in Carotid Imaging Reports:** Percentage of final reports for all patients, regardless of age, for carotid imaging studies (neck magnetic resonance angiography [MRA], neck computed tomography angiography [CTA], neck duplex ultrasound, carotid angiogram) performed that include direct or indirect reference to measurements of distal internal carotid diameter as the denominator for stenosis measurement	AMA-PCPI/ NCQA	X	X				
0074/ 197		Clinical Process/ Effectiveness	**Coronary Artery Disease (CAD): Lipid Control:** Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who have a LDL-C	AMA-PCPI/ ACCF/AHA		X	X	X	X	ACO

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			result < 100 mg/dL OR patients who have a LDL-C result ≥ 100 mg/dL and have a documented plan of care to achieve LDL-C <100 mg/dL, including at a minimum the prescription of a statin							
0079/ 198		Clinical Process/ Effectiveness	**Heart Failure: Left Ventricular Ejection Fraction (LVEF) Assessment:** Percentage of patients aged 18 years and older with a diagnosis of heart failure for whom the quantitative or qualitative result (of a recent or prior [any time in the past] LVEF assessment) is documented within a 12 month period	AMA-PCPI/ ACCF/AHA		X			X	
0084/ 200		Clinical Process/ Effectiveness	**Heart Failure: Warfarin Therapy for Patients with Atrial Fibrillation:** Percentage of all patients aged 18 and older with a diagnosis of heart failure and paroxysmal or chronic atrial fibrillation who were prescribed warfarin therapy	AMA-PCPI/ ACCF/AHA			X			
0073/ 201		Clinical Process/ Effectiveness	**Ischemic Vascular Disease (IVD): Blood Pressure Management Control:** Percentage of	NCQA	X	X	X		X	HITECH

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			patients aged 18 years and older with ischemic vascular disease (IVD) who had most recent blood pressure in control (less than 140/90 mmHg)							
0068/ 204		Clinical Process/ Effectiveness	**Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic:** Percentage of patients aged 18 years and older with ischemic vascular disease (IVD) with documented use of aspirin or other antithrombotic	NCQA	X	X	X	X	X	HITECH ACO Million Hearts
0409/ 205		Clinical Process/ Effectiveness	**HIV/AIDS: Sexually Transmitted Disease Screening for Chlamydia and Gonorrhea:** Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS for whom chlamydia and gonorrhea screenings were performed at least once since the diagnosis of HIV infection	AMA-PCPI/ NCQA		X			X	
0413/ 206		Clinical Process/ Effectiveness	**HIV/AIDS: Screening for High Risk Sexual Behaviors:** Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS who were screened for high risk	AMA-PCPI/ NCQA		X			X	

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			sexual behaviors at least once within 12 months							
0415/ 207		Clinical Process/ Effectiveness	**HIV/AIDS: Screening for Injection Drug Use:** Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS who were screened for injection drug use at least once within 12 months	AMA-PCPI/ NCQA		X			X	
0410/ 208		Clinical Process/ Effectiveness	**HIV/AIDS: Sexually Transmitted Disease Screening for Syphilis:** Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS who were screened for syphilis at least once within 12 months	AMA-PCPI/ NCQA		X			X	
0445/ 209		Care Coordination	**Functional Communication Measure - Spoken Language Comprehension:** Percentage of patients aged 16 years and older with a diagnosis of late effects of cerebrovascular disease (CVD) that make progress on the Spoken Language Comprehension Functional Communication Measure	ASHA		X				
0449/		Care	**Functional**	ASHA		X				

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
210		Coordination	**Communication Measure – Attention:** Percentage of patients aged 16 years and older with a diagnosis of late effects of cerebrovascular disease (CVD) that make progress on the Attention Functional Communication Measure							
0448/ 211		Care Coordination	**Functional Communication Measure – Memory:** Percentage of patients aged 16 years and older with a diagnosis of late effects of cerebrovascular disease (CVD) that make progress on the Memory Functional Communication Measure	ASHA		X				
0446/ 213		Care Coordination	**Functional Communication Measure – Reading:** Percentage of patients aged 16 years and older with a diagnosis of late effects of cerebrovascular disease (CVD) that make progress on the Reading Functional Communication Measure	ASHA		X				
0444/ 214		Care Coordination	**Functional Communication Measure - Spoken Language Expression:**	ASHA		X				

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			Percentage of patients aged 16 years and older with a diagnosis of late effects of cerebrovascular disease (CVD) that make progress on the Spoken Language Expression Functional Communication Measure							
0442/ 215		Care Coordination	**Functional Communication Measure – Writing:** Percentage of patients aged 16 years and older with a diagnosis of late effects of cerebrovascular disease (CVD) that make progress on the Writing Functional Communication Measure	ASHA		X				
0443/ 216		Care Coordination	**Functional Communication Measure – Swallowing:** Percentage of patients aged 16 years and older with a diagnosis of late effects of cerebrovascular disease (CVD) that make progress on the Swallowing Functional Communication Measure	ASHA		X				
0422/ 217		Care Coordination	**Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Knee Impairments:**	FOTO		X				

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			Percentage of patients aged 18 or older that receive treatment for a functional deficit secondary to a diagnosis that affects the knee in which the change in their Risk-Adjusted Functional Status is measured							
0423/ 218		Care Coordination	**Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Hip Impairments:** Percentage of patients aged 18 or older that receive treatment for a functional deficit secondary to a diagnosis that affects the hip in which the change in their Risk-Adjusted Functional Status is measured	FOTO		X				
0424/ 219		Care Coordination	**Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Lower Leg, Foot or Ankle Impairments:** Percentage of patients aged 18 or older that receive treatment for a functional deficit secondary to a diagnosis that affects the lower leg, foot or ankle in which the	FOTO		X				

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			change in their Risk-Adjusted Functional Status is measured							
0425/ 220		Care Coordination	**Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Lumbar Spine Impairments:** Percentage of patients aged 18 or older that receive treatment for a functional deficit secondary to a diagnosis that affects the lumbar spine in which the change in their Risk-Adjusted Functional Status is measured	FOTO		X				
0426/ 221		Care Coordination	**Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Shoulder Impairments:** Percentage of patients aged 18 or older that receive treatment for a functional deficit secondary to a diagnosis that affects the shoulder in which the change in their Risk- Adjusted Functional Status is measured	FOTO		X				
0427/ 222		Care Coordination	**Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with**	FOTO		X				

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			Elbow, Wrist or Hand Impairments: Percentage of patients aged 18 or older that receive treatment for a functional deficit secondary to a diagnosis that affects the elbow, wrist or hand in which the change in their Risk-Adjusted Functional Status is measured							
0428/ 223		Care Coordination	**Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Neck, Cranium, Mandible, Thoracic Spine, Ribs, or Other General Orthopedic Impairments:** Percentage of patients aged 18 or older that receive treatment for a functional deficit secondary to a diagnosis that affects the neck, cranium, mandible, thoracic spine, ribs, or other general orthopedic impairment in which the change in their Risk-Adjusted Functional Status is measured	FOTO		X				
0562/ 224		Efficient Use of Healthcare	**Melanoma: Overutilization of Imaging Studies in**	AMA-PCPI/ NCQA		X				

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
		Resources	**Melanoma:** Percentage of patients, regardless of age, with a current diagnosis of melanoma or a history of melanoma, without signs or symptoms, seen for an office visit during the one-year measurement period, for whom no diagnostic imaging studies were ordered							
0509/ 225		Care Coordination	**Radiology: Reminder System for Mammograms:** Percentage of patients aged 40 years and older undergoing a screening mammogram whose information is entered into a reminder system with a target due date for the next mammogram	AMA-PCPI/ NCQA	X	X				
0028/ 226		Population/ Public Health	**Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention:** Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user	AMA-PCPI	X	X	X	X	X	HITECH ACO Million Hearts

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
N/A/ 228		Clinical Process/ Effectiveness	**Heart Failure (HF): Left Ventricular Function (LVF) Testing:** Percentage of patients 18 years and older with LVF testing performed during the measurement period for patients hospitalized with a principal diagnosis of HF during the reporting period	CMS/ QIP		X				
N/A/ 231		Clinical Process/ Effectiveness	**Asthma: Tobacco Use: Screening - Ambulatory Care Setting:** Percentage of patients (or their primary caregiver) aged 5 through 50 years with a diagnosis of asthma who were queried about tobacco use and exposure to second hand smoke within their home environment at least once during the one-year measurement period	AMA-PCPI/ NCQA	X	X			X	
N/A/ 232		Clinical Process/ Effectiveness	**Asthma: Tobacco Use: Intervention - Ambulatory Care Setting:** Percentage of patients (or their primary caregiver) aged 5 through 50 years with a diagnosis of asthma who were identified as tobacco users (patients who currently use tobacco AND patients	AMA-PCPI/ NCQA	X	X			X	

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			who do not currently use tobacco, but are exposed to second hand smoke in their home environment) who received tobacco cessation intervention at least once during the one-year measurement period							
0457/ 233		Clinical Process/ Effectiveness	**Thoracic Surgery: Recording of Performance Status Prior to Lung or Esophageal Cancer Resection:** Percentage of patients aged 18 years and older undergoing resection for lung or esophageal cancer who had performance status documented and reviewed within 2 weeks prior to surgery	STS		X				
0458/ 234		Patient Safety	**Thoracic Surgery: Pulmonary Function Tests Before Major Anatomic Lung Resection (Pneumonectomy, Lobectomy, or Formal Segmentectomy):** Percentage of thoracic surgical patients aged 18 years and older undergoing at least one pulmonary function test within 12 months prior to	STS		X				

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			a major lung resection (pneumonectomy, lobectomy, or formal segmentectomy)							
0018/ 236		Clinical Process/ Effectiveness	**Hypertension (HTN): Controlling High Blood Pressure:** Percentage of patients aged 18 through 85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (< 140/90 mmHg)	NCQA	X	X	X	X	X	HITECH ACO Million Hearts
0013/ 237		Clinical Process/ Effectiveness	**Hypertension (HTN): Blood Pressure Measurement:** Percentage of patient visits for patients aged 18 years and older with a diagnosis of HTN with blood pressure (BP) recorded	AMA-PCPI			X			
0022/ 238		Patient Safety	**Drugs to be Avoided in the Elderly:** Percentage of patients ages 65 years and older who received at least one drug to be avoided in the elderly and/or two different drugs to be avoided in the elderly in the measurement period	NCQA			X			HITECH
0024/ 239		Population/ Public Health	**Weight Assessment and Counseling for Children and Adolescents:** Percentage of children 2	NCQA			X			HITECH

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			through 17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement period							
0038/ 240		Population/ Public Health	**Childhood Immunization Status:** The percentage of children two years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, rubella (MMR); three H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); two hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday	NCQA			X			HITECH
0075/ 241		Clinical Process/ Effectiveness	**Ischemic Vascular Disease (IVD): Complete Lipid Panel and Low Density Lipoprotein (LDL-C) Control:** Percentage of patients aged 18 years and older	NCQA	X	X	X	X	X	HITECH ACO Million Hearts

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			with Ischemic Vascular Disease (IVD) who received at least one lipid profile within 12 months and whose most recent LDL-C level was in control (less than 100 mg/dL)							
N/A/ 242		Clinical Process/ Effectiveness	**Coronary Artery Disease (CAD): Symptom Management:** Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12-month period and with results of an evaluation of level of activity AND an assessment for the presence *or* absence of anginal symptoms, with a plan of care to manage anginal symptoms, if present	AMA-PCPI/ ACCF/AHA		X			X	
0643/ 243		Clinical Process/ Effectiveness	**Cardiac Rehabilitation Patient Referral from an Outpatient Setting:** Percentage of patients evaluated in an outpatient setting who within the past 12 months have experienced an acute myocardial infarction (MI), coronary artery bypass graft (CABG)	ACCF-AHA		X				

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			surgery, a percutaneous coronary intervention (PCI), cardiac valve surgery, or cardiac transplantation, or who have chronic stable angina (CSA) and have not already participated in an early outpatient cardiac rehabilitation/secondary prevention (CR) program for the qualifying event/diagnosis who were referred to a CR program							
N/A/ 244		Clinical Process/ Effectiveness	**Hypertension: Blood Pressure Management:** Percentage of patients aged 18 years and older with a diagnosis of hypertension seen within a 12 month period with a blood pressure < 140/90 mmHg OR patients with a blood pressure ≥ 140/90 mmHg and prescribed two or more anti-hypertensive medications during the most recent office visit	AMA-PCPI/ ACCF/AHA		X				
AQA adopted/ 245		Clinical Process/ Effectiveness	**Chronic Wound Care: Use of Wound Surface Culture Technique in Patients with Chronic Skin Ulcers:** Percentage of patient visits for those patients aged 18 years and	AMA-PCPI/ NCQA	X	X				

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			older with a diagnosis of chronic skin ulcer without the use of a wound surface culture technique							
AQA adopted/ 246		Clinical Process/ Effectiveness	**Chronic Wound Care: Use of Wet to Dry Dressings in Patients with Chronic Skin Ulcers:** Percentage of patient visits for those patients aged 18 years and older with a diagnosis of chronic skin ulcer without a prescription or recommendation to use wet to dry dressings	AMA-PCPI/ NCQA	X	X				
AQA adopted/ 247		Clinical Process/ Effectiveness	**Substance Use Disorders: Counseling Regarding Psychosocial and Pharmacologic Treatment Options for Alcohol Dependence:** Percentage of patients aged 18 years and older with a diagnosis of current alcohol dependence who were counseled regarding psychosocial AND pharmacologic treatment options for alcohol dependence within the 12-month reporting period	AMA-PCPI/ NCQA	X	X				
AQA adopted/		Clinical Process/ Effectivenes	**Substance Use Disorders: Screening for Depression Among**	AMA-PCPI/ NCQA	X	X				

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
248		s	**Patients with Substance Abuse or Dependence:** Percentage of patients aged 18 years and older with a diagnosis of current substance abuse or dependence who were screened for depression within the 12-month reporting period							
N/A/ 249		Clinical Process/ Effectiveness	**Barrett's Esophagus:** Percentage of esophageal biopsy reports that document the presence of Barrett's mucosa that also include a statement about dysplasia	CAP	X	X				
N/A/ 250		Clinical Process/ Effectiveness	**Radical Prostatectomy Pathology Reporting:** Percentage of radical prostatectomy pathology reports that include the pT category, the pN category, the Gleason score and a statement about margin status	CAP	X	X				
N/A/ 251		Clinical Process/ Effectiveness	**Immunohistochemical (IHC) Evaluation of Human Epidermal Growth Factor Receptor 2 Testing (HER2) for Breast Cancer Patients:** This is a measure based on whether quantitative evaluation of Human Epidermal Growth Factor	CAP	X	X				

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			Receptor 2 Testing (HER2) by immunohistochemistry (IHC) uses the system recommended in the ASCO/CAP Guidelines for Human Epidermal Growth Factor Receptor 2 Testing in breast cancer							
0503/ 252		Clinical Process/ Effectiveness	**Anticoagulation for Acute Pulmonary Embolus Patients:** Anticoagulation ordered for patients who have been discharged from the emergency department (ED) with a diagnosis of acute pulmonary embolus	ACEP	X	X				
0651/ 254		Clinical Process/ Effectiveness	**Ultrasound Determination of Pregnancy Location for Pregnant Patients with Abdominal Pain:** Percentage of pregnant female patients aged 14 to 50 who present to the emergency department (ED) with a chief complaint of abdominal pain or vaginal bleeding who receive a trans-abdominal or trans-vaginal ultrasound to determine pregnancy location	ACEP	X	X				
0652/		Clinical	**Rh Immunoglobulin**	ACEP	X	X				

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
255		Process/ Effectiveness	**(Rhogam) for Rh-Negative Pregnant Women at Risk of Fetal Blood Exposure:** Percentage of Rh-negative pregnant women aged 14-50 years at risk of fetal blood exposure who receive Rh-Immunoglobulin (Rhogam) in the emergency department (ED)							
N/A/ 256		Care Coordination	**Surveillance after Endovascular Abdominal Aortic Aneurysm Repair (EVAR):** Percentage of patients 18 years of age or older undergoing endovascular abdominal aortic aneurysm repair (EVAR) who have at least one follow-up imaging study after 3 months and within 15 months of EVAR placement that documents aneurysm sac diameter and endoleak status	SVS		X				
N/A/ 257		Clinical Process/ Effectiveness	**Statin Therapy at Discharge after Lower Extremity Bypass (LEB):** Percentage of patients aged 18 years and older undergoing infra-	SVS		X				

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			inguinal lower extremity bypass who are prescribed a statin medication at discharge							
N/A/ 258		Care Coordination	**Rate of Open Elective Repair of Small or Moderate Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home by Post-Operative Day #7):** Percent of patients undergoing open repair of small or moderate sized abdominal aortic aneurysms who do not experience a major complication (discharge to home no later than post-operative day #7)	SVS		X				
N/A/ 259		Care Coordination	**Rate of Elective Endovascular Aortic Repair (EVAR) of Small or Moderate Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home by Post- Operative Day #2):** Percent of patients undergoing endovascular repair of small or moderate abdominal aortic aneurysms (AAA) that do not experience a	SVS		X				

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			major complication (discharged to home no later than post-operative day #2)							
N/A/ 260		Care Coordination	**Rate of Carotid Endarterectomy (CEA) for Asymptomatic Patients, without Major Complications (Discharged to Home Post-Operative Day #2):** Percent of asymptomatic patients undergoing CEA who are discharged to home no later than post-operative day #2	SVS		X				
N/A/ 261		Care Coordination	**Referral for Otologic Evaluation for Patients with Acute or Chronic Dizziness:** Percentage of patients aged birth and older referred to a physician (preferably a physician specially trained in disorders of the ear) for an otologic evaluation subsequent to an audiologic evaluation after presenting with acute or chronic dizziness	AQC	X	X				
N/A/ 262		Patient Safety	**Image Confirmation of Successful Excision of Image–Localized Breast Lesion:** Image confirmation of lesion(s) targeted for image guided	ASBS	X	X				

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			excisional biopsy or image guided partial mastectomy in patients with nonpalpable, image-detected breast lesion(s). Lesions may include: microcalcifications, mammographic or sonographic mass or architectural distortion, focal suspicious abnormalities on magnetic resonance imaging **(**MRI) or other breast imaging amenable to localization such as positron emission tomography (PET) mammography, or a biopsy marker demarcating site of confirmed pathology as established by previous core biopsy.							
N/A/ 263		Clinical Process/ Effectiveness	**Preoperative Diagnosis of Breast Cancer:** The percent of patients undergoing breast cancer operations who obtained the diagnosis of breast cancer preoperatively by a minimally invasive biopsy method (excludes open/incisional biopsies)	ASBS	X	X				
N/A/ 264		Clinical Process/ Effectivenes	**Sentinel Lymph Node Biopsy for Invasive Breast Cancer:** The	ASBS		X				

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
		s	percentage of clinically node negative (clinical stage T1N0M0 or T2N0M0) breast cancer patients who undergo a sentinel lymph node (SLN) procedure							
0645/ 265		Care Coordinatio n	**Biopsy Follow-Up:** Percentage of patients whose biopsy results have been reviewed and communicated to the primary care/referring physician and patient by the performing physician	AAD		X				
N/A/ 266		Clinical Process/ Effectivenes s	**Epilepsy: Seizure Type(s) and Current Seizure Frequency(ies):** Percentage of patient visits with a diagnosis of epilepsy who had the type(s) of seizure(s) and current seizure frequency(ies) for each seizure type documented in the medical record	AAN	X	X				
N/A/ 267		Clinical Process/ Effectivenes s	**Epilepsy: Documentation of Etiology of Epilepsy or Epilepsy Syndrome:** All visits for patients with a diagnosis of epilepsy who had their etiology of epilepsy or with epilepsy syndrome(s) reviewed and documented if known, or	AAN	X	X				

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			documented as unknown or cryptogenic							
N/A/ 268		Clinical Process/ Effectiveness	**Epilepsy: Counseling for Women of Childbearing Potential with Epilepsy:** All female patients of childbearing potential (12-44 years old) diagnosed with epilepsy who were counseled about epilepsy and how its treatment may affect contraception and pregnancy at least once a year	AAN	X	X				
N/A/ 269		Clinical Process/ Effectiveness	**Inflammatory Bowel Disease (IBD): Type, Anatomic Location and Activity All Documented:** Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease who have documented the disease type, anatomic location and activity, at least once during the reporting period	AGA					X	
N/A/ 270		Clinical Process/ Effectiveness	**Inflammatory Bowel Disease (IBD): Preventive Care: Corticosteroid Sparing Therapy:** Percentage of patients aged 18 years and older with a diagnosis of	AGA					X	

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			inflammatory bowel disease who have been managed by corticosteroids greater than or equal to 10mg/day for 60 or greater consecutive days that have been prescribed corticosteroid sparing therapy in the last reporting year							
N/A/ 271		Clinical Process/ Effectiveness	**Inflammatory Bowel Disease (IBD): Preventive Care: Corticosteroid Related Iatrogenic Injury – Bone Loss Assessment:** Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease who have received dose of corticosteroids greater than or equal to 10 mg/day for 60 or greater consecutive days and were assessed for risk of bone loss once per the reporting year	AGA					X	
N/A/ 272		Clinical Process/ Effectiveness	**Inflammatory Bowel Disease (IBD): Preventive Care: Influenza Immunization:** Percentage of patients	AGA					X	

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			aged 18 years and older with a diagnosis of inflammatory bowel disease for whom influenza immunization was recommended, administered or previously received during the reporting year							
N/A/ 273		Clinical Process/ Effectiveness	**Inflammatory Bowel Disease (IBD): Preventive Care: Pneumococcal Immunization:** Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease that had pneumococcal vaccination administered or previously received	AGA					X	
N/A/ 274		Clinical Process/ Effectiveness	**Inflammatory Bowel Disease (IBD): Testing for Latent Tuberculosis (TB) Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy:** Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease for whom a tuberculosis (TB) screening was performed and results interpreted	AGA					X	

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			within 6 months prior to receiving a first course of anti-TNF (tumor necrosis factor) therapy							
N/A/ 275		Clinical Process/ Effectiveness	**Inflammatory Bowel Disease (IBD): Assessment of Hepatitis B Virus (HBV) Status Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy:** Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease who had Hepatitis B Virus (HBV) status assessed and results interpreted within one year prior to receiving a first course of anti-TNF (tumor necrosis factor) therapy	AGA					X	
N/A/ 276		Clinical Process/ Effectiveness	**Sleep Apnea: Assessment of Sleep Symptoms:** Percentage of visits for patients aged 18 years and older with a diagnosis of obstructive sleep apnea that includes documentation of an assessment of symptoms, including presence or absence of snoring and daytime sleepiness	AMA-PCPI/ NCQA					X	
N/A/		Clinical	**Sleep Apnea: Severity**	AMA-					X	

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
277		Process/ Effectiveness	**Assessment at Initial Diagnosis:** Percentage of patients aged 18 years and older with a diagnosis of obstructive sleep apnea who had an apnea hypopnea index (AHI) or a respiratory disturbance index (RDI) measured at the time of initial diagnosis	PCPI/ NCQA						
N/A/ 278		Clinical Process/ Effectiveness	**Sleep Apnea: Positive Airway Pressure Therapy Prescribed:** Percentage of patients aged 18 years and older with a diagnosis of moderate or severe obstructive sleep apnea who were prescribed positive airway pressure therapy	AMA-PCPI/ NCQA					X	
N/A/ 279		Clinical Process/ Effectiveness	**Sleep Apnea: Assessment of Adherence to Positive Airway Pressure Therapy:** Percentage of visits for patients aged 18 years and older with a diagnosis of obstructive sleep apnea who were prescribed positive airway pressure therapy who had documentation that adherence to positive airway pressure therapy	AMA-PCPI/ NCQA					X	

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			was objectively measured							
N/A/ 280		Care Coordination	**Dementia: Staging of Dementia:** Percentage of patients, regardless of age, with a diagnosis of dementia whose severity of dementia was classified as mild, moderate or severe at least once within a 12 month period	AMA-PCPI					X	
N/A/ 281		Clinical Process/ Effectiveness	**Dementia: Cognitive Assessment:** Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of cognition is performed and the results reviewed at least once within a 12 month period	AMA-PCPI					X	HITECH
N/A/ 282		Clinical Process/ Effectiveness	**Dementia: Functional Status Assessment:** Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of patient's functional status is performed and the results reviewed at least once within a 12 month period	AMA-PCPI					X	
N/A/ 283		Clinical Process/ Effectiveness	**Dementia: Neuropsychiatric Symptom Assessment:** Percentage of patients, regardless of age, with a diagnosis of dementia and	AMA-PCPI					X	

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			for whom an assessment of patient's neuropsychiatric symptoms is performed and results reviewed at least once in a 12 month period							
N/A/ 284		Clinical Process/ Effectiveness	**Dementia: Management of Neuropsychiatric Symptoms:** Percentage of patients, regardless of age, with a diagnosis of dementia who have one or more neuropsychiatric symptoms who received or were recommended to receive an intervention for neuropsychiatric symptoms within a 12 month period	AMA-PCPI					X	
N/A/ 285		Clinical Process/ Effectiveness	**Dementia: Screening for Depressive Symptoms:** Percentage of patients, regardless of age, with a diagnosis of dementia who were screened for depressive symptoms within a 12 month period	AMA-PCPI					X	
N/A/ 286		Patient Safety	**Dementia: Counseling Regarding Safety Concerns:** Percentage of patients, regardless of age, with a diagnosis of dementia or their caregiver(s) who were counseled or referred for	AMA-PCPI					X	

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			counseling regarding safety concerns within a 12 month period							
N/A/ 287		Clinical Process/ Effectiveness	**Dementia: Counseling Regarding Risks of Driving:** Percentage of patients, regardless of age, with a diagnosis of dementia or their caregiver(s) who were counseled regarding the risks of driving and driving alternatives within a 12 month period	AMA-PCPI					X	
N/A/ 288		Clinical Process/ Effectiveness	**Dementia: Caregiver Education and Support:** Percentage of patients, regardless of age, with a diagnosis of dementia whose caregiver(s) were provided with education on dementia disease management and health behavior changes AND referred to additional sources for support within a 12 month period	AMA-PCPI					X	
N/A/ 289		Clinical Process/ Effectiveness	**Parkinson's Disease: Annual Parkinson's Disease Diagnosis Review:** All patients with a diagnosis of Parkinson's disease who had an annual assessment including a review of current medications (e.g.,	AAN					X	

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			medications than can produce Parkinson- like signs or symptoms) and a review for the presence of atypical features (e.g., falls at presentation and early in the disease course, poor response to levodopa, symmetry at onset, rapid progression [to Hoehn and Yahr stage 3 in 3 years], lack of tremor or dysautonomia) at least annually							
N/A/ 290		Clinical Process/ Effectiveness	**Parkinson's Disease: Psychiatric Disorders or Disturbances Assessment:** All patients with a diagnosis of Parkinson's disease who were assessed for psychiatric disorders or disturbances (e.g., psychosis, depression, anxiety disorder, apathy, or impulse control disorder) at least annually	AAN					X	
N/A/ 291		Clinical Process/ Effectiveness	**Parkinson's Disease: Cognitive Impairment or Dysfunction Assessment:** All patients with a diagnosis of Parkinson's disease who were assessed for cognitive impairment or dysfunction at least	AAN					X	

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			annually							
N/A/ 292		Clinical Process/ Effectiveness	**Parkinson's Disease: Querying about Sleep Disturbances:** All patients with a diagnosis of Parkinson's disease (or caregivers, as appropriate) who were queried about sleep disturbances at least annually	AAN					X	
N/A/ 293		Clinical Process/ Effectiveness	**Parkinson's Disease: Rehabilitative Therapy Options:** All patients with a diagnosis of Parkinson's disease (or caregiver(s), as appropriate) who had rehabilitative therapy options (e.g., physical, occupational, or speech therapy) discussed at least annually	AAN					X	
N/A/ 294		Clinical Process/ Effectiveness	**Parkinson's Disease: Parkinson's Disease Medical and Surgical Treatment Options Reviewed:** All patients with a diagnosis of Parkinson's disease (or caregiver(s), as appropriate who had the Parkinson's disease treatment options (e.g., non-pharmacological treatment, pharmacological	AAN					X	

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			treatment, or surgical treatment) reviewed at least once annually							
N/A/ 295		Clinical Process/ Effectiveness	**Hypertension: Appropriate Use of Aspirin or Other Antiplatelet or Anticoagulant Therapy:** Percentage of patients aged 15 through 90 years old with a diagnosis of hypertension who were prescribed aspirin or other anticoagulant/antiplatelet therapy	ABIM					X	
N/A/ 296		Clinical Process/ Effectiveness	**Hypertension: Complete Lipid Profile:** Percentage of patients aged 15 through 90 years old with a diagnosis of hypertension who received a complete lipid profile within 24 months	ABIM					X	
N/A/ 297		Clinical Process/ Effectiveness	**Hypertension: Urine Protein Test:** Percentage of patients aged 15 through 90 years old with a diagnosis of hypertension who either have chronic kidney disease diagnosis documented or had a urine protein test done within 36 months	ABIM					X	
N/A/ 298		Clinical Process/	**Hypertension: Annual Serum Creatinine Test:**	ABIM					X	

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
		Effectiveness	Percentage of patients aged 15 through 90 years old with a diagnosis of hypertension who had a serum creatinine test done within 12 months							
N/A/ 299		Clinical Process/ Effectiveness	**Hypertension: Diabetes Mellitus Screening Test:** Percentage of patients aged 15 through 90 years old with a diagnosis of hypertension who had a diabetes screening test within 36 months	ABIM					X	
N/A/ 300		Clinical Process/ Effectiveness	**Hypertension: Blood Pressure Control:** Percentage of patients aged 15 through 90 years old with a diagnosis of hypertension who had most recent blood pressure level under control (at goal)	ABIM					X	
N/A/ 301		Clinical Process/ Effectiveness	**Hypertension: Low Density Lipoprotein (LDL-C) Control:** Percentage of patients aged 15 through 90 years old with a diagnosis of hypertension who had most recent LDL cholesterol level under control (at goal)	ABIM					X	
N/A/ 302		Clinical Process/ Effectivenes	**Hypertension: Dietary and Physical Activity Modifications**	ABIM					X	

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
		s	**Appropriately Prescribed:** Percentage of patients aged 15 through 90 years old with a diagnosis of hypertension who received dietary and physical activity counseling at least once within 12 months							
N/A/ 303		Clinical Process/ Effectiveness	**Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery:** Percentage of patients aged 18 years and older in sample who had cataract surgery and had improvement in visual function achieved within 90 days following the cataract surgery, based on completing a pre-operative and post-operative visual function survey	AAO		X			X	
N/A/ 304		Patient and Family Engagement	**Cataracts: Patient Satisfaction within 90 Days Following Cataract Surgery:** Percentage of patients aged 18 years and older in sample who had cataract surgery and were satisfied with their care within 90 days following the cataract surgery, based	AAO		X			X	

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			on completion of the Consumer Assessment of Healthcare Providers and Systems Surgical Care Survey							
0004/ 305		Clinical Process/ Effectiveness	**Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement:** Percentage of adolescent and adult patients with a new episode of alcohol or other drug (AOD) dependence who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis and who initiated treatment AND who had two or more additional services with an AOD diagnosis within 30 days of the initial visit	NCQA			X			HITECH
0012/ 306		Population/ Public Health	**Prenatal Care: Screening for Human Immunodeficiency Virus (HIV):** Percentage of patients, regardless of age, who gave birth during a 12-month period who were screened for	AMA-PCPI			X			

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			HIV infection during the first or second prenatal visit							
0014/ 307		Patient Safety	**Prenatal Care: Anti-D Immune Globulin:** Percentage of D (Rh) negative, unsensitized patients, regardless of age, who gave birth during a 12-month period who received anti-D immune globulin at 26-30 weeks gestation	AMA-PCPI			X			
0027/ 308		Population/ Public Health	**Smoking and Tobacco Use Cessation, Medical Assistance: a. Advising Smokers and Tobacco Users to Quit, b. Discussing Smoking and Tobacco Use Cessation Medications, c. Discussing Smoking and Tobacco Use Cessation Strategies:** Percentage of patients aged 18 years and older who were current smokers or tobacco users, who were seen by a practitioner during the measurement year and who received advice to quit smoking or tobacco use or whose practitioner recommended or discussed smoking or tobacco use cessation	NCQA			X			

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			medications, methods or strategies							
0032/ 309		Clinical Process/ Effectiveness	**Cervical Cancer Screening:** Percentage of women aged 21 through 63 years who received one or more Pap tests to screen for cervical cancer	NCQA			X			HITECH
0033/ 310		Population/ Public Health	**Chlamydia Screening for Women:** Percentage of women aged 15 through 24 years who were identified as sexually active and who had at least one test for chlamydia during the measurement year	NCQA			X			HITECH
0036/ 311		Clinical Process/ Effectiveness	**Use of Appropriate Medications for Asthma:** Percentage of patients aged 5 through 50 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement year	NCQA			X			HITECH
0052/ 312		Efficient Use of Healthcare Resources	**Low Back Pain: Use of Imaging Studies:** Percentage of patients with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of	NCQA			X			HITECH

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			diagnosis							
0575/ 313		Clinical Process/ Effectiveness	**Diabetes Mellitus: Hemoglobin A1c Control (<8%):** The percentage of patients 18 through 75 years of age with a diagnosis of diabetes (type 1 or type 2) who had HbA1c < 8%	NCQA			X			
N/A/ 316		Clinical Process/ Effectiveness	**Preventive Care and Screening: Cholesterol – Fasting Low Density Lipoprotein (LDL) Test Performed AND Risk-Stratified Fasting LDL:** Percentage of patients aged 20 through 79 years whose risk factors* have been assessed and a fasting LDL test has been performed *There are three criteria for this measure based on the patient's risk category. 1. Highest Level of Risk: Coronary Heart Disease (CHD) or CHD Risk Equivalent 2. Moderate Level of Risk: Multiple (2+) Risk Factors 3. Lowest Level of Risk: 0 or 1 Risk Factor	CMS/ QIP			X			HITECH Million Hearts
N/A/ 317		Population/ Public Health	**Preventive Care and Screening: Screening for High Blood Pressure:**	CMS/ QIP	X	X	X	X	X	HITECH ACO

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			Percentage of patients aged 18 and older who are screened for high blood pressure							Million Hearts
0101/ 318		Patient Safety	**Falls: Screening for Future Fall Risk:** Percentage of patients aged 65 years and older who were screened for future fall risk at least once within 12 months	AMA-PCPI/ NCQA				X		HITECH ACO
TBD/ TBD	X	Clinical Process/ Effectiveness	**Stroke and Stroke Rehabilitation: Tissue Plasminogen Activator (t-PA) Considered (Paired Measure):** Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke who arrive at the hospital within 4.5 hours of time last known well who were considered for t-PA administration	AMA-PCPI	X	X				
TBD/ TBD	X	Clinical Process/ Effectiveness	**Stroke and Stroke Rehabilitation: Tissue Plasminogen Activator (t-PA) Administered Initiated (Paired Measure):** Percentage of all patients aged 18 years and older with a diagnosis of ischemic stroke who present within two hours of time last known well	AMA-PCPI	X	X				

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			and who are eligible for t-PA, for whom t-PA was initiated within three hours of time last known well							
0729/ TBD	X	Clinical Process/ Effectiveness	**Diabetes Composite: Optimal Diabetes Care:** Patients ages 18 through 75 with a diagnosis of diabetes, who meet all the numerator targets of this composite measure: A1c < 8.0%, LDL < 100 mg/dL, blood pressure < 140/90 mmHg, tobacco non-user and for patients with a diagnosis of ischemic vascular disease daily aspirin use unless contraindicated	MNCM				X		ACO
0658/ TBD	X	Care Coordination	**Endoscopy and Polyp Surveillance: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients:** Percentage of patients aged 50 years and older receiving a screening colonoscopy without biopsy or polypectomy who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy	AMA-PCPI	X	X				

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			report							
0493/ TBD	X	Care Coordination	**Participation by a Physician or Other Clinician in a Systematic Clinical Database Registry that Includes Consensus Endorsed Quality:** Participation in a systematic qualified clinical database registry involves: a. Physician or other clinician submits standardized data elements to registry b. Data elements are applicable to consensus endorsed quality measures c. Registry measures shall include at least two (2) representative NQF consensus endorsed measures for registry's clinical topic(s) and report on all patients eligible for the selected measures. d. Registry provides calculated measures results, benchmarking, and quality improvement information to individual physicians and clinicians. e. Registry must receive data from more than 5 separate practices and may not be located	CMS/ QIP	X	X				

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			(warehoused) at an individual group's practice. Participation in a national or state-wide registry is encouraged for this measure. f. Registry may provide feedback directly to the provider's local registry if one exists							
0670/ TBD	X	Efficient Use of Healthcare Resources	**Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluative in Low-Risk Surgery Patients:** Percentage of stress single-photon emission computed tomography (SPECT) myocardial perfusion imaging (MPI), stress echo, cardiac computed tomography angiography (CCTA), or cardiovascular magnetic resonance (CMR) performed in low risk surgery patients for preoperative evaluation	ACC		X				
0671/ TBD	X	Efficient Use of Healthcare Resources	**Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Routine Testing After Percutaneous Coronary Intervention (PCI):**	ACC		X				

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			Percentage of all stress single-photon emission computed tomography (SPECT) myocardial perfusion imaging (MPI) and stress echo performed routinely after percutaneous cardiology intervention (PCI), with reference to timing of test after PCI and symptom status							
0672/ TBD	X	Efficient Use of Healthcare Resources	**Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Testing in Asyptomatic, Low-Risk Patients:** Percentage of all stress single-photon emission computed tomography (SPECT) myocardial perfusion imaging (MPI), stress echo, cardiac computed tomography angiography (CCTA), and cardiovascular magnetic resonance (CMR) performed in asymptomatic, low coronary heart disease (CHD) risk patients for intial detection and risk assessment	ACC		X				
TBD/ TBD	X	Clinical Process/	**Adult Major Depressive Disorder: Coordination**	AMA-PCPI		X				

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
		Effectiveness	**of Care of Patients with Co-Morbid Conditions - Timely Follow-Up:** Percentage of medical records of patients aged 18 years and older with a diagnosis of MDD and a diagnosed co-morbid condition being treated by another physician with communication to the other physician treating the co-morbid condition							
TBD/ TBD	X	Care Coordination	**Coordination of Care of Patients with Co-Morbid Conditions - Timely Follow-Up (Paired Measure):** Percentage of medical records of patients aged 18 years and older with a diagnosis of major depressive disorder (MDD) and a diagnosed co-morbid condition with communication to another physician treating the co-morbid condition who have a response from the other physician within 45 days of original communication OR who have a follow-up attempt within 60 days of original communication by the physician treating MDD	AMA-PCPI		X				

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			to elicit a response from the other physician							
1525/ TBD	X	Patient Safety	**Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy:** Percentage of patients aged 18 and older with nonvalvular AF or atrial flutter at high risk for thromboembolism, according to CHADS2 risk stratification, who were presecribed warfarin or another oral anticoagulant drug that is FDA approved for the prevention of thromboembolism during the 12-month reporting period	AMA	X	X				HITECH
TBD/ TBD	X	Clinical Process/ Effectiveness	**Pediatric End-Stage Renal Disease Measure (AMA/ASPN): Pediatric Kidney Disease: Adequacy of Volume Management:** Percentage of calendar months within a 12-month period during which patients aged 17 years and younger with a diagnosis of end-stage renal disease (ESRD) undergoing maintenance hemodialysis in an outpatient dialysis facility have an assessment of the	AMA/ASPN	X	X				

NQF/ PQRS	New Measure	National Quality Strategy Domain	Measure Title and Description¥	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
					PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
			adequacy of volume management from a nephrologist							
1667/ TBD	X	Clinical Process/ Effectiveness	**Pediatric Kidney Disease: ESRD Patients Receiving Dialysis: Hemoglobin Level <10g/dL:** Percentage of calendar months within a 12-month period during which patients aged 17 years and younger with a diagnosis of ESRD receiving hemodialysis or peritoneal dialysis have a Hemoglobin level <10 g/dL	AMA	X	X				

*Measures that can be reported using the GPRO web interface.
†These measures can only be reported by participants using the GPRO. They are not available for reporting for individual Eligible Professionals using this reporting method.
¥ Titles and descriptions in this table are aligned with proposed 2013 PQRS Electronic Health Records (EHR) measure titles, and may differ from existing measures in other programs. Please reference the National Quality Forum (NQF) and PQRS numbers for clarification.

TABLE 33: Proposed PQRS Individual Quality Measures Available for Reporting via Claims, Registry, EHR and/or the GPRO Web-Interface for 2014 and Beyond That Were NOT Available for Reporting under the 2012 PQRS

F ∖ P C P	National Quality	Measure Title and	r e S t	Reporting Mechanism	R e p o

	Strategy Domain	Description[¥]		PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO* (web interface)*	Measures Groups	
N/A/ TBD	Clinical Process/ Effectiveness	**Preventive Cardiology Composite:** • **Blood Pressure at Goal:** Percentage of patients in the sample whose most recent blood pressure reading was at goal • **Low Density Lipids (LDL) Cholesterol at Goal:** Percentage of patients in the sample whose LDL cholesterol is considered to be at goal, based upon their coronary heart disease (CHD) risk factors • **Timing of Lipid Testing Complies with Guidelines:** Percentage of patients in the sample whose timing of lipid testing complies with guidelines (lipid testing performed in the preceding 12-month period (with a three-month grace period) for patients with known coronary heart disease (CHD) or CHD risk equivalent (prior myocardial infarction (MI), other clinical CHD, symptomatic carotid artery disease, peripheral artery	ABIM		X				

NQF/ PQRS	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
				PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO* (web interface)*	Measures Groups	
		disease, abdominal aortic aneurysm, diabetes mellitus); or in the preceding 24-month period (with a three-month grace period) for patients with ≥ 2 risk factors for CHD (smoking, hypertension, low high density lipid (HDL), men ≥ 45 years, women ≥ 55 years, family history of premature CHD; HDL ≥ 60 mg/dL acts as a negative risk factor); or in the preceding 60-month period (with a three-month grace period) for patients with ≤ 1 risk factor for CHD) • **Diabetes Documentation or Screen Test:** Percentage of patients in the sample who had a screening test for type 2 diabetes or had a diagnosis of diabetes • **Correct Determination of Ten-Year Risk for Coronary Death or Myocardial Infarction (MI):** Number of patients in the sample whose ten-year risk of coronary death or MI is correctly							

NQF/ PQRS	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
				PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO* (web interface)*	Measures Groups	
		assessed and documented • **Counseling for Diet and Physical Activity:** Percentage of patients in the sample who received dietary and physical activity counseling • **Appropriate Use of Aspirin or Other Antiplatelet/Anticoagulant Therapy:** Percentage of patients in the sample who are: 1) taking aspirin or other anticoagulant/antiplatelet therapy, or 2) under age 30, or 3) age 30 or older and who are documented to be at low risk. Low-risk patients include those who are documented with no prior coronary heart disease (CHD) or CHD risk equivalent (prior myocardial infarction (MI), other clinical CHD, symptomatic carotid artery disease, peripheral artery disease, abdominal aortic aneurysm, diabetes mellitus) and whose ten-year risk of developing CHD is < 10% • **Smoking Status**							

NQF/ PQRS	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
				PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO* (web interface)*	Measures Groups	
		and Cessation Support: Percentage of patients in the sample whose current smoking status is documented in the chart, and if they were smokers, were documented to have received smoking cessation counseling during the reporting period							
N/A/ TBD	Care Coordination	**Total Knee Replacement: Coordination of Post Discharge Care:** Percentage of patients undergoing total knee replacement who received written instructions for post discharge care including all the following: post discharge physical therapy, home health care, post discharge deep vein thrombosis (DVT) prophylaxis and follow-up physician visits	AAHKS/AMA-PCPI					X	
N/A/ TBD	Patient Safety	**Total Knee Replacement: Venous Thromboembolic and Cardiovascular Risk Evaluation:** Percentage of patients undergoing a total knee replacement who are evaluated for the presence or absence of venous thromboembolic and cardiovascular risk factors within 30 days prior to the procedure including history of deep vein thrombosis (DVT),	AAHKS/AMA-PCPI					X	

NQF/ PQRS	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
				PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO* (web interface)*	Measures Groups	
		pulmonary embolism (PE), myocardial infarction (MI), arrhythmia and stroke							
N/A/ TBD	Patient Safety	**Total Knee Replacement: Preoperative Antibiotic Infusion with Proximal Tourniquet:** Percentage of patients undergoing a total knee replacement who had the prophylactic antibiotic completely infused prior to the inflation of the proximal tourniquet	AAHKS/AMA-PCPI)					X	
N/A/ TBD	Patient Safety	**Total Knee Replacement: Identification of Implanted Prosthesis in Operative Report:** Percentage of patients undergoing total knee replacement whose operative report identifies the prosthetic implant specifications including the prosthetic implant manufacturer, the brand name of prosthetic implant and the size of prosthetic implant	AAHKS/AMA-PCPI					X	
TBD/ TBD	Care Coordination	**Radiation Dose Optimization: Utilization of a Standardized Nomenclature for CT Imaging Description:** Percentage of computed tomography (CT) imaging reports for all patients, regardless of age, with the imaging study named according to a	AMA-PCPI					X	

NQF/ PQRS	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
				PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO* (web interface)*	Measures Groups	
		standardized nomenclature (e.g., RadLex®) and the standardized nomenclature is used in institutions computer systems							
TBD/ TBD	Patient Safety	**Radiation Dose Optimization: Cumulative Count of Potential High Dose Radiation Imaging Studies: Computed Tomography (CT) Scans and Cardiac Nuclear Medicine Scans:** Percentage of CT and cardiac nuclear medicine (myocardial perfusion) imaging reports for all patients, regardless of age, that document a count of known previous CT studies (any type of CT) and cardiac nuclear medicine (myocardial perfusion studies) studies that the patient has received in the 12-month period prior to the current study	AMA-PCPI					X	
TBD/ TBD	Patient Safety	**Radiation Dose Optimization: Reporting to a Radiation Dose Index Registry:** Percentage of total computed tomography (CT) studies performed for all patients, regardless of age, that are reported to a radiation dose index registry AND that include at a minimum selected data elements	AMA-PCPI					X	

NQF/ PQRS	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
				PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO* (web interface)*	Measures Groups	
TBD/ TBD	Care Coordination	**Radiation Dose Optimization: Images Available for Patient Follow-up and Comparison Purposes:** Percentage of final reports for imaging studies performed for all patients, regardless of age, which document that Digital Imaging and Communications in Medicine (DICOM) format image data are available reciprocally to non-affiliated external entities on a secure, media free, searchable basis with patient authorization for at least a 12-month period after the study	AMA-PCPI					X	
TBD/ TBD	Care Coordination	**Radiation Dose Optimization: Search for Prior Imaging Studies Through a Secure, Authorized, Media-Free, Shared Archive:** Percentage of final reports of imaging studies performed for all patients, regardless of age, which document that a search for Digital Imaging and Communications in Medicine (DICOM) format images was conducted for prior patient imaging studies completed at non-affiliated external entities within the past 12-months and are available through a secure, authorized, media free, shared archive	AMA-PCPI					X	

NQF/ PQRS	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
				PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO* (web interface)*	Measures Groups	
		prior to an imaging study being performed							
N/A/ TBD	Clinical Process/ Effectiveness	**Osteoporosis Composite:** • **Status of Participation in Weight-Bearing Exercise and Weight-bearing Exercise Advice:** Percentage of patients aged 18 and older with a diagnosis of osteoporosis, osteopenia, or prior low impact fracture; women age 65 and older; or men age 70 and older whose status regarding participation in weight-bearing exercise was documented and for those not participating regularly who received advice within 12 months to participate in weight-bearing exercise • **Current Level of Alcohol Use and Advice on Potentially Hazardous Drinking Prevention:** Percentage of patients aged 18 and older with a diagnosis of osteoporosis,	ABIM		X				

NQF/ PQRS	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
				PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO* (web interface)*	Measures Groups	
		osteopenia, or prior low impact fracture; women age 65 and older; or men age 70 and older whose current level of alcohol use was documented and for those engaging in potentially hazardous drinking who received counseling within 12 months • **Screen for Falls Risk Evaluation and Complete Falls Risk Assessment and Plan of Care:** Percentage of patients aged 18 and older with a diagnosis of osteoporosis, osteopenia, or prior low impact fracture; women age 65 and older; or men age 70 and older who had a screen for falls risk evaluation within the past 12 months and for those reported as having a history of two or more falls, or fall-related injury who had a complete risk assessment for falls and a falls plan of care within the past 12 months • **Dual-Emission X-ray Absorptiometry**							

NQF/ PQRS	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
				PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO* (web interface)*	Measures Groups	
		(DXA) Scan: Percentage of patients aged 18 and older with a diagnosis of osteoporosis, osteopenia, or prior low impact fracture; women age 65 and older; or men age 70 and older who had a DXA scan and result documented • **Calcium Intake Assessment and Counseling:** Percentage of patients aged 18 and older with a diagnosis of osteoporosis, osteopenia, or prior low impact fracture; women age 65 and older; or men age 70 and older who had calcium intake assessment and counseling at least once within 12 months • **Vitamin D Intake Assessment and Counseling:** Percentage of patients aged 18 and older with a diagnosis of osteoporosis, osteopenia, or prior low impact fracture; women age 65 and older; or men age 70 and older who had							

NQF/ PQRS	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
				PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO* (web interface)*	Measures Groups	
		vitamin D intake assessment and counseling at least once within 12 months • **Pharmacologic Therapy:** Percentage of patients aged 18 and older with a diagnosis of osteoporosis, osteopenia, or prior low impact fracture; women age 65 and older; or men age 70 and older who were prescribed pharmacologic therapy approved by the Food and Drug Administration							
N/A/ TBD	Clinical Process/ Effectiveness	**Osteoporosis: Status of Participation in Weight-Bearing Exercise and Weight-bearing Exercise Advice:** Percentage of patients aged 18 and older with a diagnosis of osteoporosis, osteopenia, or prior low impact fracture; women age 65 and older; or men age 70 and older whose status regarding participation in weight-bearing exercise was documented and for those not participating regularly who received advice within 12 months to participate in weight-bearing exercise	ABIM					X	
N/A/ TBD	Clinical Process/ Effectiveness	**Osteoporosis: Current Level of Alcohol Use and**	ABIM					X	

NQF/ PQRS	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
				PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO* (web interface)*	Measures Groups	
		Advice on Potentially Hazardous Drinking Prevention: Percentage of patients aged 18 and older with a diagnosis of osteoporosis, osteopenia, or prior low impact fracture; women age 65 and older; or men age 70 and older whose current level of alcohol use was documented and for those engaging in potentially hazardous drinking who received counseling within 12 months							
N/A/ TBD	Patient Safety	**Osteoporosis: Screen for Falls Risk Evaluation and Complete Falls Risk Assessment and Plan of Care:** Percentage of patients aged 18 and older with a diagnosis of osteoporosis, osteopenia, or prior low impact fracture; women age 65 and older; or men age 70 and older who had a screen for falls risk evaluation within the past 12 months and for those reported as having a history of two or more falls, or fall-related injury who had a complete risk assessment for falls and a falls plan of care within the past 12 months	ABIM					X	
N/A/ TBD	Care Coordination	**Osteoporosis: Dual-Emission X-ray Absorptiometry (DXA) Scan:** Percentage of patients aged 18 and older with a diagnosis of	ABIM					X	

NQF/ PQRS	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
				PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO* (web interface)*	Measures Groups	
		osteoporosis, osteopenia, or prior low impact fracture; women age 65 and older; or men age 70 and older who had a DXA scan and result documented							
N/A/ TBD	Clinical Process/ Effectiveness	**Osteoporosis: Calcium Intake Assessment and Counseling:** Percentage of patients aged 18 and older with a diagnosis of osteoporosis, osteopenia, or prior low impact fracture; women age 65 and older; or men age 70 and older who had calcium intake assessment and counseling at least once within 12 months	ABIM					X	
N/A/ TBD	Clinical Process/ Effectiveness	**Osteoporosis: Vitamin D Intake Assessment and Counseling:** Percentage of patients aged 18 and older with a diagnosis of osteoporosis, osteopenia, or prior low impact fracture; women age 65 and older; or men age 70 and older who had vitamin D intake assessment and counseling at least once within 12 months	ABIM					X	
N/A/ TBD	Clinical Process/ Effectiveness	**Osteoporosis: Pharmacologic Therapy:** Percentage of patients aged 18 and older with a diagnosis of osteoporosis, osteopenia, or prior low impact fracture; women age 65 and older; or men age 70 and older who were prescribed	ABIM					X	

NQF/ PQRS	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
				PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO* (web interface)*	Measures Groups	
		pharmacologic therapy approved by the Food and Drug Administration							
0060/ TBD	Clinical Process/ Effectiveness	**Hemoglobin A1c Test for Pediatric Patients:** Percentage of pediatric patients with diabetes with a HbA1c test during the measurement period	NCQA			X			HITECH
0108/ TBD	Clinical Process/ Effectiveness	**ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication:** The percentage of children 6 to 12 years of age and newly prescribed attention-deficit/hyperactivity disorder (ADHA) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported. A. Percentage of children with a prescription dispensed for ADHD medication and who had one follow-up visit with a practitioner with prescribing authority during the 30-Day Initiation Phase B. Percentage of children with a prescription dispensed for ADHD medication who remained on the medication for at least 210 days and who, in addition to the visit in the	NCQA			X			HITECH

NQF/ PQRS	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
				PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO* (web interface)*	Measures Groups	
		Initiation Phase, had at least two additional follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended							
0110/ TBD	Clinical Process/ Effectiveness	**Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use:** Percentage of patients with depression or bipolar disorder with evidence of an initial assessment that includes an appraisal for alcohol or chemical substance use	CQAIMH			X			HITECH
0403/ TBD	Efficient Use of Healthcare Resources	**HIV/AIDS: Medical Visits:** Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS with at least two medical visits during the measurement year with a minimum of 60 days between each visit	AMA/NCQA			X			HITECH
0608/ TBD	Clinical Process/ Effectiveness	**Pregnant women that had HBsAg testing:** This measure identifies pregnant women who had a HBsAg (hepatitis B) test during their pregnancy	Ingenix			X			HITECH
0710/TBD	Clinical Process/ Effectiveness	**Depression Remission at Twelve Months:** Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at twelve months defined as PHQ-9 score less than 5. This measure applies to both patients with newly diagnosed and existing	MNCM			X			HITECH

NQF/ PQRS	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
				PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO* (web interface)*	Measures Groups	
		depression whose current PHQ-9 score indicates a need for treatment							
0712/ TBD	Clinical Process/ Effectiveness	**Depression Utilization of the PHQ-9 Tool:** Adult patients age 18 and older with the diagnosis of major depression or dysthymia who have a PHQ-9 tool administered at least once during a 4 month period in which there was a qualifying visit	MNCM			X			HITECH
1401/ TBD	Population/Public Health	**Maternal depression screening:** The percentage of children who turned 6 months of age during the measurement year, who had a face-to-face visit between the clinician and the child during child's first 6 months, and who had a maternal depression screening for the mother at least once between 0 and 6 months of life	NCQA			X			HITECH
Not yet endorsed / TBD	Clinical Process/Effectiveness	**Hypertension: Improvement in blood pressure:** Percentage of patients aged 18-85 years of age with a diagnosis of hypertension whose blood pressure improved during the measurement period	CMS			X			HITECH
Not yet endorsed / TBD	Care Coordination	**Closing the referral loop: receipt of specialist report:** Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to	CMS			X			HITECH

NQF/ PQRS	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
				PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO* (web interface)*	Measures Groups	
		whom the patient was referred							
Not yet endorsed / TBD	Patient and Family Engagement	**Functional status assessment for knee replacement:** Percentage of patients aged 18 years and older with primary total knee arthroplasty (TKA) who completed baseline and follow-up (patient-reported) functional status assessments	CMS			X			HITECH
Not yet endorsed / TBD	Patient and Family Engagement	**Functional status assessment for hip replacement:** Percentage of patients aged 18 years and older with primary total hip arthroplasty (THA) who completed baseline and follow-up (patient-reported) functional status assessments	CMS			X			HITECH
Not yet endorsed / TBD	Patient and Family Engagement	**Functional status assessment for complex chronic conditions:** Percentage of patients aged 65 years and older with heart failure who completed initial and follow-up patient-reported functional status assessments	CMS			X			HITECH
TBD/TBD	Clinical Process/ Effectiveness	**Children who have dental decay or cavities:** Percentage of children ages 1-17, who have had tooth decay or cavities during the measurement period	MCHB, HRSA			X			HITECH
TBD/TBD	Clinical Process/ Effectiveness	**Primary Caries Prevention Intervention as Offered by Primary**	University of Minnesota			X			HITECH

NQF/ PQRS	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
				PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO* (web interface)*	Measures Groups	
		Care Providers, including Dentists: Percentage of children, age 0-20 years, who received a fluoride varnish application during the measurement period							
TBD/TBD	Patient Safety	**ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range:** Average percentage of time in which individuals with atrial fibrillation who are on chronic anticoagulation have International Normalized Ratio (INR) test results within the therapeutic range during the measurement period	CMS			X			HITECH

*Measures that can be reported using the GPRO web interface.
¥ Titles and descriptions in this table are aligned with proposed 2014 Health Information Technology for Economic and Clinical Health (HITECH) measure titles, and may differ from existing measures in other programs. Please reference the National Quality Forum (NQF) and PQRS numbers for clarification.

Table 34 for 2014.

TABLE 34: Measures that are Not Proposed to be Included in the PQRS Measure Set for 2014 and Beyond

NQF / PQRS	National Quality	Measure Title and	Measure Steward	Reporting Mechanism	Other Quality Reporting Programs

	Strategy Domain	Description[¥]		PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
0388/ 105	Patient Safety	**Prostate Cancer: Three Dimensional (3D) Radiotherapy:** Percentage of patients, regardless of age, with a diagnosis of clinically localized prostate cancer receiving external beam radiotherapy as a primary therapy to the prostate with or without nodal irradiation (no metastases; no salvage therapy) who receive three-dimensional conformal radiotherapy (3D-CRT) or intensity modulated radiation therapy (IMRT)	AMA-PCPI	X	X				
AQA adopted/ 173	Population/Public Health	**Preventive Care and Screening: Unhealthy Alcohol Use – Screening:** Percentage of patients aged 18 years and older who were screened for unhealthy alcohol use using a systematic screening method within 24 months	AMA-PCPI	X	X	X		X	
0084/ 200	Clinical Process/ Effectiveness	**Heart Failure: Warfarin Therapy for Patients with Atrial Fibrillation:** Percentage of all patients aged 18 and older with a diagnosis of heart failure and paroxysmal or chronic atrial fibrillation who were prescribed warfarin therapy	AMA-PCPI/ACCF/AHA			X			
0013/ 237	Clinical Process/ Effectiveness	**Hypertension (HTN): Blood Pressure Measurement:** Percentage of patient visits for patients aged 18 years and older with a diagnosis of HTN with blood pressure (BP) recorded	AMA-PCPI			X			
0012/ 306	Population/Public Health	**Prenatal Care: Screening for Human**	AMA-PCPI			X			

NQF/ PQRS	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
				PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
		Immunodeficiency Virus (HIV): Percentage of patients, regardless of age, who gave birth during a 12-month period who were screened for HIV infection during the first or second prenatal visit							
0014/ 307	Patient Safety	**Prenatal Care: Anti-D Immune Globulin:** Percentage of D (Rh) negative, unsensitized patients, regardless of age, who gave birth during a 12-month period who received anti-D immune globulin at 26-30 weeks gestation	AMA-PCPI			X			
0027/ 308	Population/Public Health	**Smoking and Tobacco Use Cessation, Medical Assistance: a. Advising Smokers and Tobacco Users to Quit, b. Discussing Smoking and Tobacco Use Cessation Medications, c. Discussing Smoking and Tobacco Use Cessation Strategies:** Percentage of patients aged 18 years and older who were current smokers or tobacco users, who were seen by a practitioner during the measurement year and who received advice to quit smoking or tobacco use or whose practitioner recommended or discussed smoking or tobacco use cessation medications, methods or strategies	NCQA			X			
0326/47	Care Coordination	**Advanced Care Plan:** Percentage of patients aged 65 years and older who	AMA-PCPI/ NCQA			X			

NQF/ PQRS	National Quality Strategy Domain	Measure Title and Description¥	Measure Steward	Reporting Mechanism					Other Quality Reporting Programs
				PQRS Claims	PQRS Qualified Registry	PQRS Qualified EHR	CMS-Selected GPRO (web interface)*	Measures Groups	
		have an advanced care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advanced care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advanced care plan							
0575/ 313	Clinical Process/ Effectiveness	**Diabetes Mellitus: Hemoglobin A1c Control (<8%):** The percentage of patients 18 through 75 years of age with a diagnosis of diabetes (type 1 or type 2) who had HbA1c < 8%	NCQA			X			

*Measures that can be reported using the GPRO web interface.
¥ Titles and descriptions in this table are aligned with the proposed 2013 EHR Pilot measure titles, and may differ from existing measures in other programs. Please reference the National Quality Forum (NQF) and PQRS numbers for clarification.

TABLE 35: Measures Proposed to be Included in the Group Practice Reporting Option (GPRO) Web-Based Interface for 2013 and Beyond[¥]

NQF/ PQRS	GPRO Disease Module	National Quality Strategy Domain	Measure and Title Description	Measure Steward	Other Quality Reporting Programs
0059/ 1	Diabetes Mellitus	Clinical Process/ Effectiveness	**Diabetes: Hemoglobin A1c Poor Control:** Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c > 9.0%	NCQA	HITECH ACO
0083/ 8	Heart Failure	Clinical Process/ Effectiveness	**Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD):** Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed beta-blocker therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge	AMA-PCPI/ ACCF/AHA	HITECH ACO
0097/ 46	Care Coordination/ Patient Safety	Patient Safety	**Medication Reconciliation:** Percentage of patients aged 65 years and older discharged from any inpatient facility (e.g. hospital, skilled nursing facility, or rehabilitation facility) and seen within 60 days following discharge in the office by the physician providing on-going care who had a reconciliation of the discharge medications with the current medication list in the medical record documented	AMA-PCPI/ NCQA	HITECH ACO
0041/ 110	Preventive Care	Population/Public Health	**Preventive Care and Screening: Influenza Immunization:** Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization	AMA-PCPI	HITECH ACO
0043/ 111	Preventive Care	Clinical Process/ Effectiveness	**Pneumonia Vaccination Status for Older Adults:** Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine	NCQA	HITECH ACO
0031/ 112	Preventive Care	Clinical Process/ Effectiveness	**Breast Cancer Screening:** Percentage of women 40-69 years of age who had a mammogram to screen for breast cancer	NCQA	HITECH ACO
0034/ 113	Preventive Care	Clinical Process/ Effectiveness	**Colorectal Cancer Screening:** Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer	NCQA	HITECH ACO
0066/ 118	Coronary Artery Disease	Clinical Process/ Effectiveness	**Coronary Artery Disease (CAD): Angiotensin-converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker**	AMA-PCPI/ ACCF/	HITECH ACO

NQF/ PQRS	GPRO Disease Module	National Quality Strategy Domain	Measure and Title Description	Measure Steward	Other Quality Reporting Programs
			(ARB) Therapy -- Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%): Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who also have diabetes OR a current or prior Left Ventricular Ejection Fraction (LVEF) < 40% who were prescribed ACE inhibitor or ARB therapy	AHA	
0421/ 128	Preventive Care	Population/Public Health	**Adult Weight Screening and Follow-Up:** Percentage of patients aged 18 years and older with a calculated body mass index (BMI) in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented Normal Parameters: Age 65 years and older BMI ≥ 23 and < 30 Age 18-64 years BMI ≥ 18.5 and < 25	CMS/ QIP	HITECH ACO
0418/ 134	Preventive Care	Population/Public Health	**Screening for Clinical Depression:** Percentage of patients aged 12 years and older screened for clinical depression using an age appropriate standardized tool and follow up plan documented	CMS/ QIP	HITECH ACO
0074/ 197	Coronary Artery Disease	Clinical Process/ Effectiveness	**Coronary Artery Disease (CAD): Lipid Control:** Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who have a LDL-C result <100 mg/dL OR patients who have a LDL-C result ≥100 mg/dL and have a documented plan of care to achieve LDL-C <100mg/dL, including at a minimum the prescription of a statin	AMA-PCPI/ ACCF/ AHA	HITECH ACO
0068/ 204	Ischemic Vascular Disease	Clinical Process/ Effectiveness	**Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic:** Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1-November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had documentation of use of aspirin or another antithrombotic during the measurement year	NCQA	HITECH ACO Million Hearts

NQF/ PQRS	GPRO Disease Module	National Quality Strategy Domain	Measure and Title Description	Measure Steward	Other Quality Reporting Programs
0028/ 226	Preventive Care	Population/Public Health	**Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention:** Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user	AMA-PCPI	HITECH ACO Million Hearts
0018/ 236	Hypertension	Clinical Process/ Effectiveness	**Controlling High Blood Pressure:** Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled during the measurement year	NCQA	HITECH ACO Million Hearts
0075/ 241	Ischemic Vascular Disease	Clinical Process/ Effectiveness	**Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control:** Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal angioplasty (PTCA) from January 1-November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had a complete lipid profile performed during the measurement year and whose LDL-C<100 mg/dL	NCQA	HITECH ACO Million Hearts
N/A/ 317	Preventive Care	Population/Public Health	**Preventive Care and Screening: Screening for High Blood Pressure:** Percentage of patients aged 18 years and older who are screened for high blood pressure	CMS/ QIP	HITECH ACO Million Hearts
0101/ 318	Care Coordination/ Patient Safety	Patient Safety	**Falls: Screening for Fall Risk:** Percentage of patients aged 65 years and older who were screened for future fall risk (patients are considered at risk for future falls if they have had 2 or more falls in the past year or any fall with injury in the past year) at least once within 12 months	AMA-PCPI/ NCQA	HITECH ACO
0729/ TBD	Diabetes Mellitus	Clinical Process/ Effectiveness	**Diabetes Composite: Optimal Diabetes Care:** Patients ages 18 through 75 with a diagnosis of diabetes, who meet all the numerator targets of this composite measure: • A1c < 8.0% • LDL < 100 mg/dL • blood pressure < 140/90 mmHg • tobacco non-user	MNCM	ACO

NQF/ PQRS	GPRO Disease Module	National Quality Strategy Domain	Measure and Title Description	Measure Steward	Other Quality Reporting Programs
			• (for patients with a diagnosis of ischemic vascular disease) daily aspirin use unless contraindicated		

¥ Titles and descriptions in this table are aligned with the proposed 2013 PQRS Electronic Health Records (EHR) measure titles, and may differ from existing measures in other programs. Please reference the National Quality Forum (NQF) and PQRS numbers for clarification.

We note that, due to our desire to align with the measures available for reporting under the Medicare Shared Savings Program, we are proposing not to retain the 13 measures specified in Table 36 for purposes of reporting via the GPRO-web interface beginning in 2013.

TABLE 36: Measures Included in the 2012 PQRS Group Practice Reporting Option Web-Based Interface that are Not Proposed for Inclusion in the Web-Based Interface Beginning in 2013¥

NQF/ PQRS	GPRO Disease Module	National Quality Strategy Domain	Measure Title and Description	Measure Steward	Other Quality Reporting Programs
0064/ 2	Diabetes Mellitus	Clinical Process/ Effectiveness	**Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control in Diabetes Mellitus:** Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent LDL-C level in control (less than 100 mg/dL)	NCQA	Million Hearts
0061/ 3	Diabetes Mellitus	Clinical Process/ Effectiveness	**Diabetes Mellitus: High Blood Pressure Control in Diabetes Mellitus:** Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent blood pressure in control (less than 140/90 mmHg)	NCQA	
0081/ 5	Heart Failure	Clinical Process/ Effectiveness	**Heart Failure: Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD):** Percentage of patients aged 18 years and older with a diagnosis of heart failure and LVSD (LVEF < 40%) who were prescribed ACE inhibitor or ARB therapy	AMA-PCPI/ ACCF/AHA	

NQF/ PQRS	GPRO Disease Module	National Quality Strategy Domain	Measure Title and Description	Measure Steward	Other Quality Reporting Programs
0067/ 6	Coronary Artery Disease	Clinical Process/ Effectiveness	**Coronary Artery Disease (CAD): Antiplatelet Therapy:** Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who were prescribed aspirin or clopidogrel	AMA-PCPI/ ACCF/AHA	
0102/ 52	Chronic Obstructive Pulmonary Disease	Clinical Process/ Effectiveness	**Chronic Obstructive Pulmonary Disease (COPD): Bronchodilator Therapy:** Percentage of patients aged 18 years and older with a diagnosis of COPD and who have an FEV1/FVC less than 70% and have symptoms who were prescribed an inhaled bronchodilator	AMA-PCPI	
0055/ 117	Diabetes Mellitus	Clinical Process/ Effectiveness	**Diabetes Mellitus: Dilated Eye Exam in Diabetic Patient:** Percentage of patients aged 18 through 75 years with a diagnosis of diabetes mellitus who had a dilated eye exam	NCQA	
0056/ 163	Diabetes Mellitus	Clinical Process/ Effectiveness	**Diabetes Mellitus: Foot Exam:** The percentage of patients aged 18 through 75 years with diabetes who had a foot examination	NCQA	HITECH
0079/ 198	Heart Failure	Clinical Process/ Effectiveness	**Heart Failure: Left Ventricular Ejection Fraction (LVEF) Assessment:** Percentage of patients aged 18 years and older with a diagnosis of heart failure for whom the quantitative or qualitative result (of a recent or prior [any time in the past] LVEF assessment) is documented within a 12 month period	AMA-PCPI/ ACCF/AHA	
0082/ 199	Heart Failure	Clinical Process/ Effectiveness	**Heart Failure: Patient Education:** Percentage of patients aged 18 years and older with a diagnosis of heart failure who were provided with patient education on disease management and health behavior changes during one or more visit(s) within 12 months	CMS/ QIP	
0079/ 228	Heart Failure	Clinical Process/ Effectiveness	**Heart Failure (HF): Left Ventricular Function (LVF) Testing:** Percentage of patients 18 years and older with LVF testing performed during the measurement period for patients hospitalized with a principal diagnosis of HF during the reporting period	CMS/ QIP	
0575/ 313	Diabetes Mellitus	Clinical Process/ Effectiveness	**Diabetes Mellitus: Hemoglobin A1c Control (<8%):** The percentage of patients 18 through 75 years of age with a diagnosis of diabetes (type 1 or type 2) who had HbA1c < 8%	NCQA	HITECH
0729/ 314	Diabetes Mellitus	Clinical Process/ Effectiveness	**Diabetes Mellitus: Daily Aspirin Use for Patients with Diabetes and Ischemic Vascular Disease** Percentage of patients aged 18 to 75 years of age with diabetes mellitus and ischemic vascular disease with documented daily aspirin use during the measurement year unless contraindicated	MNCM	
0729/ 315	Diabetes Mellitus	Clinical Process/ Effectiveness	**Diabetes Mellitus: Tobacco Non Use** Percentage of patients with a diagnosis of diabetes who indicated they were tobacco non- users	MNCM	

¥ Titles and descriptions in this table are aligned with the proposed 2013 PQRS Electronic Health Records (EHR) measure titles, and may differ from existing measures in other programs. Please reference the National Quality Forum (NQF) and PQRS numbers for clarification

TABLE 37: 2013 and Beyond Proposed Measures – Diabetes Mellitus Measures Group*

NQF/ PQRS	Measure Title and Description	Measure Developer
0059/ 1	**Diabetes Mellitus: Hemoglobin A1c Poor Control in Diabetes Mellitus:** Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent hemoglobin A1c greater than 9.0 percent	NCQA
0064/ 2	**Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control in Diabetes Mellitus:** Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent LDL-C level in control (less than 100 mg/dL)	NCQA
0061/ 3	**Diabetes Mellitus: High Blood Pressure Control in Diabetes Mellitus:** Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent blood pressure in control (less than 140/90 mmHg)	NCQA
0055/ 117	**Diabetes Mellitus: Dilated Eye Exam in Diabetic Patient:** Percentage of patients aged 18 through 75 years with a diagnosis of diabetes mellitus who had a dialated eye exam	NCQA
0062/ 119	**Diabetes Mellitus: Urine Screening:** Percentage of patients aged 18 through 75 years with diabetes (type 1 or type 2) who had a nephropathy screening test or evidence of nephropathy	NCQA
0056/ 163	**Diabetes Mellitus: Foot Exam:** The percentage of patients aged 18 through 75 years with diabetes who had a foot examination	NCQA

*This measures group is reportable through both claims and registry-based reporting.

TABLE 38: 2013 and Beyond Proposed Measures – Chronic Kidney Disease (CKD) Measures Group*

NQF/ PQRS	Measure Title and Description	Measure Developer
0041/ 110	**Preventive Care and Screening: Influenza Immunization:** Percentage of patients aged 6 months and older who received an influenza immunization during the flu season (October 1 through March 31)	AMA-PCPI
AQA adopted/121	**Adult Kidney Disease: Laboratory Testing (Lipid Profile):** Percentage of patients aged 18 years and older with a diagnosis of CKD (stage 3, 4, or 5, not receiving Renal Replacement Therapy [RRT]) who had a fasting lipid profile performed at least once within a 12-month period	AMA-PCPI
AQA adopted/122	**Adult Kidney Disease: Blood Pressure Management:** Percentage of patient visits for those patients aged 18 years and older with a diagnosis of CKD (stage 3, 4, or 5, not receiving Renal Replacement Therapy [RRT]) and documented proteinuria with a blood pressure < 130/80 mmHg OR ≥ 130/80 mmHg with a documented plan of care	AMA-PCPI
AQA adopted/123	**Adult Kidney Disease: Patients On Erythropoiesis-Stimulating Agent (ESA) - Hemoglobin Level > 12.0 g/dL:** Percentage of calendar months within a 12-month period during which a Hemoglobin level is measured for patients aged 18 years and older with a diagnosis of advanced Chronic Kidney Disease (CKD) (stage 4 or 5, not receiving Renal Replacement Therapy [RRT]) or End Stage Renal Disease (ESRD) (who are on hemodialysis or peritoneal dialysis) who are also receiving ESA therapy AND have a Hemoglobin level > 12.0 g/dL	AMA-PCPI

*This measures group is reportable through both claims and registry-based reporting

TABLE 39: 2013 and Beyond Proposed Measures – Preventive Care

Measures Group*

NQF/ PQRS	Measure Title and Description	Measure Developer
0046/ 39	**Screening or Therapy for Osteoporosis for Women Aged 65 Years and Older:** Percentage of female patients aged 65 years and older who have a central dual-energy X- ray absorptiometry (DXA) measurement ordered or performed at least once since age 60 or pharmacologic therapy prescribed within 12 months	AMA-PCPI/ NCQA
0098/ 48	**Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older:** Percentage of female patients aged 65 years and older who were assessed for the presence or absence of urinary incontinence within 12 months	AMA-PCPI/ NCQA
0041/ 110	**Preventive Care and Screening: Influenza Immunization:** Percentage of patients aged 6 months and older who received an influenza immunization during the flu season (October 1 through March 31)	AMA-PCPI
0043/ 111	**Preventive Care and Screening: Pneumonia Vaccination for Patients 65 Years and Older:** Percentage of patients aged 65 years and older who have ever received a pneumococcal vaccine	NCQA
0031/ 112	**Preventive Care and Screening: Screening Mammography:** Percentage of women aged 40 through 69 years who had a mammogram to screen for breast cancer	NCQA
0034/ 113	**Preventive Care and Screening: Colorectal Cancer Screening:** Percentage of patients aged 50 through 75 years who received the appropriate colorectal cancer screening	NCQA
0421/ 128	**Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up:** Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented. Normal Parameters: Age 65 years and older BMI $\geq$ 23and < 30; Age 18 – 64 years BMI > 18.5 and < 25.	CMS/ QIP
AQA adopted/173	**Preventive Care and Screening: Unhealthy Alcohol Use – Screening:** Percentage of patients aged 18 years and older who were screened for unhealthy alcohol use using a systematic screening method within 24 months	AMA-PCPI
0028/ 226	**Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention:** Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user	AMA-PCPI

*This measures group is reportable through both claims and registry-based reporting

TABLE 40: 2013 and Beyond Proposed Measures – Coronary Artery Bypass Graft (CABG) Measures Group*

NQF/ PQRS	Measure Title and Description	Measure Developer
0134/ 43	**Coronary Artery Bypass Graft (CABG): Use of Internal Mammary Artery (IMA) in Patients with Isolated CABG: Surgery** Percentage of patients aged 18 years and older undergoing isolated CABG surgery using an IMA graft	STS
0236/ 44	**Coronary Artery Bypass Graft (CABG): Preoperative Beta-Blocker in Patients with Isolated CABG Surgery:** Percentage of patients aged 18 years and older undergoing isolated CABG surgery who received a beta-blocker within 24 hours prior to surgical incision	CMS/ QIP
0129/ 164	**Coronary Artery Bypass Graft (CABG): Prolonged Intubation:** Percentage of patients aged 18 years and older undergoing isolated CABG surgery who require intubation > 24 hours	STS
0130/ 165	**Coronary Artery Bypass Graft (CABG): Deep Sternal Wound Infection Rate:** Percentage of patients aged 18 years and older undergoing isolated CABG surgery who,	STS

NQF/ PQRS	Measure Title and Description	Measure Developer
	within 30 days postoperatively, develop deep sternal wound infection (involving muscle, bone, and/or mediastinum requiring operative intervention)	
0131/ 166	**Coronary Artery Bypass Graft (CABG): Stroke:** Percentage of patients aged 18 years and older undergoing isolated CABG surgery who have a postoperative stroke (i.e., any confirmed neurological deficit of abrupt onset caused by a disturbance in blood supply to the brain) that did not resolve within 24 hours	STS
0114/ 167	**Coronary Artery Bypass Graft (CABG): Postoperative Renal Failure:** Percentage of patients aged 18 years and older undergoing isolated CABG surgery (without pre-existing renal failure) who develop postoperative renal failure or require dialysis	STS
0115/ 168	**Coronary Artery Bypass Graft (CABG): Surgical Re-Exploration:** Percentage of patients aged 18 years and older undergoing isolated CABG surgery who require a return to the operating room (OR) during the current hospitalization for mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction, or other cardiac reason	STS
0116/ 169	**Coronary Artery Bypass Graft (CABG): Antiplatelet Medications at Discharge:** Percentage of patients aged 18 years and older undergoing isolated CABG surgery who were discharged on antiplatelet medication	STS
0117/ 170	**Coronary Artery Bypass Graft (CABG): Beta-Blockers Administered at Discharge:** Percentage of patients aged 18 years and older undergoing isolated CABG surgery who were discharged on beta-blockers	STS
0118/ 171	**Coronary Artery Bypass Graft (CABG): Anti-Lipid Treatment at Discharge:** Percentage of patients aged 18 years and older undergoing isolated CABG surgery who were discharged on a statin or other lipid-lowering regimen	STS

*This measures group is reportable through registry-based reporting only

TABLE 41: 2013 and Beyond Proposed Measures – Rheumatoid Arthritis (RA) Measures Group*

NQF/ PQRS	Measure Title and Description	Measure Developer
0054/ 108	**Rheumatoid Arthritis (RA): Disease Modifying Anti-Rheumatic Drug (DMARD) Therapy:** Percentage of patients aged 18 years and older who were diagnosed with RA and were prescribed, dispensed, or administered at least one ambulatory prescription for a DMARD	NCQA
AQA adopted/176	**Rheumatoid Arthritis (RA): Tuberculosis Screening:** Percentage of patients aged 18 years and older with a diagnosis of RA who have documentation of a tuberculosis (TB) screening performed and results interpreted within 6 months prior to receiving a first course of therapy using a biologic disease-modifying anti- rheumatic drug (DMARD)	AMA-PCPI/ NCQA
AQA adopted/177	**Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity:** Percentage of patients aged 18 years and older with a diagnosis of RA who have an assessment and classification of disease activity within 12 months	AMA-PCPI/ NCQA
AQA adopted /178	**Rheumatoid Arthritis (RA): Functional Status Assessment:** Percentage of patients aged 18 years and older with a diagnosis of RA for whom a functional status assessment was performed at least once within 12 months	AMA-PCPI/ NCQA
AQA adopted/179	**Rheumatoid Arthritis (RA): Assessment and Classification of Disease Prognosis:** Percentage of patients aged 18 years and older with a diagnosis of RA who have an assessment and classification of disease prognosis at least once within 12 months	AMA-PCPI/ NCQA
AQA adopted/180	**Rheumatoid Arthritis (RA): Glucocorticoid Management:** Percentage of patients aged 18 years and older with a diagnosis of RA who have been assessed for glucocorticoid use and, for those on prolonged doses of prednisone ≥ 10 mg daily (or equivalent) with improvement or no change in disease activity, documentation of glucocorticoid management plan within 12 months	AMA-PCPI/ NCQA

*This measures group is reportable through both claims and registry-based reporting

TABLE 42: 2013 and Beyond Proposed Measures – Perioperative Care Measures Group*

NQF/ PQRS	Measure Title and Description	Measure Developer
0270/ 20	**Perioperative Care: Timing of Antibiotic Prophylaxis – Ordering Physician:** Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic parenteral antibiotics, who have an order for prophylactic parenteral antibiotic to be given within one hour (if fluoroquinolone or vancomycin, two hours), prior to the surgical incision (or start of procedure when no incision is required)	AMA-PCPI/ NCQA
0268/ 21	**Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin:** Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for a first OR second generation cephalosporin prophylactic antibiotic, who had an order for cefazolin OR cefuroxime for antimicrobial prophylaxis	AMA-PCPI/ NCQA
0271/ 22	**Perioperative Care: Discontinuation of Prophylactic Antibiotics (Non-Cardiac Procedures):** Percentage of non-cardiac surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic parenteral antibiotics AND who received a prophylactic parenteral antibiotic, who have an order for discontinuation of prophylactic parenteral antibiotics within 24 hours of surgical end time	AMA-PCPI/ NCQA
0239/ 23	**Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients):** Percentage of patients aged 18 years and older undergoing procedures for which VTE prophylaxis is indicated in all patients, who had an order for Low Molecular Weight Heparin (LMWH), Low-Dose Unfractionated Heparin (LDUH), adjusted-dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end time	AMA-PCPI/ NCQA

*This measures group is reportable through both claims and registry-based reporting

TABLE 43: 2013 and Beyond Proposed Measures – Back Pain Measures Group*

NQF/ PQRS	Measure Title and Description	Measure Developer
0322/ 148	**Back Pain: Initial Visit:** The percentage of patients aged 18 through 79 years with a diagnosis of back pain or undergoing back surgery who had back pain and function assessed during the initial visit to the clinician for the episode of back pain	NCQA
0319/ 149/	**Back Pain: Physical Exam:** Percentage of patients aged 18 through 79 years with a diagnosis of back pain or undergoing back surgery who received a physical examination at the initial visit to the clinician for the episode of back pain	NCQA
0314/ 150	**Back Pain: Advice for Normal Activities:** The percentage of patients aged 18 through 79 years with a diagnosis of back pain or undergoing back surgery who received advice for normal activities at the initial visit to the clinician for the episode of back pain	NCQA
0313/ 151	**Back Pain: Advice Against Bed Rest:** The percentage of patients aged 18 through 79 years with a diagnosis of back pain or undergoing back surgery who received advice against bed rest lasting four days or longer at the initial visit to the clinician for the episode of back pain	NCQA

*This measures group is reportable through both claims and registry-based reporting

TABLE 44: 2013 and Beyond Proposed Measures – Hepatitis C Measures Group*

NQF/ PQRS	Measure Title and Description	Measure Developer
0395/	**Hepatitis C: Ribonucleic Acid (RNA) Testing Before Initiating Treatment:** Percentage	AMA-

NQF/ PQRS	Measure Title and Description	Measure Developer
84	of patients aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment for whom quantitative HCV RNA testing was performed within 6 months prior to initiation of antiviral treatment	PCPI
0396/ 85	**Hepatitis C: HCV Genotype Testing Prior to Treatment:** Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment for whom HCV genotype testing was performed prior to initiation of antiviral treatment	AMA-PCPI
0397/ 86	**Hepatitis C: Antiviral Treatment Prescribed:** Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who were prescribed at a minimum peginterferon and ribavirin therapy within the 12-month reporting period	AMA-PCPI
0398/ 87	**Hepatitis C: HCV Ribonucleic Acid (RNA) Testing at Week 12 of Treatment:** Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment for whom quantitative HCV RNA testing was performed at no greater than 12 weeks from the initiation of antiviral treatment	AMA-PCPI
0401/ 89	**Hepatitis C: Counseling Regarding Risk of Alcohol Consumption:** Percentage of patients aged 18 years and older with a diagnosis of hepatitis C who were counseled about the risks of alcohol use at least once within 12-months	AMA-PCPI
0394/ 90	**Hepatitis C: Counseling Regarding Use of Contraception Prior to Antiviral Therapy:** Percentage of female patients aged 18 through 44 years and all men aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment who were counseled regarding contraception prior to the initiation of treatment	AMA-PCPI
0399/ 183	**Hepatitis C: Hepatitis A Vaccination in Patients with HCV:** Percentage of patients aged 18 years and older with a diagnosis of hepatitis C who received at least one injection of hepatitis A vaccine, or who have documented immunity to hepatitis A	AMA-PCPI
0400/ 184	**Hepatitis C: Hepatitis B Vaccination in Patients with HCV:** Percentage of patients aged 18 years and older with a diagnosis of hepatitis C who received at least one injection of hepatitis B vaccine, or who have documented immunity to hepatitis B	AMA-PCPI

*This measures group is reportable through both claims and registry-based reporting

TABLE 45: 2013 and Beyond Proposed Measures – Heart Failure (HF) Measures Group*

NQF/ PQRS	Measure Title and Description	Measure Developer
0081/ 5	**Heart Failure: Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD):** Percentage of patients aged 18 years and older with a diagnosis of heart failure and LVSD (LVEF < 40%) who were prescribed ACE inhibitor or ARB therapy	AMA-PCPI/ ACCF/AHA
0083/ 8	**Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD):** Percentage of patients aged 18 years and older with a diagnosis of heart failure who also have LVSD (LVEF < 40%) and who were prescribed beta-blocker therapy	AMA-PCPI/ ACCF/AHA
0079/ 198	**Heart Failure: Left Ventricular Ejection Fraction (LVEF) Assessment:** Percentage of patients aged 18 years and older with a diagnosis of heart failure for whom the quantitative or qualitative result (of a recent or prior [any time in the past] LVEF assessment) is documented within a 12 month period	AMA-PCPI/ ACCF/AHA
0028/ 226	**Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention:** Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user	AMA-PCPI

*This measures group is reportable through registry-based reporting only

TABLE 46: 2013 and Beyond Proposed Measures – Coronary Artery Disease (CAD) Measures Group*

NQF/ PQRS	Measure Title and Description	Measure Developer
0067/ 6	**Coronary Artery Disease (CAD): Antiplatelet Therapy:** Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who were prescribed aspirin or clopidogrel	AMA-PCPI/ ACCF/AHA
0074/ 197	**Coronary Artery Disease (CAD): Lipid Control:** Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who have a LDL-C result < 100 mg/dL OR patients who have a LDL-C result ≥ 100 mg/dL and have a documented plan of care to achieve LDL-C <100 mg/dL, including at a minimum the prescription of a statin	AMA-PCPI/ ACCF/AHA
0028/ 226	**Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention:** Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user	AMA-PCPI
N/A/ 242	**Coronary Artery Disease (CAD): Symptom Management:** Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12-month period and with results of an evaluation of level of activity AND an assessment for the presence *or* absence of anginal symptoms, with a plan of care to manage anginal symptoms, if present	AMA-PCPI/ ACCF/ AHA

*This measures group is reportable through registry-based reporting only

TABLE 47: 2013 and Beyond Proposed Measures – Ischemic Vascular Disease (IVD) Measures Group*

NQF/ PQRS	Measure Title and Description	Measure Developer
0073/ 201	**Ischemic Vascular Disease (IVD): Blood Pressure Management Control:** Percentage of patients aged 18 years and older with ischemic vascular disease (IVD) who had most recent blood pressure in control (less than 140/90 mmHg)	NCQA
0068/ 204	**Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic:** Percentage of patients aged 18 years and older with ischemic vascular disease (IVD) with documented use of aspirin or other antithrombotic	NCQA
0028/ 226	**Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention:** Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user	AMA-PCPI
0075/ 241	**Ischemic Vascular Disease (IVD): Complete Lipid Panel and Low Density Lipoprotein (LDL-C) Control:** Percentage of patients aged 18 years and older with Ischemic Vascular Disease (IVD) who received at least one lipid profile within 12 months and whose most recent LDL-C level was in control (less than 100 mg/dL)	NCQA

*This measures group is reportable through both claims and registry-based reporting

TABLE 48: 2013 and Beyond Proposed Measures – HIV/AIDS Measures Group*

NQF/ PQRS	Measure Title and Description	Measure Developer
0404/	**HIV/AIDS: CD4+ Cell Count or CD4+ Percentage:** Percentage of patients aged 6 months	AMA-

NQF/ PQRS	Measure Title and Description	Measure Developer
159	and older with a diagnosis of HIV/AIDS for whom a CD4+ cell count or CD4+ cell percentage was performed at least once every 6 months	PCPI/ NCQA
0405/ 160	**HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis:** Percentage of patients aged 6 years and older with a diagnosis of HIV/AIDS and CD4+ cell count < 200 cells/mm3 who were prescribed PCP prophylaxis within 3 months of low CD4+ cell count	AMA-PCPI/ NCQA
0406/ 161	**HIV/AIDS: Adolescent and Adult Patients with HIV/AIDS Who Are Prescribed Potent Antiretroviral Therapy:** Percentage of patients with a diagnosis of HIV/AIDS aged 13 years and older: who have a history of a nadir CD4+ cell count below 350/mm3 or who have a history of an AIDS- defining condition, regardless of CD4+ cell count; or who are pregnant, regardless of CD4+ cell count or age, who were prescribed potent antiretroviral therapy	AMA-PCPI/ NCQA
0407/ 162	**HIV/AIDS: HIV RNA Control After Six Months of Potent Antiretroviral Therapy:** Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS who are receiving potent antiretroviral therapy, who have a viral load below limits of quantification after at least 6 months of potent antiretroviral therapy or patients whose viral load is not below limits of quantification after at least 6 months of potent antiretroviral therapy and have documentation of a plan of care	AMA-PCPI/ NCQA
0409/ 205	**HIV/AIDS: Sexually Transmitted Disease Screening for Chlamydia and Gonorrhea:** Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS for whom chlamydia and gonorrhea screenings were performed at least once since the diagnosis of HIV infection	AMA-PCPI/ NCQA
0413/ 206	**HIV/AIDS: Screening for High Risk Sexual Behaviors:** Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS who were screened for high risk sexual behaviors at least once within 12 months	AMA-PCPI/ NCQA
0415/ 207	**HIV/AIDS: Screening for Injection Drug Use:** Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS who were screened for injection drug use at least once within 12 months	AMA-PCPI/ NCQA
0410/ 208	**HIV/AIDS: Sexually Transmitted Disease Screening for Syphilis:** Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS who were screened for syphilis at least once within 12 months	AMA-PCPI/ NCQA

*This measures group is reportable through registry-based reporting only

TABLE 49: 2013 and Beyond Proposed Measures – Asthma Measures Group*

NQF/ PQRS	Measure Title and Description	Measure Developer
0047/ 53	**Asthma: Pharmacologic Therapy for Persistent Asthma:** Percentage of patients aged 5 through 50 years with a diagnosis of mild, moderate, or severe persistent asthma who were prescribed either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment	AMA-PCPI/ NCQA
0001/ 64	**Asthma: Assessment of Asthma Control:** Percentage of patients aged 5 through 50 years with a diagnosis of asthma who were evaluated during at least one office visit within 12 months for the frequency (numeric) of daytime and nocturnal asthma symptoms	AMA-PCPI/ NCQA
N/A/ 231	**Asthma: Tobacco Use: Screening - Ambulatory Care Setting:** Percentage of patients (or their primary caregiver) aged 5 through 50 years with a diagnosis of asthma who were queried about tobacco use and exposure to second hand smoke within their home environment at least once during the one-year measurement period	AMA-PCPI/ NCQA
N/A/ 232	**Asthma: Tobacco Use: Intervention - Ambulatory Care Setting:** Percentage of patients (or their primary caregiver) aged 5 through 50 years with a diagnosis of asthma who were identified as tobacco users (patients who currently use tobacco AND patients who do not currently use tobacco, but are exposed to second hand smoke in their home environment) who received tobacco cessation intervention at least once during the one-year measurement	AMA-PCPI/ NCQA

	period	

*This measures group is reportable through both claims and registry-based reporting

TABLE 50: 2013 and Beyond Proposed Measures – Chronic Obstructive Pulmonary Disease (COPD) Measures Group*

NQF/ PQRS	Measure Title and Description	Measure Developer
0091/ 51	**Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation:** Percentage of patients aged 18 years and older with a diagnosis of COPD who had spirometry evaluation results documented	AMA-PCPI
0102/ 52	**Chronic Obstructive Pulmonary Disease (COPD): Bronchodilator Therapy:** Percentage of patients aged 18 years and older with a diagnosis of COPD and who have an FEV1/FVC less than 70 percent and have symptoms who were prescribed an inhaled bronchodilator	AMA-PCPI
0041/ 110	**Preventive Care and Screening: Influenza Immunization:** Percentage of patients aged 6 months and older who received an influenza immunization during the flu season (October 1 through March 31)	AMA-PCPI
0043/ 111	**Preventive Care and Screening: Pneumonia Vaccination for Patients 65 Years and Older:** Percentage of patients aged 65 years and older who have ever received a pneumococcal vaccine	NCQA
0028/ 226	**Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention:** Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user	AMA-PCPI

*This measures group is reportable through both claims and registry-based reporting

TABLE 51: 2013 and Beyond Proposed Measures – Inflammatory Bowel Disease (IBD) Measures Group*

NQF/ PQRS	Measure Title and Description	Measure Developer
0028/ 226	**Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention:** Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user	AMA-PCPI
N/A/ 269	**Inflammatory Bowel Disease (IBD): Type, Anatomic Location and Activity All Documented:** Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease who have documented the disease type, anatomic location and activity, at least once during the reporting period	AGA
N/A/ 270	**Inflammatory Bowel Disease (IBD): Preventive Care: Corticosteroid Sparing Therapy:** Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease who have been managed by corticosteroids greater than or equal to 10mg/day for 60 or greater consecutive days that have been prescribed corticosteroid sparing therapy in the last reporting year	AGA
N/A/ 271	**Inflammatory Bowel Disease (IBD): Preventive Care: Corticosteroid Related Iatrogenic Injury – Bone Loss Assessment:** Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease who have received dose of corticosteroids greater than or equal to 10 mg/day for 60 or greater consecutive days and were assessed for risk of bone loss once per the reporting year	AGA
N/A/ 272	**Inflammatory Bowel Disease (IBD): Preventive Care: Influenza Immunization:** Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease for whom influenza immunization was recommended, administered or previously received during the reporting year	AGA
N/A/	**Inflammatory Bowel Disease (IBD): Preventive Care: Pneumococcal Immunization:**	AGA

NQF/ PQRS	Measure Title and Description	Measure Developer
273	Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease that had pneumococcal vaccination administered or previously received	
N/A/ 274	**Inflammatory Bowel Disease (IBD): Testing for Latent Tuberculosis (TB) Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy:** Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease for whom a tuberculosis (TB) screening was performed and results interpreted within 6 months prior to receiving a first course of anti-TNF (tumor necrosis factor) therapy	AGA
N/A/ 275	**Inflammatory Bowel Disease (IBD): Assessment of Hepatitis B Virus (HBV) Status Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy:** Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease who had Hepatitis B Virus (HBV) status assessed and results interpreted within one year prior to receiving a first course of anti-TNF (tumor necrosis factor) therapy	AGA

*This measures group is reportable through registry-based reporting only

TABLE 52: 2013 and Beyond Proposed Measures – Sleep Apnea Measures Group*

NQF/ PQRS	Measure Title and Description	Measure Developer
N/A/ 276	**Sleep Apnea: Assessment of Sleep Symptoms:** Percentage of visits for patients aged 18 years and older with a diagnosis of obstructive sleep apnea that includes documentation of an assessment of symptoms, including presence or absence of snoring and daytime sleepiness	AMA-PCPI/ NCQA
N/A/ 277	**Sleep Apnea: Severity Assessment at Initial Diagnosis:** Percentage of patients aged 18 years and older with a diagnosis of obstructive sleep apnea who had an apnea hypopnea index (AHI) or a respiratory disturbance index (RDI) measured at the time of initial diagnosis	AMA-PCPI/ NCQA
N/A/ 278	**Sleep Apnea: Positive Airway Pressure Therapy Prescribed:** Percentage of patients aged 18 years and older with a diagnosis of moderate or severe obstructive sleep apnea who were prescribed positive airway pressure therapy	AMA-PCPI/ NCQA
N/A/ 279	**Sleep Apnea: Assessment of Adherence to Positive Airway Pressure Therapy:** Percentage of visits for patients aged 18 years and older with a diagnosis of obstructive sleep apnea who were prescribed positive airway pressure therapy who had documentation that adherence to positive airway pressure therapy was objectively measured	AMA-PCPI/ NCQA

*This measures group is reportable through registry-based reporting only

TABLE 53: 2013 and Beyond Proposed Measures – Dementia Measures Group*

NQF/ PQRS	Measure Title and Description	Measure Developer
N/A / 280	**Dementia: Staging of Dementia:** Percentage of patients, regardless of age, with a diagnosis of dementia whose severity of dementia was classified as mild, moderate or severe at least once within a 12 month period	AMA-PCPI
N/A / 281	**Dementia: Cognitive Assessment:** Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of cognition is performed and the results reviewed at least once within a 12 month period	AMA-PCPI
N/A / 282	**Dementia: Functional Status Assessment:** Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of patient's functional status is	AMA-PCPI

NQF/ PQRS	Measure Title and Description	Measure Developer
	performed and the results reviewed at least once within a 12 month period	
N/A / 283	**Dementia: Neuropsychiatric Symptom Assessment:** Percentage of patients, regardless of age, with a diagnosis of dementia and for whom an assessment of patient's neuropsychiatric symptoms is performed and results reviewed at least once in a 12 month period	AMA-PCPI
N/A / 284	**Dementia: Management of Neuropsychiatric Symptoms:** Percentage of patients, regardless of age, with a diagnosis of dementia who have one or more neuropsychiatric symptoms who received or were recommended to receive an intervention for neuropsychiatric symptoms within a 12 month period	AMA-PCPI
N/A / 285	**Dementia: Screening for Depressive Symptoms:** Percentage of patients, regardless of age, with a diagnosis of dementia who were screened for depressive symptoms within a 12 month period	AMA-PCPI
N/A / 286	**Dementia: Counseling Regarding Safety Concerns:** Percentage of patients, regardless of age, with a diagnosis of dementia or their caregiver(s) who were counseled or referred for counseling regarding safety concerns within a 12 month period	AMA-PCPI
N/A / 287	**Dementia: Counseling Regarding Risks of Driving:** Percentage of patients, regardless of age, with a diagnosis of dementia or their caregiver(s) who were counseled regarding the risks of driving and driving alternatives within a 12 month period	AMA-PCPI
N/A / 288	**Dementia: Caregiver Education and Support:** Percentage of patients, regardless of age, with a diagnosis of dementia whose caregiver(s) were provided with education on dementia disease management and health behavior changes AND referred to additional sources for support within a 12 month period	AMA-PCPI

*This measures group is reportable through claims and registry-based reporting

TABLE 54: 2013 and Beyond Proposed Measures – Parkinson's Disease Measures Group*

NQF/ PQRS	Measure Title and Description	Measure Developer
N/A / 289	**Parkinson's Disease: Annual Parkinson's Disease Diagnosis Review:** All patients with a diagnosis of Parkinson's disease who had an annual assessment including a review of current medications (e.g., medications than can produce Parkinson- like signs or symptoms) and a review for the presence of atypical features (e.g., falls at presentation and early in the disease course, poor response to levodopa, symmetry at onset, rapid progression [to Hoehn and Yahr stage 3 in 3 years], lack of tremor or dysautonomia) at least annually	AAN
N/A / 290	**Parkinson's Disease: Psychiatric Disorders or Disturbances Assessment:** All patients with a diagnosis of Parkinson's disease who were assessed for psychiatric disorders or disturbances (e.g., psychosis, depression, anxiety disorder, apathy, or impulse control disorder) at least annually	AAN
N/A / 291	**Parkinson's Disease: Cognitive Impairment or Dysfunction Assessment:** All patients with a diagnosis of Parkinson's disease who were assessed for cognitive impairment or dysfunction at least annually	AAN
N/A / 292	**Parkinson's Disease: Querying about Sleep Disturbances:** All patients with a diagnosis of Parkinson's disease (or caregivers, as appropriate) who were queried about sleep disturbances at least annually	AAN
N/A / 293	**Parkinson's Disease: Rehabilitative Therapy Options:** All patients with a diagnosis of Parkinson's disease (or caregiver(s), as appropriate) who had rehabilitative therapy options (e.g., physical, occupational, or speech therapy) discussed at least annually	AAN
N/A / 294	**Parkinson's Disease: Parkinson's Disease Medical and Surgical Treatment Options Reviewed:** All patients with a diagnosis of Parkinson's disease (or caregiver(s), as appropriate who had the Parkinson's disease treatment options (e.g., non-pharmacological treatment, pharmacological treatment, or surgical treatment) reviewed at least once	AAN

NQF/ PQRS	Measure Title and Description	Measure Developer
	annually	

*This measures group is reportable through registry-based reporting only

TABLE 55: 2013 and Beyond Proposed Measures – Hypertension Measures Group*

NQF/ PQRS	Measure Title and Description	Measure Developer
N/A/ 295	**Hypertension: Appropriate Use of Aspirin or Other Antiplatelet or Anticoagulant Therapy:** Percentage of patients aged 15 through 90 years old with a diagnosis of hypertension who were prescribed aspirin or other anticoagulant/antiplatelet therapy	ABIM
N/A/ 296	**Hypertension: Complete Lipid Profile:** Percentage of patients aged 15 through 90 years old with a diagnosis of hypertension who received a complete lipid profile within 24 months	ABIM
N/A/ 297	**Hypertension: Urine Protein Test:** Percentage of patients aged 15 through 90 years old with a diagnosis of hypertension who either have chronic kidney disease diagnosis documented or had a urine protein test done within 36 months	ABIM
N/A/ 298	**Hypertension: Annual Serum Creatinine Test:** Percentage of patients aged 15 through 90 years old with a diagnosis of hypertension who had a serum creatinine test done within 12 months	ABIM
N/A/ 299	**Hypertension: Diabetes Mellitus Screening Test:** Percentage of patients aged 15 through 90 years old with a diagnosis of hypertension who had a diabetes screening test within 36 months	ABIM
N/A/ 300	**Hypertension: Blood Pressure Control:** Percentage of patients aged 15 through 90 years old with a diagnosis of hypertension who had most recent blood pressure level under control (at goal)	ABIM
N/A/ 301	**Hypertension: Low Density Lipoprotein (LDL-C) Control:** Percentage of patients aged 15 through 90 years old with a diagnosis of hypertension who had most recent LDL cholesterol level under control (at goal)	ABIM
N/A/ 302	**Hypertension: Dietary and Physical Activity Modifications Appropriately Prescribed:** Percentage of patients aged 15 through 90 years old with a diagnosis of hypertension who received dietary and physical activity counseling at least once within 12 months	ABIM

*This measures group is reportable through registry-based reporting only

TABLE 56: 2013 and Beyond Proposed Measures – Cardiovascular Prevention Measures Group*

NQF/ PQRS	Measure Title and Description	Measure Developer
0064/ 2	**Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control in Diabetes Mellitus:** Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent LDL-C level in control (less than 100 mg/dL)	NCQA
0068/ 204	**Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic:** Percentage of patients aged 18 years and older with ischemic vascular disease (IVD) with documented use of aspirin or other antithrombotic	NCQA
0028/ 226	**Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention:** Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user	AMA-PCPI
0018/ 236	**Hypertension (HTN): Controlling High Blood Pressure:** Percentage of patients aged 18 through 85 years of age who had a diagnosis of hypertension (HTN) and whose BP	NCQA

NQF/ PQRS	Measure Title and Description	Measure Developer
	was adequately controlled (< 140/90 mmHg)	
0075/ 241	**Ischemic Vascular Disease (IVD): Complete Lipid Panel and Low Density Lipoprotein (LDL-C) Control:** Percentage of patients aged 18 years and older with Ischemic Vascular Disease (IVD) who received at least one lipid profile within 12 months and whose most recent LDL-C level was in control (less than 100 mg/dL)	NCQA
N/A/ 317	**Preventive Care and Screening: Screening for High Blood Pressure:** Percentage of patients aged 18 and older who are screened for high blood pressure	CMS/ QIP

*This measures group is reportable through both claims and registry-based reporting

TABLE 57: 2013 and Beyond Proposed Measures – Cataracts Measures Group*

NQF/ PQRS	Measure Title and Description	Measure Developer
0565/ 191	**Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery:** Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and no significant ocular conditions impacting the visual outcome of surgery and had best-corrected visual acuity of 20/40 or better (distance or near) achieved within 90 days following the cataract surgery	AMA-PCPI/ NCQA
0564/ 192	**Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures:** Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and had any of a specified list of surgical procedures in the 30 days following cataract surgery which would indicate the occurrence of any of the following major complications: retained nuclear fragments, endophthalmitis, dislocated or wrong power IOL, retinal detachment, or wound dehiscence	AMA-PCPI/ NCQA
N/A/ 303	**Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery:** Percentage of patients aged 18 years and older in sample who had cataract surgery and had improvement in visual function achieved within 90 days following the cataract surgery, based on completing a pre-operative and post-operative visual function survey	AAO
N/A/ 304	**Cataracts: Patient Satisfaction within 90 Days Following Cataract Surgery:** Percentage of patients aged 18 years and older in sample who had cataract surgery and were satisfied with their care within 90 days following the cataract surgery, based on completion of the Consumer Assessment of Healthcare Providers and Systems Surgical Care Survey	AAO

*This measures group is reportable through registry-based reporting only

TABLE 58: 2013 and Beyond Proposed Measures – Oncology Measures Group*

NQF/ PQRS	Measure Title and Description	Measure Developer
0387/ 71	**Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer:** Percentage of female patients aged 18 years and older with Stage IC through IIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting	AMA-PCPI/ ASCO/NCCN

NQF/ PQRS	Measure Title and Description	Measure Developer
	period	
0385/ 72	**Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients:** Percentage of patients aged 18 years and older with Stage IIIA through IIIC colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12-month reporting period	AMA-PCPI/ ASCO/NCCN
0041/ 110	**Preventive Care and Screening: Influenza Immunization:** Percentage of patients aged 6 months and older who received an influenza immunization during the flu season (October 1 through March 31)	AMA-PCPI
0419/ 130	**Documentation of Current Medications in the Medical Record:** Percentage of specified visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications to the best of his/her knowledge and ability. This list ***must*** include ALL prescriptions, over-the-counters, herbals, vitamin/mineral/dietary (nutritional) supplements AND ***must*** contain the medications' name, dosage, frequency and route	CMS/ QIP
0384/ 143	**Oncology: Medical and Radiation – Pain Intensity Quantified:** Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified	AMA-PCPI
0383/ 144	**Oncology: Medical and Radiation – Plan of Care for Pain:** Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain with a documented plan of care to address pain	AMA-PCPI
0386/ 194	**Oncology: Cancer Stage Documented:** Percentage of patients, regardless of age, with a diagnosis of breast, colon, or rectal cancer who are seen in the ambulatory setting who have a baseline AJCC cancer stage or documentation that the cancer is metastatic in the medical record at least once within 12 months	AMA- PCPI/ ASCO
0028/ 226	**Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention:** Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user	AMA-PCPI

*This measures group is reportable through registry-based reporting only

TABLE 59: 2014 and Beyond Proposed Measures – Osteoporosis Measures Group*

NQF/ PQRS	Measure Title	Measure Developer
0046/	**Osteoporosis: Screening or Therapy for Osteoporosis for Women Aged 65 Years**	AMA

NQF/ PQRS	Measure Title	Measure Developer
39	**and Older:** Percentage of female patients aged 65 years and older who have a central dual-energy X-ray absorptiometry (DXA) measurement ordered or performed at least once since age 60 or pharmacologic therapy prescribed within 12 months	
0049/ 41	**Osteoporosis: Pharmacologic Therapy for Men and Women Aged 50 Years and Older:** Percentage of patients **aged 50 years and older** with a diagnosis of osteoporosis who were prescribed pharmacologic therapy within 12 months	AMA
AQA Selected /154	**Falls: Risk Assessment for Falls:** Percentage of patients aged 65 years and older with a history of falls who had a risk assessment for falls completed within 12 months	NCQA
AQA Selected /155	**Falls: Plan of Care for Falls:** Percentage of patients aged 65 years and older with a history of falls who had a plan of care for falls documented within 12 months	NCQA
N/A / TBD	**Osteoporosis: Status of Participation in Weight-Bearing Exercise and Weight-bearing Exercise Advice:** Percentage of patients aged 18 and older with a diagnosis of osteoporosis, osteopenia, or prior low impact fracture; women age 65 and older; or men age 70 and older whose status regarding participation in weight-bearing exercise was documented and for those not participating regularly who received advice within 12 months to participate in weight-bearing exercise	ABIM
N/A / TBD	**Osteoporosis: Current Level of Alcohol Use and Advice on Potentially Hazardous Drinking Prevention:** Percentage of patients aged 18 and older with a diagnosis of osteoporosis, osteopenia, or prior low impact fracture; women age 65 and older; or men age 70 and older whose current level of alcohol use was documented and for those engaging in potentially hazardous drinking who received counseling within 12 months	ABIM
N/A / TBD	**Osteoporosis: Screen for Falls Risk Evaluation and Complete Falls Risk Assessment and Plan of Care:** Percentage of patients aged 18 and older with a diagnosis of osteoporosis, osteopenia, or prior low impact fracture; women age 65 and older; or men age 70 and older who had a screen for falls risk evaluation within the past 12 months and for those reported as having a history of two or more falls, or fall-related injury who had a complete risk assessment for falls and a falls plan of care within the past 12 months	ABIM
N/A / TBD	**Osteoporosis: Dual-Emission X-ray Absorptiometry (DXA) Scan:** Percentage of patients aged 18 and older with a diagnosis of osteoporosis, osteopenia, or prior low impact fracture; women age 65 and older; or men age 70 and older who had a DXA scan and result documented	ABIM
N/A / TBD	**Osteoporosis: Calcium Intake Assessment and Counseling:** Percentage of patients aged 18 and older with a diagnosis of osteoporosis, osteopenia, or prior low impact fracture; women age 65 and older; or men age 70 and older who had calcium intake assessment and counseling at least once within 12 months	ABIM
N/A / TBD	**Osteoporosis: Vitamin D Intake Assessment and Counseling:** Percentage of patients aged 18 and older with a diagnosis of osteoporosis, osteopenia, or prior low impact fracture; women age 65 and older; or men age 70 and older who had vitamin D intake assessment and counseling at least once within 12 months	ABIM
N/A / TBD	**Osteoporosis: Pharmacologic Therapy:** Percentage of patients aged 18 and older with a diagnosis of osteoporosis, osteopenia, or prior low impact fracture; women age 65 and older; or men age 70 and older who were prescribed pharmacologic therapy approved by the Food and Drug Administration	ABIM

*This measures group is reportable through claims and registry-based reporting

TABLE 60: 2014 and Beyond Proposed Measures – Total Knee Replacement Measures Group*

NQF/ PQRS	Measure Title	Measure Developer

NQF/ PQRS	Measure Title	Measure Developer
N/A / TBD	**Total Knee Replacement: Coordination of Post Discharge Care:** Percentage of patients undergoing total knee replacement who received written instructions for post discharge care including all the following: post discharge physical therapy, home health care, post discharge deep vein thrombosis (DVT) prophylaxis and follow-up physician visits	AAHKS/AMA-PCPI
N/A / TBD	**Total Knee Replacement: Venous Thromboembolic and Cardiovascular Risk Evaluation:** Percentage of patients undergoing a total knee replacement who are evaluated for the presence or absence of venous thromboembolic and cardiovascular risk factors within 30 days prior to the procedure including history of deep vein thrombosis (DVT), pulmonary embolism (PE), myocardial infarction (MI), arrhythmia and stroke	AAHKS/AMA-PCPI
N/A / TBD	**Total Knee Replacement: Preoperative Antibiotic Infusion with Proximal Tourniquet:** Percentage of patients undergoing a total knee replacement who had the prophylactic antibiotic completely infused prior to the inflation of the proximal tourniquet	AAHKS/AMA-PCPI
N/A / TBD	**Total Knee Replacement: Identification of Implanted Prosthesis in Operative Report:** Percentage of patients undergoing total knee replacement whose operative report identifies the prosthetic implant specifications including the prosthetic implant manufacturer, the brand name of prosthetic implant and the size of prosthetic implant	AAHKS/AMA-PCPI

*This measures group is reportable through and registry-based only

TABLE 61: 2014 and Beyond Proposed Measures – Radiation Dose Optimization Measures Group*

NQF/ PQRS	Measure Title	Measure Developer
TBD/ TBD	**Radiation Dose Optimization: Utilization of a Standardized Nomenclature for CT Imaging Description:** Percentage of computed tomography (CT) imaging reports for all patients, regardless of age, with the imaging study named according to a standardized nomenclature (e.g., RadLex®) and the standardized nomenclature is used in institutions computer systems	AMA-PCPI
TBD/ TBD	**Radiation Dose Optimization: Cumulative Count of Potential High Dose Radiation Imaging Studies: Computed Tomography (CT) Scans and Cardiac Nuclear Medicine Scans:** Percentage of CT and cardiac nuclear medicine (myocardial perfusion) imaging reports for all patients, regardless of age, that document a count of known previous CT studies (any type of CT) and cardiac nuclear medicine (myocardial perfusion studies) studies that the patient has received in the 12-month period prior to the current study	AMA-PCPI
TBD/ TBD	**Radiation Dose Optimization: Reporting to a Radiation Dose Index Registry:** Percentage of total computed tomography (CT) studies performed for all patients, regardless of age, that are reported to a radiation dose index registry AND that include at a minimum selected data elements	AMA-PCPI
TBD/ TBD	**Radiation Dose Optimization: Images Available for Patient Follow-up and Comparison Purposes:** Percentage of final reports for imaging studies performed for all patients, regardless of age, which document that Digital Imaging and Communications in Medicine (DICOM) format image data are available reciprocally to non-affiliated external entities on a secure, media free, searchable basis with patient authorization for at least a 12-month period after the study	AMA-PCPI
TBD/ TBD	**Radiation Dose Optimization: Search for Prior Imaging Studies Through a Secure, Authorized, Media-Free, Shared Archive:** Percentage of final reports of imaging studies performed for all patients, regardless of age, which document that a search for Digital Imaging and Communications in Medicine (DICOM) format images was conducted for prior patient imaging studies completed at non-affiliated external entities within the past 12-months and are available through a secure, authorized, media free, shared archive prior to	AMA-PCPI

NQF/ PQRS	Measure Title	Measure Developer
	an imaging study being performed	

*This measures group is reportable through both claims and registry-based reporting

TABLE 62: 2014 and Beyond Proposed Measures – Preventive Cardiology Measures Group*

NQF/ PQRS	Measure Title	Measure Developer
N/A/ TBD	**Preventive Cardiology Composite: Blood Pressure at Goal:** Percentage of patients in the sample whose most recent blood pressure reading was at goal	ABIM
N/A/ TBD	**Preventive Cardiology Composite: Low Density Lipids (LDL) Cholesterol at Goal:** Percentage of patients in the sample whose LDL cholesterol is considered to be at goal, based upon their coronary heart disease (CHD) risk factors	ABIM
N/A/ TBD	**Preventive Cardiology Composite: Timing of Lipid Testing Complies with Guidelines:** Percentage of patients in the sample whose timing of lipid testing complies with guidelines (lipid testing performed in the preceding 12-month period (with a three-month grace period) for patients with known coronary heart disease (CHD) or CHD risk equivalent (prior myocardial infarction (MI), other clinical CHD, symptomatic carotid artery disease, peripheral artery disease, abdominal aortic aneurysm, diabetes mellitus); or in the preceding 24-month period (with a three-month grace period) for patients with $\geq$ 2 risk factors for CHD (smoking, hypertension, low high density lipid (HDL), men $\geq$ 45 years, women $\geq$ 55 years, family history of premature CHD; HDL $\geq$ 60 mg/dL acts as a negative risk factor); or in the preceding 60-month period (with a three-month grace period) for patients with $\leq$ 1 risk factor for CHD)	ABIM
N/A/ TBD	**Preventive Cardiology Composite: Diabetes Documentation or Screen Test:** Percentage of patients in the sample who had a screening test for type 2 diabetes or had a diagnosis of diabetes	ABIM
N/A/ TBD	**Preventive Cardiology Composite: Correct Determination of Ten-Year Risk for Coronary Death or Myocardial Infarction (MI):** Number of patients in the sample whose ten-year risk of coronary death or MI is correctly assessed and documented	ABIM
N/A/ TBD	**Preventive Cardiology Composite: Counseling for Diet and Physical Activity:** Percentage of patients in the sample who received dietary and physical activity counseling	ABIM
N/A/ TBD	**Preventive Cardiology Composite: Appropriate Use of Aspirin or Other Antiplatelet/Anticoagulant Therapy:** Percentage of patients in the sample who are: 1) taking aspirin or other anticoagulant/antiplatelet therapy, or 2) under age 30, or 3) age 30 or older and who are documented to be at low risk. Low-risk patients include those who are documented with no prior coronary heart disease (CHD) or CHD risk equivalent (prior myocardial infarction (MI), other clinical CHD, symptomatic carotid artery disease, peripheral artery disease, abdominal aortic aneurysm, diabetes mellitus) and whose ten-year risk of developing CHD is < 10%	ABIM
N/A/ TBD	**Preventive Cardiology Composite: Smoking Status and Cessation Support:** Percentage of patients in the sample whose current smoking status is documented in the chart, and if they were smokers, were documented to have received smoking cessation counseling during the reporting period	ABIM

*This measures group is reportable through both claims and registry-based reporting

TABLE 63: Proposed Measures for Eligible Professionals and Group Practices Who Report Using Administrative Claims for the 2015 and 2016 PQRS Payment Adjustment

NQF Number	Measure Title	Measure Steward	Domain of Care
0279	**Bacterial Pneumonia** The number of admissions for bacterial pneumonia per 100,000 population.	AHRQ	Care Coordination
0281	**UTI** The number of discharges for urinary tract infection per 100,000 population Age 18 Years and Older in a one year time period	AHRQ	Care Coordination
0280	**Dehydration** The number of admissions for dehydration per 100,000 population.	AHRQ	Care Coordination
	Composite of Chronic Prevention Quality Indicators	N/A	
	Diabetes Composite		
0638	**Uncontrolled diabetes** The number of discharges for uncontrolled diabetes per 100,000 population Age 18 Years and Older in a one year time period.	AHRQ	Care Coordination
0272	**Short Term Diabetes complications** The number of discharges for diabetes short-term complications per 100,000 Age 18 Years and Older population in a one year period.	AHRQ	Care Coordination
0274	**Long term diabetes complications** The number of discharges for long-term diabetes complications per 100,000 population Age 18 Years and in a one year time period.	AHRQ	Care Coordination
0285	**Lower extremity amputation for diabetes** The number of discharges for lower-extremity amputation among patients with diabetes per 100,000 population Age 18 Years in a one year time period.	AHRQ	Care Coordination
0275	**COPD** The number of admissions for chronic obstructive pulmonary disease (COPD) per 100,000 population.	AHRQ	Care Coordination
0277	**Heart Failure** Percent of the population with admissions for CHF.	AHRQ	Care Coordination
N/A	**All Cause Readmission** The rate of provider visits within 30 days of discharge from an acute care hospital per 1,000 discharges among eligible beneficiaries assigned.	CMS	Care Coordination
N/A	**30 Day Post Discharge Visit** The rate of provider visits within 30 days of discharge from an acute care hospital per 1,000 discharges among eligible beneficiaries assigned.	CMS	Care Coordination
0576	**Follow-Up After Hospitalization for Mental Illness** Percentage of discharges for patients who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner	NCQA	Care Coordination
0021	**Annual Monitoring for Beneficiaries on Persistent Medications** Percentage of patients 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year.	NCQA	Patient Safety
0555	**Lack of Monthly INR Monitoring for Beneficiaries on Warfarin** Average percentage of 40-day intervals in which Part D beneficiaries with claims for warfarin do not receive an INR test during the measurement period.	CMS	Patient Safety
0577	**Use of Spirometry Testing to Diagnose COPD** Percentage of patients at least 40 years old who have a new diagnosis or newly active chronic obstructive pulmonary disease (COPD) who received appropriate spirometry testing to confirm the diagnosis.	NCQA	Clinical Care
0549	**Pharmacotherapy Management of COPD Exacerbation** Percentage of chronic obstructive pulmonary disease (COPD) exacerbations for patients 40 years of age and older who had an acute inpatient discharge or ED encounter between January 1–November 30 of the measurement year and were dispensed appropriate medications	NCQA	Clinical Care

NQF Number	Measure Title	Measure Steward	Domain of Care
0543	**Statin Therapy for Beneficiaries with Coronary Artery Disease** Medication Possession Ratio (MPR) for statin therapy for individuals over 18 years of age with coronary artery disease.	CMS	Clinical Care
0583	**Lipid Profile for Beneficiaries Who Started Lipid-Lowering Medications** Percentage of patients age 18 or older starting lipid-lowering medication during the measurement year who had a lipid panel checked within 3 months after starting drug therapy	Resolution Health	Clinical Care
0053	**Osteoporosis Management in Women ≥ 67 Who Had a Fracture** Percentage of women 67 years and older who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat or prevent osteoporosis in the six months after the date of fracture.	NCQA	Clinical Care
0055	**Dilated Eye Exam for Beneficiaries ≤ 75 with Diabetes** Percentage of adult patients with diabetes aged 18-75 years who received a dilated eye exam by an ophthalmologist or optometrist during the measurement year, or had a negative retinal exam (no evidence of retinopathy) by an eye care professional in the year prior to themeasurement year.	NCQA	Clinical Care
0057	**HbA1c Testing for Beneficiaries ≤ 75 with Diabetes** Percentage of adult patients with diabetes aged 18-75 years receiving one or more A1c test(s) per year.	NCQA	Clinical Care
0062	**Urine Protein Screening for Beneficiaries ≤ 75 with Diabetes** Percentage of adult diabetes patients aged 18-75 years with at least one test nephropathy screening test during the measurement year or who had evidence existing nephropathy (diagnosis of nephropathy or documentation of microalbuminuria or albuminuria).	NCQA	Clinical Care
0063	**Lipid Profile for Beneficiaries ≤ 75 with Diabetes** Percentage of adult patients with diabetes aged 18-75 who had an LDL-C test performed during the measurement year.	NCQA	Clinical Care
0075	**Lipid Profile for Beneficiaries with Ischemic Vascular Disease** Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) from January 1–November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to measurement year, who had a complete lipid profile during the measurement year.	NCQA	Clinical Care
0105	**Antidepressant Treatment for Depression** Percentage of discharges for patients who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner.	NCQA	Clinical Care
0031	**Breast Cancer Screening for Women ≤ 69** Percentage of eligible women 40-69 who receive a mammogram in during the measurement year or in the year prior to the measurement year.	NCQA	Clinical Care

TABLE 64: Proposed Measures for the Administrative Claims Option for 2015 and 2016

NQF Number	Measure Title	Measure Steward	Domain of Care
0576	**Follow-Up After Hospitalization for Mental Illness** Percentage of discharges for patients who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner	NCQA	Care Coordination
0021	**Annual Monitoring for Beneficiaries on Persistent Medications** Percentage of patients 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year.	NCQA	Patient Safety
0555	**Lack of Monthly INR Monitoring for Beneficiaries on Warfarin** Average percentage of 40-day intervals in which Part D beneficiaries with claims for warfarin do not receive an INR test during the measurement period.	CMS	Patient Safety
0577	**Use of Spirometry Testing to Diagnose COPD** Percentage of patients at least 40 years old who have a new diagnosis or newly active chronic	NCQA	Clinical Care

NQF Number	Measure Title	Measure Steward	Domain of Care
	obstructive pulmonary disease (COPD) who received appropriate spirometry testing to confirm the diagnosis.		
0549	**Pharmacotherapy Management of COPD Exacerbation** Percentage of chronic obstructive pulmonary disease (COPD) exacerbations for patients 40 years of age and older who had an acute inpatient discharge or ED encounter between January 1–November 30 of the measurement year and were dispensed appropriate medications	NCQA	Clinical Care
0543	**Statin Therapy for Beneficiaries with Coronary Artery Disease** Medication Possession Ratio (MPR) for statin therapy for individuals over 18 years of age with coronary artery disease.	CMS	Clinical Care
0583	**Lipid Profile for Beneficiaries Who Started Lipid-Lowering Medications** Percentage of patients age 18 or older starting lipid-lowering medication during the measurement year who had a lipid panel checked within 3 months after starting drug therapy	Resolution Health	Clinical Care
0053	**Osteoporosis Management in Women ≥ 67 Who Had a Fracture** Percentage of women 67 years and older who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat or prevent osteoporosis in the six months after the date of fracture.	NCQA	Clinical Care
0055	**Dilated Eye Exam for Beneficiaries ≤ 75 with Diabetes** Percentage of adult patients with diabetes aged 18-75 years who received a dilated eye exam by an ophthalmologist or optometrist during the measurement year, or had a negative retinal exam (no evidence of retinopathy) by an eye care professional in the year prior to themeasurement year.	NCQA	Clinical Care
0057	**HbA1c Testing for Beneficiaries ≤ 75 with Diabetes** Percentage of adult patients with diabetes aged 18-75 years receiving one or more A1c test(s) per year.	NCQA	Clinical Care
0062	**Urine Protein Screening for Beneficiaries ≤ 75 with Diabetes** Percentage of adult diabetes patients aged 18-75 years with at least one test nephropathy screening test during the measurement year or who had evidence existing nephropathy (diagnosis of nephropathy or documentation of microalbuminuria or albuminuria).	NCQA	Clinical Care
0063	**Lipid Profile for Beneficiaries ≤ 75 with Diabetes** Percentage of adult patients with diabetes aged 18-75 who had an LDL-C test performed during the measurement year.	NCQA	Clinical Care
0075	**Lipid Profile for Beneficiaries with Ischemic Vascular Disease** Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) from January 1–November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to measurement year, who had a complete lipid profile during the measurement year.	NCQA	Clinical Care
0105	**Antidepressant Treatment for Depression** Percentage of discharges for patients who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner.	NCQA	Clinical Care
0031	**Breast Cancer Screening for Women ≤ 69** Percentage of eligible women 40-69 who receive a mammogram in during the measurement year or in the year prior to the measurement year.	NCQA	Clinical Care

TABLE 65: Remaining Measures Not Proposed for the Administrative Claims Option

NQF Number	Measure Title	Measure Steward	Domain of Care
Not NQF Endorsed	**Potentially Harmful Drug-Disease Interactions in the Elderly** The percentage of Medicare members 65 years of age and older who have evidence of an underlying disease, condition or health concern and who were dispensed an ambulatory prescription for a contraindicated medication, concurrent with or after the diagnosis.	NCQA	Patient Safety
0071	**Acute Myocardial Infarction (AMI): Persistence of Beta-Blocker Treatment After a Heart Attack** Percentage of patients age 18 years and older during the measurement year who were hospitalized and discharged alive with a diagnosis of acute myocardial infarction (AMI) and who received persistent beta-blocker treatment for six months after discharge	NCQA	Clinical Care

NQF Number	Measure Title	Measure Steward	Domain of Care
0022	**Use of High-Risk Medications in the Elderly: (a) Patients Who Receive At Least One Drug To Be Avoided** Percentage of patients ages 65 years and older who received at least one high-risk medication in the measurement year **(b) Patients Who Receive At Least Two Different Drugs To Be Avoided** Percentage of patients 65 years of age and older who received at least two different high-risk medications in the measurement year	NCQA	Patient Safety
0556	**INR for Beneficiaries Taking Warfarin and Interacting Anti-Infective Medications** Percentage of episodes with an INR test performed 3 to 7 days after a newly-started interacting anti-infective medication for Part D beneficiaries receiving warfarin	CMS	Patient Safety
0568	**Appropriate Follow-Up for Patients with HIV** Percentage of patients diagnosed with HIV who received a CD4 count and an HIV RNA level laboratory test in the 6 months following diagnosis	Health Benchmarks	Clinical Care
0623	**Breast Cancer – Cancer Surveillance** Percentage of female patients 18 and older with breast cancer who had breast cancer surveillance in the past 12 months	Active Health Management	Clinical Care
0625	**Prostate Cancer – Cancer Surveillance** Percentage of males with prostate cancer that have had their PSA monitored in the past 12 months	Active Health Management	Clinical Care
0054	**Arthritis: Disease Modifying Antirheumatic Drug (DMARD) Therapy in Rheumatoid Arthritis** Percentage of patients 18 years and older, diagnosed with rheumatoid arthritis who have had at least one ambulatory prescription dispensed for a DMARD	NCQA	Clinical Care
0581	**Deep Vein Thrombosis Anticoagulation At Least 3 Months** Percentage of patients diagnosed with a lower extremity DVT more than 3 months prior to the end of the measurement year (who do not have contraindications to warfarin therapy and who do not have an IVC filter in the 90 days after the onset of PE) who had at least 3 months of anticoagulation after the event or patients showing compliance with anticoagulation therapy as indicated by a Home PT Monitoring device or multiple instances of prothrombin time testing over the 3-month period	Resolution Health	Clinical Care
0593	**Pulmonary Embolism Anticoagulation At Least 3 Months** Percentage of patients diagnosed with a PE more than 3 months prior to the end of the measurement year (who do not have contraindications to warfarin therapy and who do not have an IVC filter in the 90 days after the onset of PE) who had at least 3 months of anticoagulation after the event or patients showing compliance with anticoagulation therapy as indicated by a Home PT Monitoring device or multiple instances of prothrombin time testing over the 3-month period	Resolution Health	Clinical Care
0614	**Steroid Use – Osteoporosis Screening** Percentage of patients, 18 and older, who have been on chronic steroids for at least 180 days in the past 9 months and who had a bone density evaluation or osteoporosis treatment	Active Health Management	Clinical Care
0567	**Appropriate Work-Up Prior To Endometrial Ablation Procedure** Percentage of women who had an endometrial ablation procedure during the measurement year who received endometrial sampling or hysteroscopy with biopsy during the previous year	Active Health Management	Clinical Care
0584	**Hepatitis C: Viral Load Test** Percentage of patients 18 years or older with Hepatitis C (HCV) who began HCV antiviral therapy during the measurement year and had HCV Viral Load testing prior to initiation of antiviral therapy	Resolution Health	Clinical Care

TABLE 66: Four Outcome Measures for the Value-Based Payment Modifier for Groups of Physicians

NQF Number	Measure Title	Measure Steward	Domain of Care
N/A	**1. Composite of Acute Prevention Quality Indicators**	N/A	Care Coordination

0279	**Bacterial Pneumonia** The number of admissions for bacterial pneumonia per 100,000 population.	AHRQ	
0281	**UTI** The number of discharges for urinary tract infection per 100,000 population Age 18 Years and Older in a one year time period	AHRQ	
0280	**Dehydration** The number of admissions for dehydration per 100,000 population.	AHRQ	
N/A	**2. Composite of Chronic Prevention Quality Indicators**	N/A	Care Coordination
	Diabetes Composite		
0638	**Uncontrolled diabetes** The number of discharges for uncontrolled diabetes per 100,000 population Age 18 Years and Older in a one year time period.	AHRQ	
0272	**Short Term Diabetes complications** The number of discharges for diabetes short-term complications per 100,000 Age 18 Years and Older population in a one year period.	AHRQ	
0274	**Long term diabetes complications** The number of discharges for long-term diabetes complications per 100,000 population Age 18 Years and in a one year time period.	AHRQ	
0285	**Lower extremity amputation for diabetes** The number of discharges for lower-extremity amputation among patients with diabetes per 100,000 population Age 18 Years in a one year time period.	AHRQ	
0275	**COPD** The number of admissions for chronic obstructive pulmonary disease (COPD) per 100,000 population.	AHRQ	
0277	**Heart Failure** Percent of the population with admissions for CHF.	AHRQ	
N/A	**3. All Cause Readmission** The rate of provider visits within 30 days of discharge from an acute care hospital per 1,000 discharges among eligible beneficiaries assigned.	CMS	Care Coordination
N/A	**4. 30 Day Post Discharge Visit** The rate of provider visits within 30 days of discharge from an acute care hospital per 1,000 discharges among eligible beneficiaries assigned.	CMS	Care Coordination

TABLE 67: Average Per Capita Costs by Attribution Rule for Physicians in Iowa, Kansas, Nebraska, and Missouri

Attribution Rule	Average Total Per Capita Cost
All physicians	$18,831
Physicians with Directed Beneficiaries	$10,719
Physicians with Influenced Beneficiaries	$9,407
Physicians with Contributed Beneficiaries	$20,243

TABLE 68: Relationship between Quality of Care and Cost Composites and the Value-Based Payment Modifier

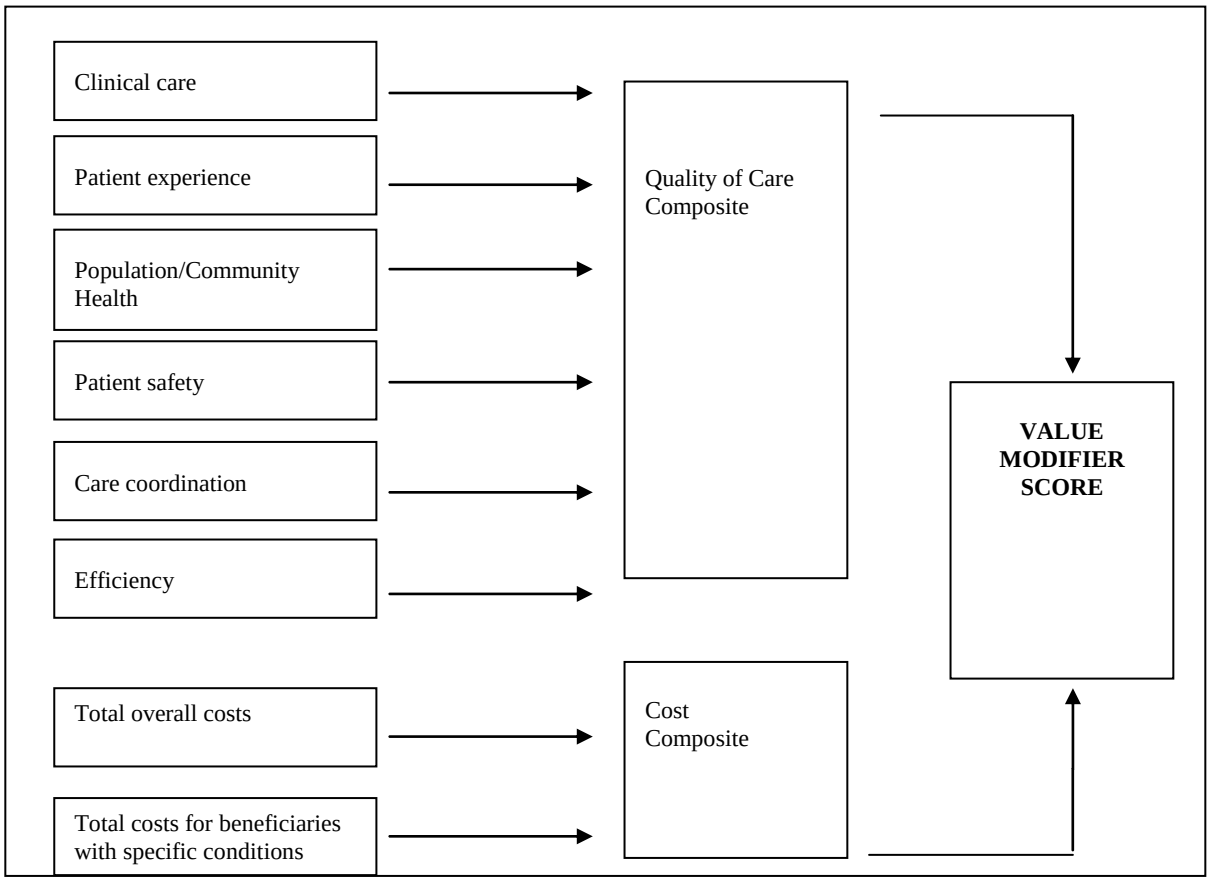

TABLE 69: Example of Standardized Scores in one Quality Domain

	Group of Physicians' Performance Rate	Benchmark (National Mean)	Standard Deviation	**Standardized Unit**
Quality Measures				
Measure 1	95.0	93.5	3.3	**0.47**
Measure 2	71.4	86.3	13.9	**-1.07**
Measure 3	100.0	60.6	13.2	**2.98**
Quality Domain Score				**0.79**

TABLE 70: Value-Based Payment Modifier Amounts for the Quality-Tiering Approach

Quality/cost	Low cost	Average cost	High cost
High quality	+2.0x*	+1.0x*	+0.0%
Average quality	+1.0x*	+0.0%	-0.5%
Low quality	+0.0%	-0.5%	-1.0%

* Groups of physicians eligible for an additional +1.0x if reporting measures and average beneficiary risk score in the top 25 percent of all risk scores.

TABLE 71: Example of Total Performance Score

	Quality Composite (50%)	Cost Composite (50%)	TPS
Physician Group 1	.9	.2	**.55**
Physician Group 2	-.9	-1.2	**-1.05**
Physician Group 3	2.2	1.2	**1.70**

TABLE 72: Performance Rates on 26 Quality Measures for Individual Eligible Physicians and Groups

Measure Number	Measure Title	2010 Average Individual Performance Rate/Eligible Professional	Performance Rate for All 2010 GPROs			
			Mean	Percentile		
				10th	50th	90th
DIABETES						
GPRO DM-1	Diabetes Mellitus: Hemoglobin A1C Testing	NA	93%	88%	94%	98%
GPRO DM-2*	Diabetes Mellitus: Hemoglobin A1C Poor Control in Diabetes Mellitus	22%	22%	11%	21%	39%
GPRO DM-3	Diabetes Mellitus: High Blood Pressure Control in Diabetes Mellitus	59%	58%	49%	57%	67%
GPRO DM-5	Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control in Diabetes Mellitus	57%	54%	41%	55%	66%
GPRO DM-6	Diabetes Mellitus: Urine Screening for Microalbumin or Medical Attention for Nephropathy in Diabetic Patients	74%	89%	82%	89%	96%
GPRO DM-8	Diabetes Mellitus: Foot Exam	72%	61%	16%	69%	86%
GPRO DM-9	Diabetes Mellitus: Lipid Profile	NA	84%	75%	84%	93%
HEART FAILURE						
GPRO HF-1	Heart Failure: Left Ventricular (LVF) Assessment	46%	86%	68%	93%	97%
GPRO HF-2	Heart Failure: Left Ventricular (LVF) Testing	NA	86%	68%	90%	98%

Measure Number	Measure Title	2010 Average Individual Performance Rate/Eligible Professional	Performance Rate for All 2010 GPROs			
			Mean	Percentile		
				10th	50th	90th
GPRO HF-3	Heart Failure: Weight Measurement	NA	86%	79%	88%	96%
GPRO HF-5	Heart Failure: Patient Education	43%	77%	54%	83%	97%
GPRO HF-6	Heart Failure: Beta Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	83%	92%	86%	95%	99%
GPRO HF-7	Heart Failure: Angiotenson-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	86%	90%	82%	91%	97%
GPRO HF-8	Heart Failure: Warfarin Therapy For Patients With Atrial Fibrillation	72%	79%	62%	82%	94%
	CORONARY ARTERY DISEASE					
GPRO CAD-1	Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for patients with CAD	85%	85%	50%	93%	97%
GPRO CAD-2	Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL- Cholesterol	75%	90%	85%	92%	97%
GPRO CAD-3	Coronary Artery Disease (CAD): Beta Blocker Therapy for CAD Patients with Prior Myocardial Infarction	71%	87%	76%	88%	95%
GPRO CAD-7	Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Patients with CAD and Diabetes and /or Left Ventricular Systolic Dysfunction (LVSD)	67%	83%	75%	84%	91%
	HYPERTENSION					
GPRO HTN-1	Hypertension (HTN): Blood Pressure Measurement	NA	92%	72%	98%	100%
GPRO HTN-2	Hypertension (HTN): Blood Pressure Control	NA	68%	58%	68%	76%
GPRO HTN-3	Hypertension (HTN): Plan of Care	NA	56%	21%	61%	79%
	PREVENTIVE CARE AND SCREENING					
GPRO PREV-5	Preventive Care and Screening: Screening Mammography	54%	74%	63%	76%	85%
GPRO PREV-6	Preventive Care and Screening: Colorectal Cancer Screening	52%	60%	37%	64%	76%
GPRO PREV-7	Preventive Care and Screening: Influenza Immunization for Patients ≥ 50 Years Old	51%	67%	50%	67%	79%
GPRO PREV-8	Preventive Care and Screening: Pneumonia Vaccination for Patients	55%	62%	40%	62%	86%

- DM-2 is a measure of poorly controlled blood sugar: Higher scores (and percentile rankings) on this measure reflect worse performance.

TABLE 73: Performance Rates for the ACSCs

(ACSC)	Mean	Minimum	Maximum
Diabetes	25	7	39
COPD	95	53	142
CHF	122	66	200
Bacterial Pneumonia	12	7	20

UTI	8	4	13
Dehydration	3	0	11

TABLE 74: Quality of Care Compared To Cost

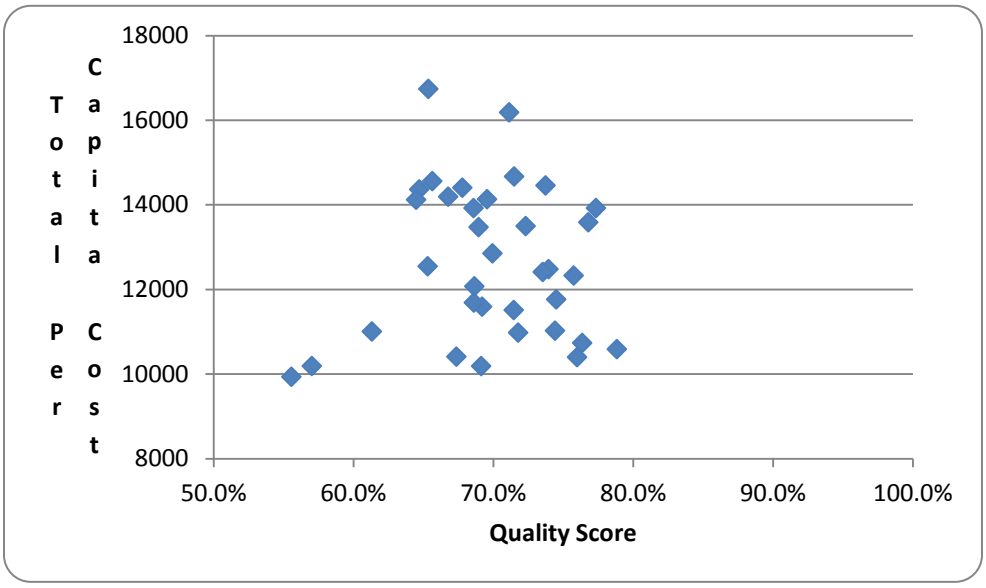

TABLE 75: Physician Performance on Medicare Claims-Based Quality Measures

for 2010 QRUR Physicians (Iowa, Kansas, Missouri, Nebraska)

Clinical Condition and Measure Specifications for these clinical measures are posted at http://www.cms.gov/PhysicianFeedbackProgram/Downloads/claims_based_measures_with_descriptions_num_denom_excl.pdf.	**Mean Performance Rate** **Physicians in Iowa, Kansas, Missouri, and Nebraska**	
	Number of Physicians Included	Percentage of Medicare Patients Who Received the Service
Chronic Obstructive Pulmonary Disease (COPD)		
Pharmacotherapy Management of COPD Exacerbation		
1. Dispensed Systemic Corticosteroid Within 14 Days of Event	18,472	66%
2. Dispensed Bronchodilator Within 30 Days of Event	18,472	66%
Use of Spirometry Testing to Diagnose COPD	22,290	33%
Bone, Joint, and Muscle Disorders		
Osteoporosis Screening for Chronic Steroid Use	17,046	58%
Osteoporosis Management in Women ≥ 67 Who Had a Fracture	19,678	14%
Disease-Modifying Antirheumatic Drug Therapy for Rheumatoid Arthritis	18,094	77%
Cancer		
Breast Cancer Surveillance for Women with a History of Breast Cancer	15,550	78%
PSA Monitoring for Men with Prostate Cancer	17,598	89%

Clinical Condition and Measure Specifications for these clinical measures are posted at http://www.cms.gov/PhysicianFeedbackProgram/Downloads/claims_based_measures_with_descriptions_num_denom_excl.pdf .	Mean Performance Rate Physicians in Iowa, Kansas, Missouri, and Nebraska	
	Number of Physicians Included	Percentage of Medicare Patients Who Received the Service
Diabetes		
Dilated Eye Exam for Beneficiaries ≤ 75 with Diabetes	23,012	71%
HbA1c Testing for Beneficiaries ≤ 75 with Diabetes	23,012	87%
Urine Protein Screening for Beneficiaries ≤ 75 with Diabetes	23,012	74%
Lipid Profile for Beneficiaries ≤ 75 with Diabetes	23,012	77%
Gynecology		
Endometrial Sampling or Hysteroscopy with Biopsy Before Endometrial Ablation Procedure	3,704	53%
Heart Conditions		
Statin Therapy for Beneficiaries with Coronary Artery Disease		
1. Percentage Prescribed Statin Therapy	20,909	71%
2. Average Medication Possession Ratio*	20,172	80%
3. Percentage with Medication Possession Ratio ≥ 0.80*	20,172	64%
Persistence of Beta Blocker Treatment After Heart Attack	10,381	57%
Lipid Profile for Beneficiaries with Ischemic Vascular Disease	22,130	44%
Human Immunodeficiency Virus (HIV)		
Monitoring for Disease Activity for Beneficiaries with HIV	13,345	39%
Mental Health		
Antidepressant Treatment for Depression		
1. Acute Phase Treatment (at least 12 weeks)	16,224	54%
2. Continuation Phase Treatment (at least 6 months)	16,224	39%
Follow-Up After Hospitalization for Mental Illness		
1. Percentage of Patients Receiving Follow-Up Within 30 Days	18,562	63%
2. Percentage of Patients Receiving Follow-Up Within 7 Days	18,562	33%
Prevention		
Breast Cancer Screening for Women ≤ 69	23,021	64%
Medication Management		
Viral Load Testing for Beneficiaries with Antiviral Therapy for Hepatitis C	1,212	93%
Lipid Profile for Beneficiaries Who Started Lipid-Lowering Medications	22,632	41%
Annual Monitoring for Beneficiaries on Persistent Medications		
1. Angiotensin Converting Enzyme (ACE) Inhibitors or Angiotensin Receptor Blockers (ARB)	22,010	93%
2. Digoxin	15,167	93%
3. Diuretics	21,905	93%
4. Anticonvulsants	1,712	39%
5. Total Rate (sum of 4 previous numerators divided by sum of 4 previous denominators)	22,385	92%
Anticoagulation Treatment ≥ 3 Months After Deep Vein Thrombosis	14,787	43%
Anticoagulation Treatment ≥ 3 Months After Pulmonary Embolism	10,298	44%

Clinical Condition and Measure Specifications for these clinical measures are posted at http://www.cms.gov/PhysicianFeedbackProgram/Downloads/claims_based_measures_with_descriptions_num_denom_excl.pdf .	Mean Performance Rate Physicians in Iowa, Kansas, Missouri, and Nebraska	
	Number of Physicians Included	Percentage of Medicare Patients Who Received the Service
International Normalized Ratio (INR) Testing for Beneficiaries Taking Warfarin and Interacting Anti-Infective Medications	14,006	14%
*NOTE: For the measures shown below, **lower percentages reflect better performance***		
Drugs to Be Avoided for Beneficiaries ≥ 65		
1. Patients Who Receive at Least One Drug to Be Avoided	23,085	27%
2. Patients Who Receive at Least Two Different Drugs to Be Avoided	23,085	16%
Potentially Harmful Drug-Disease Interactions for Beneficiaries ≥ 65		
1. Prescription for Tricyclic Antidepressants, Antipsychotics, or Sleep Agents for Patients with a History of Falls	21,132	18%
2. Prescription for Tricyclic Antidepressants or Anticholinergic Agents for Patients with Dementia	21,443	29%
3. Prescription for Nonaspirin NSAIDs or Cox-2 Selective NSAIDs for Patients with Chronic Renal Failure	16,902	8%
4. Total Rate (sum of 3 previous numerators divided by sum of 3 previous denominators)	22,232	22%
Lack of Monthly INR Monitoring for Beneficiaries on Warfarin	21,967	48%

*Unlike the other measures in this table, these values represent a ratio, not a percentage of patients receiving the service.

TABLE 76: Beneficiaries in Iowa, Kansas, Missouri, and Nebraska Attributed by Physician Type: Average Number of Beneficiaries

Type of Physician	Average Number of Attributed Beneficiaries	Average Number of Directed Beneficiaries	Average Number of Influenced Beneficiaries	Average Number of Contributed Beneficiaries
Primary care	279	105	13	181
Medical specialist	471	59	51	381
Surgeons	309	36	64	217
Emergency medicine	367	35	14	350
Other	860	18	34	840

TABLE 77: Mean Total Per Capita Costs in the QRURs

Type of Physician	Overall	Directed	Influenced	Contributed
Primary care	$16,580	$9,733	$6,780	$19,019
Medical specialist	19,765	11,256	9,219	21,276
Surgeons	17,535	11,482	15,182	18,313
Emergency medicine	20,729	10,389	3,675	21,217
Other	23,704	11,442	8,987	23,980

TABLE 78: Physician Time to Document Occurrence of a Face-to-Face Encounter

	Year 1	5 Years
Number of claims affected	500,000	4,200,000
Time for physician review of each claim	10 min	10 min
Total Time	83,333 hours	700,000 hours
Estimated Total Cost (Hours times $118)	$ 9,833,333	$ 82,600,000

TABLE 79: Physician Assistant, Nurse Practitioner or Clinical Nurse Specialist Time

	Year 1	5 Years
Number of claims affected	500,000	4,200,000
Time for PAs, NPs, or CNSs to gather and provide each claim	3 min	3 min
Total Time	25,000 hours	210,000 hours
Estimated Total Cost (Hours times $55)	$ 1,375,000.00	11,550,000

TABLE 80: Summary of Annual Burden Estimates

Regulation section(s)	OCN	Respondents	Responses	Burden per response (hr)	Total burden (hr)
410.38(g) re: Physician	0938-New	500,000	500,000	10 min	83,333
410.38(g) re: PA, NP, or CNS	0938-New	500,000	500,000	3 min	25,000
414.90(h)	0938-1083	120,000	120,000	0.5 (31.5	60,000

			(120,000 responses x 1 measure)	minutes – the median)	

TABLE 81: Estimated Costs for Reporting PQRS Quality Measures Data for Eligible Professionals

	Estimated Hours	**Estimated Cases**	**Number of Measures**	**Hourly Rate**	**Total Cost**
Individual Eligible Professional (EP): Preparation	5.0	1	N/A	$16	$80
Individual EP: Claims	0.2	6	3	$40	$144
Individual EP: Administrative Claims	2	1	N/A	$16	$32
Individual EP: Registry	N/A	1	N/A	N/A	Minimal
Individual EP: EHR	N/A	1	N/A	N/A	Minimal
Group Practice: Self-Nomination	6.0	1	N/A	$16	$96
Group Practice: Reporting	79	1	N/A	$40	$3,160

TABLE 82: Estimated Costs to Vendors to Participate in PQRS

	Estimated Hours	**Hourly Rate**	**Total Cost**
Registry: Self-Nomination	10	$160	$160
EHR: Programming	0	$0	0

TABLE 83: CY 2013 PFS Proposed Rule Estimated Impact on Total Allowed Charges by Specialty*

CY 2013 PFS Proposed Rule Estimated Impact on Total Allowed Charges by Specialty*

(A)	(B)	(C)	(D)	(E)
Specialty	Allowed Charges (mil)	Impact of Work and MP RVU Changes	Impact of PE RVU Changes	Combined Impact
TOTAL	$ 86,000	0%	0%	0%

01-ALLERGY/ IMMUNOLOGY	$ 198	-1%	1%	0%
02-ANESTHESIOLOGY	$ 1,970	-1%	-3%	-3%
03-CARDIAC SURGERY	$ 366	-1%	-2%	-2%
04-CARDIOLOGY	$ 6,568	-1%	-2%	-3%
05-COLON AND RECTAL SURGERY	$ 153	-1%	1%	1%
06-CRITICAL CARE	$ 261	-1%	0%	0%
07-DERMATOLOGY	$ 3,008	-1%	0%	0%
08-EMERGENCY MEDICINE	$ 2,819	-1%	0%	-1%
09-ENDOCRINOLOGY	$ 434	-1%	1%	1%
10-FAMILY PRACTICE	$ 5,879	3%	4%	7%
11-GASTROENTEROLOGY	$ 1,885	-1%	0%	0%
12-GENERAL PRACTICE	$ 579	-1%	1%	0%
13-GENERAL SURGERY	$ 2,261	-1%	0%	0%
14-GERIATRICS	$ 217	1%	3%	4%
15-HAND SURGERY	$ 134	-1%	0%	0%
16-HEMATOLOGY/ ONCOLOGY	$ 1,900	-1%	0%	-1%
17-INFECTIOUS DISEASE	$ 623	-1%	1%	0%
18-INTERNAL MEDICINE	$ 11,058	2%	3%	5%
19-INTERVENTIONAL PAIN MGMT	$ 534	-1%	0%	-1%
20-INTERVENTIONAL RADIOLOGY	$ 203	-1%	-2%	-3%
21-MULTISPECIALTY CLINIC/OTHER PHY	$ 202	-1%	-1%	-1%
22-NEPHROLOGY	$ 2,065	-1%	0%	-1%
23-NEUROLOGY	$ 1,601	-1%	2%	1%
24-NEUROSURGERY	$ 681	-1%	0%	-1%
25-NUCLEAR MEDICINE	$ 49	-1%	-3%	-3%
27-OBSTETRICS/ GYNECOLOGY	$ 698	-1%	0%	-1%
28-OPHTHALMOLOGY	$ 5,621	-1%	1%	1%
29-ORTHOPEDIC SURGERY	$ 3,622	-1%	0%	-1%
30-OTOLARNGOLOGY	$ 1,070	-1%	1%	0%
31-PATHOLOGY	$ 1,185	-1%	-1%	-2%
32-PEDIATRICS	$ 64	2%	3%	5%
33-PHYSICAL MEDICINE	$ 990	-1%	1%	1%
34-PLASTIC SURGERY	$ 351	-1%	0%	0%
35-PSYCHIATRY	$ 1,149	-1%	0%	0%
36-PULMONARY DISEASE	$ 1,691	-1%	1%	0%
37-RADIATION ONCOLOGY	$ 1,983	-1%	-14%	-14%
38-RADIOLOGY	$ 4,791	-1%	-3%	-4%
39-RHEUMATOLOGY	$ 545	-1%	0%	0%

40-THORACIC SURGERY	$ 340	-1%	-1%	-2%
41-UROLOGY	$ 1,909	-1%	-1%	-2%
42-VASCULAR SURGERY	$ 882	-1%	-2%	-3%
43-AUDIOLOGIST	$ 57	-1%	-4%	-5%
44-CHIROPRACTOR	$ 738	-1%	1%	1%
45-CLINICAL PSYCHOLOGIST	$ 567	-1%	-2%	-3%
46-CLINICAL SOCIAL WORKER	$ 400	-1%	-2%	-3%
47-DIAGNOSTIC TESTING FACILITY	$ 875	-1%	-7%	-8%
48-INDEPENDENT LABORATORY	$ 1,064	-1%	-1%	-1%
49-NURSE ANES / ANES ASST	$ 1,142	-1%	-3%	-4%
50-NURSE PRACTITIONER	$ 1,606	1%	3%	5%
51-OPTOMETRY	$ 1,048	-1%	2%	1%
52-ORAL/MAXILLOFACIAL SURGERY	$ 44	-1%	1%	0%
53-PHYSICAL/OCCUPATIONAL THERAPY	$ 2,613	-1%	3%	3%
54-PHYSICIAN ASSISTANT	$ 1,219	1%	2%	3%
55-PODIATRY	$ 1,898	-1%	2%	1%
56-PORTABLE X-RAY SUPPLIER	$ 104	-1%	2%	2%
57-RADIATION THERAPY CENTERS	$ 71	-1%	-18%	-19%
98-OTHER	$ 19	-1%	1%	0%

* Table 83 shows only the payment impact on PFS services. We note that these impacts do not include the effects of the negative January 2013 conversion factor change under current law.

TABLE 84: CY 2013 PFS Proposed Rule Estimated Impact on Total Allowed Charges by Specialty by Selected Proposal*

Table T2. CY 2013 PFS Proposed Rule Estimated Impact for Major Policy Proposals

(A)	(B)	(C)	(D)	(E)	(F)	(G)
Specialty	Allowed Charges (mil)	Baseline (PPIS transition, new utilization and	Updated Equipment Interest Rate Assumption	Discharge Transition Care Manage-ment	Input Changes for Certain Radiation Therapy Procedures	Total (Cumulative Impact)

		other factors)				
TOTAL	$ 86,000	0%	0%	0%	0%	0%
01-ALLERGY/ IMMUNOLOGY	$ 198	0%	1%	-2%	1%	0%
02-ANESTHESIOLOGY	$ 1,970	-2%	0%	-1%	0%	-3%
03-CARDIAC SURGERY	$ 366	-1%	0%	-1%	0%	-2%
04-CARDIOLOGY	$ 6,568	-1%	0%	-1%	0%	-3%
05-COLON AND RECTAL SURGERY	$ 153	1%	0%	-1%	0%	1%
06-CRITICAL CARE	$ 261	1%	0%	-1%	0%	0%
07-DERMATOLOGY	$ 3,008	0%	1%	-2%	0%	0%
08-EMERGENCY MEDICINE	$ 2,819	0%	0%	-1%	0%	-1%
09-ENDOCRINOLOGY	$ 434	1%	0%	-1%	0%	1%
10-FAMILY PRACTICE	$ 5,879	2%	0%	5%	0%	7%
11-GASTROENTEROLOGY	$ 1,885	1%	0%	-1%	0%	0%
12-GENERAL PRACTICE	$ 579	1%	0%	-1%	0%	0%
13-GENERAL SURGERY	$ 2,261	1%	0%	-1%	0%	0%
14-GERIATRICS	$ 217	2%	0%	2%	0%	4%
15-HAND SURGERY	$ 134	1%	0%	-1%	0%	0%
16-HEMATOLOGY/ ONCOLOGY	$ 1,900	0%	1%	-2%	0%	-1%
17-INFECTIOUS DISEASE	$ 623	1%	0%	-1%	0%	0%
18-INTERNAL MEDICINE	$ 11,058	1%	0%	3%	0%	5%
19-INTERVENTIONAL PAIN MGMT	$ 534	0%	0%	-1%	0%	-1%
20-INTERVENTIONAL RADIOLOGY	$ 203	-2%	0%	-1%	0%	-3%
21-MULTISPECIALTY CLINIC/OTHER PHY	$ 202	0%	0%	-1%	0%	-1%
22-NEPHROLOGY	$ 2,065	0%	0%	-1%	0%	-1%
23-NEUROLOGY	$ 1,601	2%	0%	-1%	0%	1%
24-NEUROSURGERY	$ 681	0%	0%	-1%	0%	-1%
25-NUCLEAR MEDICINE	$ 49	-2%	-1%	-1%	0%	-3%
27-OBSTETRICS/ GYNECOLOGY	$ 698	0%	0%	-1%	0%	-1%
28-OPHTHALMOLOGY	$ 5,621	2%	0%	-1%	0%	1%
29-ORTHOPEDIC SURGERY	$ 3,622	0%	0%	-1%	0%	-1%
30-OTOLARNGOLOGY	$ 1,070	1%	1%	-1%	0%	0%
31-PATHOLOGY	$ 1,185	-1%	0%	-1%	0%	-2%

32-PEDIATRICS	$ 64	1%	0%	3%	0%	5%
33-PHYSICAL MEDICINE	$ 990	2%	0%	-1%	0%	1%
34-PLASTIC SURGERY	$ 351	1%	0%	-1%	0%	0%
35-PSYCHIATRY	$ 1,149	1%	0%	-1%	0%	0%
36-PULMONARY DISEASE	$ 1,691	1%	0%	-1%	0%	0%
37-RADIATION ONCOLOGY	$ 1,983	-3%	-3%	-2%	-7%	-14%
38-RADIOLOGY	$ 4,791	-2%	-1%	-1%	0%	-4%
39-RHEUMATOLOGY	$ 545	0%	1%	-2%	0%	0%
40-THORACIC SURGERY	$ 340	-1%	0%	-1%	0%	-2%
41-UROLOGY	$ 1,909	-1%	0%	-1%	0%	-2%
42-VASCULAR SURGERY	$ 882	-2%	0%	-1%	0%	-3%
43-AUDIOLOGIST	$ 57	-3%	0%	-1%	0%	-5%
44-CHIROPRACTOR	$ 738	2%	0%	-1%	0%	1%
45-CLINICAL PSYCHOLOGIST	$ 567	-2%	0%	-1%	0%	-3%
46-CLINICAL SOCIAL WORKER	$ 400	-2%	0%	-1%	0%	-3%
47-DIAGNOSTIC TESTING FACILITY	$ 875	-5%	-2%	-2%	1%	-8%
48-INDEPENDENT LABORATORY	$ 1,064	-2%	1%	-2%	1%	-1%
49-NURSE ANES / ANES ASST	$ 1,142	-3%	0%	-1%	0%	-4%
50-NURSE PRACTITIONER	$ 1,606	2%	0%	3%	0%	5%
51-OPTOMETRY	$ 1,048	2%	0%	-1%	0%	1%
52-ORAL/MAXILLOFACIAL SURGERY	$ 44	1%	1%	-1%	0%	0%
53-PHYSICAL/OCCUPATIONAL THERAPY	$ 2,613	3%	0%	-1%	0%	3%
54-PHYSICIAN ASSISTANT	$ 1,219	1%	0%	2%	0%	3%
55-PODIATRY	$ 1,898	2%	1%	-2%	0%	1%
56-PORTABLE X-RAY SUPPLIER	$ 104	2%	1%	-2%	1%	2%
57-RADIATION THERAPY CENTERS	$ 71	-4%	-5%	-2%	-8%	-19%
98-OTHER	$ 19	1%	0%	-1%	0%	0%

*Table 84 shows only the proposed payment policy impact on PFS services. We note that these impacts do not include the effects of the negative January 2013 conversion factor change under current law

TABLE 85: Impact of Proposed Rule on CY 2013 Payment for Selected Procedures (Based on the March 2012 Preliminary Physician Update)*

CPT/ HCPCS [1]	MOD	Short Descriptor	Facility					Nonfacility				
			CY 2012[2]	CY 2013[3] (pre update)	% Change (pre update)	CY 2013 [4] (post update)	% Change (post update)	CY 2012 2	CY 2013[3] (pre update)	% Change (pre update)	CY 2013 [4] (post update)	% Change (post update)
11721		Debride nail 6 or more	$25.19	$24.38	-3%	$17.79	-29%	$43.57	$44.01	1%	$32.13	-26%
17000		Destruct premalg lesion	$56.16	$56.20	0%	$41.02	-27%	$81.01	$81.26	0%	$59.31	-27%
27130		Total hip arthroplasty	$1,445.58	$1,433.51	-1%	$1,046.32	-28%	NA	NA	NA	NA	NA
27244		Treat thigh fracture	$1,231.48	$1,223.26	-1%	$892.86	-27%	NA	NA	NA	NA	NA
27447		Total knee arthroplasty	$1,544.29	$1,530.35	-1%	$1,117.00	-28%	NA	NA	NA	NA	NA
33533		Cabg arterial single	$1,950.35	$1,898.37	-3%	$1,385.62	-29%	NA	NA	NA	NA	NA
35301		Rechanneling of artery	$1,112.35	$1,085.80	-2%	$792.53	-29%	NA	NA	NA	NA	NA
43239		Upper gi endoscopy biopsy	$174.61	$172.67	-1%	$126.03	-28%	$351.61	$349.07	-1%	$254.78	-28%
66821		After cataract laser surgery	$307.70	$315.89	3%	$230.57	-25%	$326.08	$334.17	2%	$243.91	-25%
66984		Cataract surg w/iol 1 stage	$760.74	$775.33	2%	$565.91	-26%	NA	NA	NA	NA	NA
67210		Treatment of retinal lesion	$504.10	$507.52	1%	$370.44	-27%	$523.84	$524.79	0%	$383.04	-27%
71010		Chest x-ray	NA	NA	NA	NA	NA	$23.83	$23.02	-3%	$16.80	-29%
71010	26	Chest x-ray	$8.85	$8.80	-1%	$6.43	-27%	$8.85	$8.80	-1%	$6.43	-27%
77056		Mammogram both breasts	NA	NA	NA	NA	NA	$112.32	$110.71	-1%	$80.81	-28%
77056	26	Mammogram both breasts	$42.55	$41.64	-2%	$30.40	-29%	$42.55	$41.64	-2%	$30.40	-29%
77057		Mammogram screening	NA	NA	NA	NA	NA	$81.35	$78.89	-3%	$57.58	-29%
77057	26	Mammogram screening	$34.38	$33.52	-2%	$24.47	-29%	$34.38	$33.52	-2%	$24.47	-29%

77427		Radiation tx management x5	$177.00	$182.49	3%	$133.20	-25%	$177.00	$182.49	3%	$133.20	-25%
88305	26	Tissue exam by pathologist	$36.08	$35.21	-2%	$25.70	-29%	$36.08	$35.21	-2%	$25.70	-29%
90801		Psy dx interview	$119.81	$116.13	-3%	$84.76	-29%	$152.49	$150.66	-1%	$109.97	-28%
90862		Medication management	$44.25	$43.68	-1%	$31.88	-28%	$58.54	$58.91	1%	$43.00	-27%
90935		Hemodialysis one evaluation	$72.84	$70.76	-3%	$51.65	-29%	NA	NA	NA	NA	NA
92012		Eye exam established pat	$51.40	$52.48	2%	$38.30	-25%	$82.71	$84.64	2%	$61.78	-25%
92014		Eye exam & treatment	$78.29	$79.23	1%	$57.83	-26%	$119.81	$122.56	2%	$89.46	-25%
92980		Insert intracoronary stent	$837.67	$804.45	-4%	$587.17	-30%	NA	NA	NA	NA	NA
93000		Electrocardiogram complete	NA	NA	NA	NA	NA	$19.06	$17.94	-6%	$13.10	-31%
93010		Electrocardiogram report	$8.51	$8.13	-5%	$5.93	-30%	$8.51	$8.13	-5%	$5.93	-30%
93015		Cardiovascular stress test	NA	NA	NA	NA	NA	$88.50	$83.97	-5%	$61.29	-31%
93307	26	Tte w/o doppler complete	$45.95	$44.35	-3%	$32.37	-30%	$45.95	$44.35	-3%	$32.37	-30%
93458	26	L hrt artery/ventricle angio	$315.87	$315.21	0%	$230.07	-27%	$315.87	$315.21	0%	$230.07	-27%
98941		Chiropractic manipulation	$30.63	$30.47	-1%	$22.24	-27%	$36.08	$36.23	0%	$26.44	-27%
99203		Office/outpatient visit new	$74.88	$74.49	-1%	$54.37	-27%	$105.18	$106.31	1%	$77.60	-26%
99213		Office/outpatient visit est	$49.69	$49.77	0%	$36.33	-27%	$70.46	$71.78	2%	$52.39	-26%
99214		Office/outpatient visit est	$76.24	$76.52	0%	$55.85	-27%	$104.16	$105.30	1%	$76.86	-26%
99222		Initial hospital care	$133.09	$133.74	0%	$97.61	-27%	NA	NA	NA	NA	NA
99223		Initial hospital care	$195.38	$196.71	1%	$143.58	-27%	NA	NA	NA	NA	NA
99231		Subsequent hospital care	$38.12	$37.92	-1%	$27.68	-27%	NA	NA	NA	NA	NA
99232		Subsequent hospital	$69.78	$69.75	0%	$50.91	-27%	NA	NA	NA	NA	NA

		care										
99233		Subsequent hospital care	$100.07	$100.56	0%	$73.40	-27%	NA	NA	NA	NA	NA
99236		Observ/hosp same date	$212.05	$211.95	0%	$154.70	-27%	NA	NA	NA	NA	NA
99239		Hospital discharge day	$103.13	$103.94	1%	$75.87	-26%	NA	NA	NA	NA	NA
99283		Emergency dept visit	$60.25	$59.59	-1%	$43.49	-28%	NA	NA	NA	NA	NA
99284		Emergency dept visit	$114.71	$113.76	-1%	$83.03	-28%	NA	NA	NA	NA	NA
99291		Critical care first hour	$217.16	$216.69	0%	$158.16	-27%	$267.20	$268.49	0%	$195.97	-27%
99292		Critical care addl 30 min	$108.92	$108.68	0%	$79.33	-27%	$119.47	$119.85	0%	$87.48	-27%
99348		Home visit est patient	NA	NA	NA	NA	NA	$82.03	$81.60	-1%	$59.56	-27%
99350		Home visit est patient	NA	NA	NA	NA	NA	$171.21	$173.01	1%	$126.28	-26%
G0008		Immunization admin	NA	NA	NA	NA	NA	$24.17	$25.05	4%	$18.29	-24%

*The CY 2013 payment rates are likely to differ from those shown in 85, as the CY 2013 CF is not yet final.
1 CPT codes and descriptions are copyright 2012American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.
2 Payments based on the 2012conversion factor of 34.0376
3 Payments based on the 2012 conversion factor of 34.0376, adjusted to 33.8572 to include the BN adjustment.
4 Payments based on the 2013conversion factor of 24.7124, which includes the BN adjustment.

TABLE 86: Overall Economic Impact to Health Sector (in millions)

	Year 1	5 Years
Private Sector (Paperwork Cost)	$11.2	$94.2
Net Medicare impact of additional visits and G code billings	$5	$30
Beneficiaries	$29. 75	$161
Total Economic Impact to Health Sector	$ 49.95	$ 285.2

TABLE 87: Private Sector Paperwork Costs

	Year 1 (in millions)	5 Years (in millions)
Physician time to document occurrence of a face-to-face encounter cost	$9.8	$82.6
PA, NP, or CNS costs	$1.4	$11.6
Total Cost	$11.2	$94.2

TABLE 88: Medicare 5-Year Costs for Additional Face-to-Face Visits and G Code Billings

2013	2014	2015	2016	2017
$45	$45	$50	$50	$60

*These costs represent 80 percent of the allowed charges for the additional visits and the new G codes.

TABLE 89: Beneficiary Cost Impact Resulting from Additional

Face-to-Face Visits to Obtain DME Services

	Year 1	**5 Years**
Total beneficiaries visits impacted	750,000	4.2 million
Time per beneficiary	1.25 hours	1.25 hours
Total Time	937,500	5.25 million
Beneficiary Time Cost ($20)	$18. 75 million	$105 million
Out of Pocket Expense	$10 million	$56 million
Estimated Total Beneficiary Cost Impact	**$29. 75 million**	**$161 million**

* These costs represent 20 percent of the allowed charges for the additional visits and the new G codes.

TABLE 90: Year-to-Year Medicare Savings from Reduced DME Services

	2013	**2014**	**2015**	**2016**	**2017**
DME savings	-$40	-$40	-$45	-$45	-$50

TABLE 91: Estimated Costs for Reporting Physician Quality Reporting System Quality Measures Data for Eligible Professionals

	Estimated Hours	Estimated Cases	Number of Measures	Hourly Rate	Total Cost
Individual Eligible Professional (EP): Preparation	5.0	1	N/A	$16	$80
Individual EP: Claims	0.2	6	3	$40	$144
Individual EP: Administrative Claims	2	1	N/A	$16	$32
Individual EP: Registry	N/A	1	N/A	N/A	Minimal
Individual EP: EHR	N/A	1	N/A	N/A	Minimal
Group Practice: Self-Nomination	6.0	1	N/A	$16	$96
Group Practice: Reporting	79	1	N/A	$40	$3,160

TABLE 92: Estimated Costs to Vendors to Participate in the Physician Quality Reporting System

	Estimated Hours	Hourly Rate	Total Cost
Registry: Self-Nomination	10	$40	$400
EHR: Programming	40-200	$40	$1,600 - $1,800

TABLE 93: Accounting Statement: Classification of Estimated Expenditures

CATEGORY	TRANSFERS
CY 2013 Annualized Monetized Transfers	Estimated decrease in expenditures of $23.5 billion for PFS conversion factor update
From Whom To Whom?	Federal Government to physicians, other practitioners and providers and suppliers who receive payment under Medicare.
CY 2013 Annualized Monetized Transfers	Estimated increase in payment of 162 millions
From Whom To Whom?	Federal Government to eligible professionals participated in (Physician Quality Reporting System (PQRS)

TABLE 94: Accounting Statement:
Classification of Estimated Costs, Transfer, and Savings ($ In Millions)

CATEGORY	BENEFIT
Qualitative (unquantified) benefits of fraud, waste, and abuse prevented, and of improved quality of services to patients improved quality of services to patients	No precise estimate available
CATEGORY	**COST**
CY 2013 Annualized monetized costs of beneficiary travel time	$9.37 millions
CATEGORY	**TRANSFER**
CY 2013 Annualized Monetized Transfers of beneficiary cost coinsurance	$10 millions
From Whom To Whom?	Beneficiaries to Federal Government
CATEGORY	**TRANSFER**
CY 2013 Medicare face-to-face visit and G-code payments	$16.2 millions
From Whom To Whom?	Federal Government to DME providers

Value-Based Payment Modifier Amounts for Groups of Physicians Requesting the Quality-Tiering Approach

Quality/cost	Low cost	Average cost	High cost
High quality	+2.0x*	+1.0x*	+0.0%
Average quality	+1.0x*	+0.0%	-0.5%
Low quality	+0.0%	-0.5%	-1.0%

* Groups of physicians eligible for an additional +1.0x if reporting Physician Quality Reporting System quality measures through the GPRO using the web-interface, claims, registries, or EHRs, and average beneficiary risk score in the top 25 percent of all beneficiary risk scores.