

Quality-Data Code Submission Error Report
2008 Physician Quality Reporting Initiative
Report Date: 09/30/2009

This summary is provided to assist eligible professionals and their staff in interpreting the Quality-Data Code Submission Error Report by Measure. Please note that this report is based on the number of valid quality-data codes (QDCs) submitted by measure and reasons why a submission is considered invalid. This report does not include the number of claims for which an expected QDC was not submitted on an eligible claim.

The following PQRI analytical changes were implemented for this report:

- Diagnoses from both the line item and base level of the claim were utilized
- Split claims were rejoined based on common data elements (TIN, NPI, beneficiary, and date of service)
- ASC facility claims indicated by a type of service "F" were excluded. Claims with a place of service "81" were not excluded for this report.

Column Definitions:

- Total QDCs Reported - Number of QDC submissions for a measure whether or not the QDC submission was valid and appropriate for a measure.
- Total Valid QDCs Reported - Number of valid and appropriate QDC submissions for a measure.
- Patient Age Mismatch - Patient did not meet age requirements for the measure.
- Patient Gender Mismatch - Patient did not meet gender requirement for the measure.
- Incorrect HCPCS - Incorrect HCPCS code for the measure - Patient claim did not meet denominator eligibility per measure specifications.
- Incorrect Diagnosis - Incorrect diagnosis code on claim - Patient claim did not meet denominator eligibility per measure specifications.
- Incorrect Diagnosis and HCPCS - Combination of incorrect HCPCS code and incorrect diagnosis code on claim - Patient claim did not meet denominator eligibility per measure specifications.
- Only QDC on Claim - Patient claim missing a qualifying denominator code (all line items contained only QDCs).
- Only QDC and Incorrect Diagnosis - Combination of missing qualifying denominator code and qualifying diagnosis code on the claim.
- Resubmitted QDCs - Submissions invalid due to resubmission of claims simply for the purpose of adding QDCs.
- Unattributed/No NPI - Submissions where the rendering NPI was missing.

How to Read the Quality-Data Code Submission Error Report by Measure:

Using Measure #47-Advance Care Plan as an example, we find the following information as we read across each column: 483,584 QDC submissions were received for this measure, 390,909 of which were considered valid. Therefore, the Valid Submission Rate is 80.84%. The rest of the columns explain reasons for invalid submissions for measure #47. We see that 27,795 (5.75%) submissions did not match the measure's age parameters; there is no gender parameter for this measure; 38,389 (7.94%) submissions were for patient encounters that are not listed in the denominator; this measure applies to all Medicare Part B beneficiaries regardless of diagnosis; 30,114 (6.23%) submissions showed only the numerator component (QDCs) on the claim and the denominator component (HCPCS) were not on the claim nor on any other related claim for the same beneficiary, date-of-service, NPI/TIN. There were no submissions with a combination of QDC-only and diagnosis mismatch and no QDC resubmissions for this measure; 376 (0.08%) submissions lacked an NPI in the rendering provider ID field on the claim.

Analysis Findings Include:

1. The measures with the highest percentage of valid QDCs codes submitted were:
 - #105 Three-dimensional Radiotherapy for Patients with Prostate Cancer (96.75%)
 - #102 Inappropriate Use of Bone Scan for Staging Low-Risk Prostate Cancer Patients (96.18%)
 - #59 Empiric Antibiotic for Community-Acquired Bacterial Pneumonia (97.18%)

#58 Assessment of Mental Status for Community-Acquired Bacterial Pneumonia (97.22%)

#56 Vital Signs for Community-Acquired Bacterial Pneumonia (96.06%)

2. Five of the Otitis Measures (#94 - 98) and Measures #66 Appropriate Testing for Children and #65 Appropriate Treatment for Children had no valid QDCs submitted.
3. Measure #82 Plan of Care for Inadequate Peritoneal Dialysis had the highest percentage of claims with QDCs only (85.74%).
4. Measure #129 Universal Vaccine Screening and Counseling had the highest percentage of resubmitted QDCs (0.50%).
5. The rate of diagnosis errors was highest for measures #97 OME: Systemic Antimicrobials – Avoidance of Inappropriate Use (95.68%) and #40 Management Following Fracture (93.03%).
6. The rate of HCPC errors was highest for measure #20 Timing of Antibiotic Prophylaxis - Ordering Physician (84.40%).
7. The rate of patient gender errors was highest for measure #71 Hormonal Therapy for Stage IC-III ER/PR Positive Breast Cancer (14.85%).
8. Overall, the percentage of reported instances with missing NPIs decreased from 7.79% in 2007 to 0.37% in 2008.

Measure	QDC Submission Attempts			Denominator Mismatch ^c												Resubmitted QDCs ⁱ		Unattributed (No NPI) ^g			
	Total QDCs Reported ^a	Total Valid QDCs Reported ^b	% Valid	Patient Age Mismatch ^d		Patient Gender Mismatch ^e		Incorrect HCPCS		Incorrect DX		Both DX and HCPCS Incorrect		Only QDC on Claim						Incorrect DX and Only QDC	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%			
Prostate Cancer																					
#101 Appropriate Initial Evaluation of Patients with Prostate Cancer	7,255	4,248	58.55%	0	0.00%	0	0.00%	1,780	24.53%	12	0.17%	219	3.02%	697	9.61%	302	4.16%	1	0.01%	3	0.04%
#102 Inappropriate Use of Bone Scan for Staging Low-Risk Prostate Cancer Patients	19,158	18,427	96.18%	0	0.00%	0	0.00%	541	2.82%	6	0.03%	42	0.22%	139	0.73%	5	0.03%	0	0.00%	1	0.01%
#103 Review of Treatment Options in Patients with Clinically Localized Prostate Cancer	5,630	3,165	56.22%	0	0.00%	0	0.00%	1,616	28.70%	16	0.28%	186	3.30%	357	6.34%	288	5.12%	0	0.00%	36	0.64%
#104 Adjuvant Hormonal Therapy for High-Risk Prostate Cancer Patients	2,851	2,274	79.76%	0	0.00%	0	0.00%	434	15.22%	5	0.18%	34	1.19%	104	3.65%	2	0.07%	0	0.00%	1	0.04%
#105 Three-dimensional Radiotherapy for Patients with Prostate Cancer	61,761	59,753	96.75%	0	0.00%	0	0.00%	1,114	1.80%	119	0.19%	33	0.05%	708	1.15%	6	0.01%	0	0.00%	624	1.01%
Stroke and Stroke Rehabilitation																					
#31 DVT Prophylaxis for Ischemic Stroke or Intracranial Hemorrhage	10,474	7,102	67.81%	0	0.00%	0	0.00%	749	7.15%	1,716	16.38%	727	6.94%	145	1.38%	94	0.90%	0	0.00%	6	0.06%
#32 Discharged on Antiplatelet Therapy	17,844	13,714	76.85%	0	0.00%	0	0.00%	1,391	7.80%	1,620	9.08%	680	3.81%	401	2.25%	73	0.41%	0	0.00%	38	0.21%
#33 Anticoagulant Therapy Prescribed for Afib at Discharge	4,210	1,049	24.92%	0	0.00%	0	0.00%	65	1.54%	2,564	60.90%	400	9.50%	35	0.83%	169	4.01%	0	0.00%	0	0.00%
#34 t-PA Considered	8,971	5,976	66.61%	0	0.00%	0	0.00%	1,392	15.52%	1,158	12.91%	301	3.36%	111	1.24%	80	0.89%	0	0.00%	27	0.30%
#35 Screening for Dysphagia	8,918	5,481	61.46%	0	0.00%	0	0.00%	768	8.61%	1,472	16.51%	999	11.20%	139	1.56%	104	1.17%	0	0.00%	7	0.08%
#36 Consideration of Rehabilitation Services	11,002	7,392	67.19%	0	0.00%	0	0.00%	1,418	12.89%	1,456	13.23%	410	3.73%	258	2.35%	145	1.32%	0	0.00%	24	0.22%
Syncope																					
#55 ECG Performed for Syncope	1,254,240	284,914	22.72%	207,667	16.56%	0	0.00%	2,818	0.22%	935,268	74.57%	12,245	0.98%	1,843	0.15%	14,629	1.17%	0	0.00%	8,418	0.67%
Tobacco Use																					
#114 Inquiry Regarding Tobacco Use	644,783	517,028	80.19%	1	0.00%	0	0.00%	89,770	13.92%	0	0.00%	0	0.00%	37,984	5.89%	0	0.00%	0	0.00%	1,681	0.26%
#115 Advising Smokers to Quit	381,892	329,097	86.18%	1	0.00%	0	0.00%	26,349	6.90%	0	0.00%	0	0.00%	26,445	6.92%	0	0.00%	0	0.00%	1,043	0.27%
Upper Respiratory Infection (URI)																					
#65 Appropriate Treatment for Children	395	0	0.00%	395	100.00%	0	0.00%	0	0.00%	329	83.29%	19	4.81%	0	0.00%	17	4.30%	0	0.00%	0	0.00%
Urinary Incontinence (UI)																					
#48 Assessment of Presence or Absence of UI in Women Aged 65 Years and Older	189,597	126,625	66.79%	7,163	3.78%	9,919	5.23%	29,862	15.75%	0	0.00%	0	0.00%	23,628	12.46%	0	0.00%	0	0.00%	3,635	1.92%
#49 Characterization of UI in Women Aged 65 Years and Older	54,905	32,362	58.94%	1,934	3.52%	1,254	2.28%	3,272	5.96%	15,031	27.38%	2,293	4.18%	782	1.42%	2,049	3.73%	0	0.00%	649	1.18%
#50 Plan of Care for UI in Women Aged 65 Years and Older	50,983	31,152	61.10%	1,720	3.37%	1,143	2.24%	2,359	4.63%	12,859	25.22%	2,149	4.22%	849	1.67%	1,972	3.87%	0	0.00%	570	1.12%
TOTAL	24,546,128	16,753,427	68.25%	1,449,977	5.91%	33,041	0.13%	2,866,317	11.68%	2,831,459	11.54%	203,070	0.83%	713,318	2.91%	372,962	1.52%	1,798	0.01%	90,960	0.37%

^a For each measure, the total # of instances where an TIN/NPI combination submitted a QDC for that measure.

^b For each measure, the # of instances where an TIN/NPI combination submitted a valid QDC for that measure.

^c The # of occurrences of QDC reporting where the QDC does not match the denominator requirements for the measure.

^d The # of occurrences of a QDC reporting where the QDC does not match the age requirements for the measure.

^e The # of occurrences of a QDC reporting where the QDC does not match the gender requirements for the measure.

^f The # of occurrences of a QDC reporting where the QDC was received on a claim that was resubmitted for the purpose of adding QDCs.

^g The # of occurrences where a valid NPI is not present.

Note: MCMP and PGP pilot program participants are excluded from these reports (based on the most recent pilot participant list from ORD).