



2015 Physician Quality Reporting System (PQRS) List of Eligible Professionals

Eligible Professionals

Under Physician Quality Reporting System (PQRS), covered professional services are those paid under or based on the Medicare Physician Fee Schedule (MPFS). To the extent that eligible professionals are providing services which get paid under or based on the MPFS, those services are eligible for PQRS payment adjustments.

Eligible and Able to Participate

The following professionals are eligible to participate in PQRS:

1. Medicare physicians

- Doctor of Medicine
- Doctor of Osteopathy
- Doctor of Podiatric Medicine
- Doctor of Optometry
- Doctor of Oral Surgery
- Doctor of Dental Medicine
- Doctor of Chiropractic

2. Practitioners

- Physician Assistant
- Nurse Practitioner*
- Clinical Nurse Specialist*
- Certified Registered Nurse Anesthetist* (and Anesthesiologist Assistant)
- Certified Nurse Midwife*
- Clinical Social Worker
- Clinical Psychologist
- Registered Dietician
- Nutrition Professional
- Audiologists

**Includes Advanced Practice Registered Nurse (APRN)*

3. Therapists

- Physical Therapist
- Occupational Therapist
- Qualified Speech-Language Therapist

Note: Professionals who reassign benefits to a Critical Access Hospital (CAH) that bills professional services at a facility level, such as CAH Method II billing, can participate via all reporting mechanisms. To do so, the CAH **must** include the individual provider NPI on their Institutional (FI) claims.

Eligible But Not Able to Participate

Some professionals may be eligible to participate per their specialty, but due to billing method may not be *able* to participate:

- Professionals who **do not** bill Medicare at an individual National Provider Identifier (NPI) level, where the rendering provider's individual NPI is entered on CMS-1500 or CMS-1450 type paper or electronic claims billing, associated with specific line-item services.

Services payable under fee schedules or methodologies other than the MPFS are not included in PQRS.

Please note: EPs who render denominator-eligible services under Medicare Part B PFS via CMS-1500 or CMS-1450 claim **are** able to participate in PQRS regardless of the organization's participation in other fee schedules or methodologies. For example, an EP who bills under an organization that is registered as a federally qualified health center (FQHC), yet (s)he renders services that are not covered by the FQHC methodology.

If you need assistance determining whether or not you render services under Medicare Part B PFS via the 1500 or 1450 claim form, contact your Medicare Administrative Contractor (MAC). See the [Contact Center Directory](#).

Eligible professionals participating in PQRS should familiarize themselves and their office staff with the PQRS measures that appear to apply to their patients for the relevant program year. To access the measures list and related materials, visit the [Measures Codes](#) page of the CMS PQRS website.