

Quality-Data Code Submission Error Report 4th Quarter 2010 Physician Quality Reporting System

Report Date: 04/01/11

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.

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.
- % Valid – Percentage of Total Valid QDCs Reported divided by Total QDCs Reported.
- Total QDCs Reported on Eligible Cases – Number of valid or invalid QDCs reported on eligible cases meeting the measure's denominator criteria.
- 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:
762,166 QDC submissions were received for this measure, 666,936 of which were considered valid. Therefore, the Valid Submission Rate is 87.51%. There were a total of 700,146 QDCs reported on eligible cases. The rest of the columns explain reasons for invalid submissions for measure #47. We see that 32,101 (4.21%) submissions did not match the measure's age parameters; there is no gender parameter for this measure; 56,618 (7.43%) submissions were for patient encounters that are not listed in the denominator; this measure applies to all Medicare Part B beneficiaries regardless of diagnosis; 5,402 (0.71%) 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. There were also no submissions which lacked an NPI in the rendering provider ID field on the claim.

Analysis Findings Include:

Quality-Data Code Submission Error Report by Measure

1. There were 45 measures with the percentage of valid QDC submitted greater than 90%. The top 3 measures with the highest percentage of valid QDCs submitted were:

#177 Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity (98.00%)

#179 Rheumatoid Arthritis (RA): Assessment and Classification of Disease Prognosis (97.96%)

#147 Nuclear Medicine: Correlation with Existing Imaging Studies for All Patients Undergoing Bone Scintigraphy (97.85%).

2. There were 8 measures with the percentage of valid QDC submitted less than 10%. The top 3 measures with the lowest percentage of valid QDCs submitted were:

#175 Pediatric End Stage Renal Disease (ESRD): Influenza Immunization (0.00%)

#94 OME: Diagnostic Evaluation – Assessment of Tympanic Membrane Mobility (0.00%)

#66 Appropriate Testing for Children (0.07%).

3. There were 7 measures with the percentage of age mismatch higher than 50%. The top 3 measures with the highest percentage of age mismatch were:

#175 Pediatric End Stage Renal Disease (ESRD): Influenza Immunization (100.0%)

#66 Appropriate Testing for Children (99.80%)

#65 Appropriate Treatment for Children (99.70%).

4. 6 measures that were restricted to female patient had gender mismatch. All of the percentages of gender mismatch were lower than 4%.

5. 3 measures having the percentage of HCPCS errors greater than 50% were:

#20 Timing of Antibiotic Prophylaxis - Ordering Physician (91.77%)

#45 Discontinuation of Prophylactic Antibiotics (70.21%)

#181 Elder Maltreatment Screen and Follow-Up Plan (53.71%).

6. 3 measures having the percentage of diagnosis errors greater than 50% were:

#40 Management Following Fracture (89.65%)

#122 Blood Pressure Management (72.95%)

#55 ECG Performed for Syncope (57.61%).

7. There were 11 measures with the percentage of both diagnosis and HCPCS error greater than 50%. The top 3 measure with the highest percentage of both diagnosis and HCPCS errors were:

#188 Referral for Otologic Evaluation for Patients with Congenital or Traumatic Deformity of the Ear (98.18%)

#66 Appropriate Testing for Children (98.11%)

#65 Appropriate Treatment for Children (97.40%).

Quality-Data Code Submission Error Report by Measure
 Report Includes Data from the January through December 2010 TAP File

Topic Measure	QDC Submission Attempts			Total QDCs Reported on Eligible Cases	Denominator Mismatch ²												Resubmitted QDCs ¹		Unattributed (No NPI) ³			
	Total QDCs Reported ⁴	Total Valid QDCs Reported ⁵	% Valid		Patient Age Mismatch ⁴		Patient Gender Mismatch ⁵		Incorrect HCPCS		Incorrect DX		Both DX and HCPCS Incorrect		Only QDC on Claim						Incorrect DX and Only QDC	
	#	%	#		%	#	%	#	%	#	%	#	%	#	%	#	%	#	%			
Diabetes																						
#1 Hemoglobin A1c Poor Control	528,792	413,419	78.18%	414,555	96,364	18.22%	0	0.00%	7,046	1.33%	8,644	1.63%	92,613	17.51%	1,536	0.29%	4,634	0.88%	0	0.00%	1	0.00%
#2 Low Density Lipoprotein Control	492,375	383,844	77.96%	384,762	86,676	17.60%	0	0.00%	6,417	1.30%	12,040	2.45%	83,285	16.91%	1,468	0.30%	4,860	0.99%	0	0.00%	1	0.00%
#3 High Blood Pressure Control	563,967	390,562	69.25%	402,139	114,207	20.25%	0	0.00%	6,847	1.21%	36,267	6.43%	111,969	19.85%	1,737	0.31%	5,594	0.99%	0	0.00%	1	0.00%
#18 Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	357,680	293,088	81.94%	293,155	0	0.00%	0	0.00%	4,784	1.34%	57,398	16.05%	1,395	0.39%	672	0.19%	2,145	0.60%	33	0.01%	0	0.00%
#19 Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	256,272	141,689	55.29%	185,696	0	0.00%	0	0.00%	2,949	1.15%	65,651	25.62%	1,396	0.54%	408	0.16%	2,330	0.91%	0	0.00%	0	0.00%
#117 Dilated Eye Exam in Diabetic Patient	732,294	468,621	63.99%	469,987	244,057	33.33%	0	0.00%	7,915	1.08%	8,665	1.18%	235,421	32.15%	1,140	0.16%	9,316	1.27%	27	0.00%	2	0.00%
#119 Urine Screening for Microalbumin or Medical Attention for Nephropathy in Diabetic Patients	100,640	79,606	79.10%	79,635	17,029	16.92%	0	0.00%	1,146	1.14%	2,208	2.19%	15,249	15.15%	508	0.50%	1,971	1.96%	0	0.00%	0	0.00%
#126 Diabetic Foot and Ankle Care, Peripheral Neuropathy: Neurological Evaluation	117,637	102,928	87.50%	102,928	0	0.00%	0	0.00%	1,652	1.40%	12,199	10.37%	549	0.47%	237	0.20%	463	0.39%	0	0.00%	2	0.00%
#127 Diabetic Foot and Ankle Care, Ulcer Prevention: Evaluation of Footwear	85,718	79,519	92.77%	79,519	0	0.00%	0	0.00%	1,251	1.46%	4,300	5.02%	378	0.44%	214	0.25%	320	0.37%	0	0.00%	1	0.00%
#163 Diabetes Mellitus: Foot Exam	116,516	78,558	67.42%	78,572	30,984	26.59%	0	0.00%	4,601	3.95%	1,456	1.25%	27,642	23.72%	656	0.56%	3,738	3.21%	0	0.00%	0	0.00%
Elder Care																						
#181 Elder Maltreatment Screen and Follow-Up Plan	2,612	1,199	45.90%	1,199	118	4.52%	0	0.00%	1,403	53.71%	0	0.00%	0	0.00%	10	0.38%	0	0.00%	0	0.00%	0	0.00%
End Stage Renal Disease (ESRD)																						
#79 Influenza Vaccination in Patients with ESRD	30,255	14,418	47.65%	14,418	2	0.01%	0	0.00%	257	0.85%	12	0.04%	13,976	46.19%	30	0.10%	1,562	5.16%	0	0.00%	0	0.00%
#175 Pediatric End Stage Renal Disease (ESRD): Influenza Immunization	6	0	0.00%	-	6	100.00%	0	0.00%	0	0.00%	0	0.00%	5	83.33%	0	0.00%	1	16.67%	0	0.00%	0	0.00%
Endarterectomy																						
#158 Endarterectomy: Use of Patch During Conventional Endarterectomy	3,890	3,565	91.65%	3,565	0	0.00%	0	0.00%	308	7.92%	0	0.00%	0	0.00%	17	0.44%	0	0.00%	0	0.00%	0	0.00%
Endoscopy and Polyp Surveillance																						
#185 Endoscopy & Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps - Avoidance of Inappropriate Use	36,343	32,237	88.70%	32,237	0	0.00%	0	0.00%	1,365	3.76%	1,354	3.73%	1,294	3.56%	62	0.17%	50	0.14%	0	0.00%	0	0.00%
Falls																						
#154 Falls: Risk Assessment	405,541	316,299	77.99%	361,320	32,228	7.95%	0	0.00%	40,581	10.01%	0	0.00%	0	0.00%	3,640	0.90%	0	0.00%	0	0.00%	0	0.00%
#155 Falls: Plan of Care	76,384	43,452	56.89%	43,453	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	2,461	3.22%	0	0.00%	0	0.00%	0	0.00%
Glaucoma																						
#12 Optic Nerve Evaluation	1,039,103	814,957	78.43%	815,537	2	0.00%	0	0.00%	8,497	0.82%	207,629	19.98%	5,844	0.56%	1,027	0.10%	6,256	0.60%	0	0.00%	0	0.00%
#141 Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care	233,165	194,596	83.46%	207,574	0	0.00%	0	0.00%	2,186	0.94%	22,423	9.62%	615	0.26%	299	0.13%	502	0.22%	0	0.00%	0	0.00%
Hemodialysis Vascular Access Decision																						
#172 Hemodialysis Vascular Access Decision-Making by Surgeon to Maximize Placement of Autogenous Arterial Venous (AV) Fistula	3,534	3,234	91.51%	3,234	3	0.08%	0	0.00%	121	3.42%	139	3.93%	20	0.57%	19	0.54%	1	0.03%	0	0.00%	0	0.00%

¹ For each measure, the total # of instances where an TIN/NPI combination submitted a QDC for that measure.

² For each measure, the # of instances where an TIN/NPI combination submitted a valid QDC for that measure.

³ The # of occurrences of QDC reporting where the QDC does not match the denominator requirements for the measure.

⁴ The # of occurrences of a QDC reporting where the QDC does not match the age requirements for the measure.

⁵ The # of occurrences of a QDC reporting where the QDC does not match the gender requirements for the measure.

⁶ The # of occurrences of a QDC reporting where the QDC was received on a claim that was resubmitted for the purpose of adding QDCs.

⁷ 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).

Note: Individuals participating in GPRO are excluded from these reports.

