

Quality-Data Code Submission Error Report Final 2008 Physician Quality Reporting Initiative

Report Date: 09/24/2010

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. This report has been updated to account for the revised metrics as a result of all 2008 supplemental payments.

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.
- 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, 394,490 of which were considered valid. Therefore, the Valid Submission Rate is 81.58%. 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 (96.27%)
 - #102 Inappropriate Use of Bone Scan for Staging Low-Risk Prostate Cancer Patients (96.76%)
 - #59 Empiric Antibiotic for Community-Acquired Bacterial Pneumonia (97.90%)
 - #58 Assessment of Mental Status for Community-Acquired Bacterial Pneumonia (97.86%)
 - #56 Vital Signs for Community-Acquired Bacterial Pneumonia (96.71%)
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.

Quality-Data Code Submission Error Report by Measure
 Report Includes Data from the January 2008 through February 2009 TAP File

| Measure | QDC Submission Attempts | | | Denominator Mismatch ^c | | | | | | | | | | | | | | | | Resubmitted QDCs ^f | | 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 | | # | % | | | | |
| | | | | # | % | # | % | # | % | # | % | # | % | # | % | # | % | | | # | % | | |
| Advance Care Plan | | | | | | | | | | | | | | | | | | | | | | | |
| #47 Advance Care Plan | 483,584 | 394,490 | 81.58% | 27,795 | 5.75% | 0 | 0.00% | 38,389 | 7.94% | 0 | 0.00% | 0 | 0.00% | 30,114 | 6.23% | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 376 | 0.08% |
| Arthritis-Osteoarthritis | | | | | | | | | | | | | | | | | | | | | | | |
| #109 Patients with OA with an Assessment of Pain and Function | 38,690 | 32,696 | 84.51% | 0 | 0.00% | 0 | 0.00% | 1,615 | 4.17% | 4,340 | 11.22% | 167 | 0.43% | 205 | 0.53% | 427 | 1.10% | 0 | 0.00% | 0 | 0.00% | 57 | 0.15% |
| Arthritis-Rheumatoid | | | | | | | | | | | | | | | | | | | | | | | |
| #108 DMARD Therapy in Rheumatoid Arthritis | 20,665 | 17,739 | 85.84% | 0 | 0.00% | 0 | 0.00% | 896 | 4.34% | 1,977 | 9.57% | 131 | 0.63% | 124 | 0.60% | 550 | 2.66% | 0 | 0.00% | 0 | 0.00% | 59 | 0.29% |
| Asthma | | | | | | | | | | | | | | | | | | | | | | | |
| #53 Pharmacologic Therapy | 6,737 | 416 | 6.17% | 6,276 | 93.16% | 0 | 0.00% | 1,222 | 18.14% | 841 | 12.48% | 134 | 1.99% | 149 | 2.21% | 56 | 0.83% | 0 | 0.00% | 0 | 0.00% | 47 | 0.70% |
| #64 Asthma Assessment | 4,037 | 254 | 6.29% | 3,750 | 92.89% | 0 | 0.00% | 1,081 | 26.78% | 827 | 20.49% | 135 | 3.34% | 169 | 4.19% | 18 | 0.45% | 0 | 0.00% | 0 | 0.00% | 49 | 1.21% |
| Breast Cancer | | | | | | | | | | | | | | | | | | | | | | | |
| #71 Hormonal Therapy for Stage IC-III ER/PR Positive Breast Cancer | 76,276 | 50,205 | 65.82% | 0 | 0.00% | 11,325 | 14.85% | 3,170 | 4.16% | 22,349 | 29.30% | 933 | 1.22% | 630 | 0.83% | 494 | 0.65% | 227 | 0.30% | 0 | 0.00% | 280 | 0.37% |
| #74 RT Recommended for Invasive Breast Cancer Patients with Breast Conserving Surgery | 12,341 | 2,536 | 20.55% | 6,213 | 50.34% | 293 | 2.37% | 6,627 | 53.70% | 148 | 1.20% | 841 | 6.81% | 616 | 4.99% | 93 | 0.75% | 0 | 0.00% | 0 | 0.00% | 37 | 0.30% |
| #99 Breast Cancer Patients with a pT and pN Category and Histologic Grade | 57,784 | 30,131 | 52.14% | 0 | 0.00% | 0 | 0.00% | 1,047 | 1.81% | 21,555 | 37.30% | 4,670 | 8.08% | 307 | 0.53% | 1,688 | 2.92% | 0 | 0.00% | 0 | 0.00% | 76 | 0.13% |
| #112 Screening Mammography | 85,311 | 38,184 | 44.76% | 38,032 | 44.58% | 1,899 | 2.23% | 4,532 | 5.31% | 0 | 0.00% | 0 | 0.00% | 11,758 | 13.78% | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 2,156 | 2.53% |
| Bronchitis | | | | | | | | | | | | | | | | | | | | | | | |
| #116 Inappropriate Antibiotic Treatment for Adults | 392 | 149 | 38.01% | 220 | 56.12% | 0 | 0.00% | 7 | 1.79% | 129 | 32.91% | 12 | 3.06% | 7 | 1.79% | 10 | 2.55% | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% |
| Coronary Artery Bypass Graft (CABG) | | | | | | | | | | | | | | | | | | | | | | | |
| #43 Use of IMA in CABG Surgery | 43,914 | 28,460 | 64.81% | 0 | 0.00% | 0 | 0.00% | 8,286 | 18.87% | 0 | 0.00% | 0 | 0.00% | 383 | 0.87% | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 170 | 0.39% |
| #44 Preoperative Beta-blocker in Patients with Isolated CABG Surgery | 29,970 | 19,020 | 63.46% | 0 | 0.00% | 0 | 0.00% | 3,031 | 10.11% | 0 | 0.00% | 0 | 0.00% | 300 | 1.00% | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 50 | 0.17% |
| CAD | | | | | | | | | | | | | | | | | | | | | | | |
| #118 ACE or ARB Therapy for Patients with CAD and Diabetes and/or LVSD | 62,927 | 41,781 | 66.40% | 0 | 0.00% | 0 | 0.00% | 1,569 | 2.49% | 12,718 | 20.21% | 541 | 0.86% | 584 | 0.93% | 10,530 | 16.73% | 1 | 0.00% | 0 | 0.00% | 37 | 0.06% |
| #6 Oral Antiplatelet Therapy Prescribed for Patients with CAD | 1,120,284 | 1,013,138 | 90.44% | 0 | 0.00% | 0 | 0.00% | 33,748 | 3.01% | 66,722 | 5.96% | 2,902 | 0.26% | 10,659 | 0.95% | 12,902 | 1.15% | 1 | 0.00% | 0 | 0.00% | 1,671 | 0.15% |
| #7 Beta-blocker Therapy for CAD Patients with Prior MI | 383,353 | 123,291 | 32.16% | 0 | 0.00% | 0 | 0.00% | 4,307 | 1.12% | 244,064 | 63.67% | 9,973 | 2.60% | 1,345 | 0.35% | 13,396 | 3.49% | 0 | 0.00% | 0 | 0.00% | 647 | 0.17% |
| Chemotherapy | | | | | | | | | | | | | | | | | | | | | | | |
| #73 Plan Documented Before Chemotherapy Administered | 32,734 | 8,229 | 25.14% | 0 | 0.00% | 0 | 0.00% | 9,612 | 29.36% | 6,663 | 20.35% | 7,736 | 23.63% | 608 | 1.86% | 259 | 0.79% | 0 | 0.00% | 0 | 0.00% | 25 | 0.08% |
| Chest Pain | | | | | | | | | | | | | | | | | | | | | | | |
| #54 ECG Performed for Non-Traumatic Chest Pain | 1,254,240 | 924,587 | 73.72% | 17,301 | 1.38% | 0 | 0.00% | 20,463 | 1.63% | 292,239 | 23.30% | 9,260 | 0.74% | 5,737 | 0.46% | 4,873 | 0.39% | 0 | 0.00% | 0 | 0.00% | 8,418 | 0.67% |
| Chronic Kidney Disease (CKD) | | | | | | | | | | | | | | | | | | | | | | | |
| #120 ACE Inhibitor or ARB Therapy in Patients with CKD | 11,321 | 766 | 6.77% | 0 | 0.00% | 0 | 0.00% | 1 | 0.01% | 9,570 | 84.53% | 774 | 6.84% | 0 | 0.00% | 1,268 | 11.20% | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% |
| #121 Laboratory Testing (Calcium, Phosphorus, iPTH and Lipid Profile) | 5,629 | 4,565 | 81.10% | 0 | 0.00% | 0 | 0.00% | 120 | 2.13% | 530 | 9.42% | 394 | 7.00% | 16 | 0.28% | 130 | 2.31% | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% |
| #122 Blood Pressure Management | 29,179 | 23,263 | 79.73% | 0 | 0.00% | 0 | 0.00% | 902 | 3.09% | 4,748 | 16.27% | 511 | 1.75% | 51 | 0.17% | 170 | 0.58% | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% |
| #123 Plan of Care: Elevated Hemoglobin for Patients Receiving ESAs | 214,880 | 12,666 | 5.89% | 26 | 0.01% | 0 | 0.00% | 1,203 | 0.56% | 1,216 | 0.57% | 22,374 | 10.41% | 115 | 0.05% | 177,585 | 82.64% | 59 | 0.03% | 0 | 0.00% | 1 | 0.00% |
| Colon Cancer | | | | | | | | | | | | | | | | | | | | | | | |
| #72 Chemotherapy for Stage III | 49,702 | 13,110 | 26.38% | 0 | 0.00% | 0 | 0.00% | 864 | 1.74% | 34,239 | 68.89% | 1,359 | 2.73% | 122 | 0.25% | 1,158 | 2.33% | 150 | 0.30% | 0 | 0.00% | 186 | 0.37% |
| Colorectal Cancer (CRC) | | | | | | | | | | | | | | | | | | | | | | | |
| #100 CRC Patients with a pT and pN Category and Histologic Grade | 55,360 | 20,068 | 36.25% | 0 | 0.00% | 0 | 0.00% | 763 | 1.38% | 6,536 | 11.81% | 26,177 | 47.29% | 246 | 0.44% | 2,219 | 4.01% | 0 | 0.00% | 0 | 0.00% | 74 | 0.13% |
| #113 CRC Screening | 201,356 | 130,152 | 64.64% | 51,994 | 25.82% | 0 | 0.00% | 5,169 | 2.57% | 0 | 0.00% | 0 | 0.00% | 19,500 | 9.68% | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 355 | 0.18% |
| Chronic Obstructive Pulmonary Disease (COPD) | | | | | | | | | | | | | | | | | | | | | | | |
| #51 Spirometry Evaluation | 86,684 | 76,731 | 88.52% | 0 | 0.00% | 0 | 0.00% | 1,923 | 2.22% | 7,063 | 8.15% | 1,021 | 1.18% | 860 | 0.99% | 1,117 | 1.29% | 0 | 0.00% | 0 | 0.00% | 296 | 0.34% |
| #52 Bronchodilator Therapy | 76,725 | 68,515 | 89.30% | 0 | 0.00% | 0 | 0.00% | 1,547 | 2.02% | 5,432 | 7.08% | 1,100 | 1.43% | 769 | 1.00% | 1,143 | 1.49% | 0 | 0.00% | 0 | 0.00% | 174 | 0.23% |
| Catheter-Related Bloodstream Infections (CRBSI) | | | | | | | | | | | | | | | | | | | | | | | |
| #76 Prevention of CRBSI - Central Venous Catheter Insertion Protocol | 58,595 | 54,491 | 93.00% | 0 | 0.00% | 0 | 0.00% | 4,650 | 7.94% | 0 | 0.00% | 0 | 0.00% | 693 | 1.18% | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 119 | 0.20% |

^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).

