

Eligible Professionals

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

Eligible and Able to Participate

The following professionals are eligible to participate in Physician Quality Reporting System:

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

3. Therapists

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

Eligible But Not Able to Participate

The following professionals are eligible to participate but are not able to participate for one or more reasons:

1. Professionals paid under or based upon the PFS billing Medicare Carriers/ Medicare Administrative Contractors (MACs) who do not bill directly.

2. Professionals paid under the PFS billing Medicare fiscal intermediaries (FIs) or MACs. The FI/MAC claims processing systems currently cannot accommodate billing at the individual physician or practitioner level:

- Critical access hospital (CAH), method II payment, where the physician or practitioner has reassigned his or her benefits to the CAH. In this situation, the CAH bills the regular FI for the professional services provided by the physician or practitioner.
- All institutional providers that bill for outpatient therapy provided by physical and occupational therapists and speech language pathologists (for example, hospital, skilled nursing facility Part B, home health agency, comprehensive outpatient rehabilitation facility, or outpatient rehabilitation facility). This does not apply to skilled nursing facilities under Part A.

Services payable under fee schedules or methodologies other than the PFS are not included in Physician Quality Reporting (for example, services provided in federally qualified health centers, independent diagnostic testing facilities, independent laboratories, hospitals [including method I critical access hospitals], rural health clinics, ambulance providers, and ambulatory surgery center facilities).

Eligible professionals participating in the Physician Quality Reporting System should familiarize themselves and their office staff with the Physician Quality Reporting System measures that appear to apply to their patients for the relevant program year. To access the measures list and related materials, click on the "**Measures/Codes**" page in the left-hand column on this page.