

CMS Management Report
2009 Physician Quality Reporting Initiative
Claims-based Individual Measures Reporting, Performance, Validation, and Incentive Report

Report Date: 11/9/2009

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.

Quality Data Code (QDC) Submission Error Report

1. The measures with the highest percentage of valid QDCs codes submitted were: #139 Cataracts: Comprehensive Preoperative Assessment for Cataract Surgery with Intraocular Lens (IOL) Placement (96.47%), #182 Functional Outcome Assessment in Chiropractic Care (98.54%), #124 HIT - Adoption/Use of EHRs (95.48%), #140 Age-Related Macular Degeneration (AMD): Counseling on Antioxidant Supplement (95.13%), #130 Documentation of Current Medications (95.27%), #147 Nuclear Medicine: Correlation with Existing Imaging Studies for All Patients Undergoing Bone Scintigraphy (98.36%), #144 Oncology: Medical and Radiation - Plan of Care for Pain (100%), #93 AOE: Systemic Antimicrobial Therapy - Avoidance of Inappropriate Use (96.17%), #56 Vital Signs for Community - Acquired Bacterial Pneumonia (95.81%), #57 Assessment of Oxygen Saturation for Community-Acquired Bacterial Pneumonia (96.96%), #58 Assessment of Mental Status for Community-Acquired Bacterial Pneumonia (97.55%), #59 Empiric Antibiotic for Community-Acquired Bacterial Pneumonia (97.50%), #145 Radiology: Exposure Time Reported for Procedures Using Fluoroscopy (97.58%), #146 Radiology: Inappropriate Use of "Probably Benign" Assessment Category in Mammography Screening (98.54%).

2. Measures #175 Pediatric End Stage Renal Disease (ESRD): Influenza Immunization, #94 OME: Diagnostic Evaluation - Assessment of Tympanic Membrane Mobility, #95 OME: Hearing Testing, #65 Appropriate Treatment for Children, #66 Appropriate Testing for Children, and #186 Wound Care: Use of Compression System in Patients with Venous Ulcers had no valid QDCs submitted.
3. Measure #134 Screening for Clinical Depression had the highest percentage of claims with QDCs only (19.29%).
4. The rate of diagnosis errors was highest for measure #40 Management Following Fracture (91.78%).
5. The rate of HCPCS errors was highest for measure #181 Elder Maltreatment Screen and Follow-Up Plan (65.46%), excluding measure # 95 OME: Hearing Testing that only had 3 QDC attempts.
6. The rate of patient gender errors was highest for measure #48 Assessment of Presence or Absence of UI in Women Aged 65 Years and Older (5.23%).
7. Overall, the percentage of reported instances with missing NPIs was less than 0.01%.

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

Topic 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	416,886	340,225	81.61%	24,428	5.86%	0	0.00%	28,085	6.74%	0	0.00%	0	0.00%	14,316	3.43%	0	0.00%	0	0.00%	6	0.00%
Arthritis-Osteoarthritis																					
#109 Patients with OA with an Assessment of Pain and Function	34,802	5,909	16.98%	0	0.00%	0	0.00%	3,878	11.14%	2,557	7.35%	20,771	59.68%	235	0.68%	1,068	3.07%	0	0.00%	0	0.00%
#142 Osteoarthritis (OA): Assessment for Use of Anti-Inflammatory or Analgesic Over-the-Counter (OTC) Medications	18,172	9,953	54.77%	0	0.00%	0	0.00%	4,264	23.46%	1,119	6.16%	2,251	12.39%	183	1.01%	221	1.22%	0	0.00%	0	0.00%
Arthritis-Rheumatoid																					
#108 DMARD Therapy in Rheumatoid Arthritis	21,475	18,649	86.84%	0	0.00%	0	0.00%	1,011	4.71%	1,286	5.99%	0	0.00%	291	1.36%	107	0.50%	0	0.00%	0	0.00%
#176 Rheumatoid Arthritis (RA): Tuberculosis Screening	2,501	2,018	80.69%	0	0.00%	0	0.00%	57	2.28%	81	3.24%	0	0.00%	5	0.20%	2	0.08%	0	0.00%	0	0.00%
#177 Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity	2,871	2,677	93.24%	0	0.00%	0	0.00%	80	2.79%	36	1.25%	0	0.00%	2	0.07%	5	0.17%	0	0.00%	0	0.00%
#178 Rheumatoid Arthritis (RA): Functional Status Assessment	4,215	3,742	88.78%	0	0.00%	0	0.00%	301	7.14%	30	0.71%	0	0.00%	8	0.19%	5	0.12%	0	0.00%	0	0.00%
#179 Rheumatoid Arthritis (RA): Assessment and Classification of Disease Prognosis	2,229	2,090	93.76%	0	0.00%	0	0.00%	56	2.51%	29	1.30%	0	0.00%	3	0.13%	2	0.09%	0	0.00%	0	0.00%
#180 Rheumatoid Arthritis (RA): Glucocorticoid Management	2,537	2,065	81.40%	0	0.00%	0	0.00%	144	5.68%	20	0.79%	0	0.00%	8	0.32%	10	0.39%	0	0.00%	0	0.00%
Asthma																					
#53 Pharmacologic Therapy	2,541	310	12.20%	2,147	84.49%	0	0.00%	477	18.77%	353	13.89%	50	1.97%	64	2.52%	20	0.79%	0	0.00%	0	0.00%
#64 Asthma Assessment	2,262	242	10.70%	1,990	87.98%	0	0.00%	604	26.70%	545	24.09%	63	2.79%	37	1.64%	22	0.97%	0	0.00%	0	0.00%
Breast Cancer																					
#71 Hormonal Therapy for Stage IC-III ER/PR Positive Breast Cancer	43,144	34,457	79.87%	0	0.00%	247	0.57%	1,856	4.30%	1,495	3.47%	110	0.25%	299	0.69%	48	0.11%	0	0.00%	0	0.00%
#99 Breast Cancer Patients with a pT and pN Category and Histologic Grade	16,026	9,008	56.21%	0	0.00%	0	0.00%	1,245	7.77%	9,492	59.23%	891	5.56%	123	0.77%	459	2.86%	0	0.00%	0	0.00%
#112 Screening Mammography	95,157	53,874	56.62%	33,943	35.67%	2,227	2.34%	4,059	4.27%	0	0.00%	0	0.00%	8,414	8.84%	0	0.00%	0	0.00%	0	0.00%
Bronchitis																					
#116 Inappropriate Antibiotic Treatment for Adults	404	40	9.90%	311	76.98%	0	0.00%	175	43.32%	5	1.24%	131	32.43%	12	2.97%	0	0.00%	0	0.00%	0	0.00%
Coronary Artery Bypass Graft (CABG)																					
#43 Use of IMA in CABG Surgery	17,806	11,167	62.71%	0	0.00%	0	0.00%	6,407	35.98%	0	0.00%	0	0.00%	230	1.29%	0	0.00%	0	0.00%	0	0.00%
#44 Preoperative Beta-blocker in Patients with Isolated CABG Surgery	12,182	7,542	61.91%	0	0.00%	0	0.00%	4,482	36.79%	0	0.00%	0	0.00%	156	1.28%	0	0.00%	0	0.00%	0	0.00%
CAD																					
#6 Oral Antiplatelet Therapy Prescribed for Patients with CAD	752,199	686,041	91.20%	0	0.00%	0	0.00%	16,331	2.17%	38,996	5.18%	1,409	0.19%	6,658	0.89%	4,856	0.65%	0	0.00%	1	0.00%
#118 ACE or ARB Therapy for Patients with CAD and Diabetes and/or LVSD	103,002	85,519	83.03%	0	0.00%	0	0.00%	1,712	1.66%	11,822	11.48%	422	0.41%	850	0.83%	4,653	4.52%	0	0.00%	0	0.00%
#152 Coronary Artery Disease (CAD): Lipid Profile in Patients with CAD	201,897	183,760	91.02%	0	0.00%	0	0.00%	4,285	2.12%	11,160	5.53%	649	0.32%	1,200	0.59%	590	0.29%	0	0.00%	0	0.00%
#153 Coronary Artery Disease (CAD): Referral for Arteriovenous (AV) Fistula	4,279	2,716	63.47%	1	0.02%	0	0.00%	64	1.50%	146	3.41%	1,344	31.41%	3	0.07%	8	0.19%	0	0.00%	0	0.00%
Chest Pain																					
#54 ECG Performed for Non-Traumatic Chest Pain	598,269	441,272	73.76%	8,141	1.36%	0	0.00%	9,091	1.52%	137,812	23.04%	4,125	0.69%	2,224	0.37%	1,706	0.29%	0	0.00%	0	0.00%
Chronic Kidney Disease (CKD)																					
#121 Laboratory Testing (Calcium, Phosphorus, iPTH and Lipid Profile)	8,743	6,717	76.83%	0	0.00%	0	0.00%	301	3.44%	1,613	18.45%	81	0.93%	18	0.21%	68	0.78%	0	0.00%	0	0.00%
#122 Blood Pressure Management	43,447	16,298	37.51%	0	0.00%	0	0.00%	549	1.26%	23,650	54.43%	1,544	3.55%	39	0.09%	559	1.29%	0	0.00%	0	0.00%
#123 Plan of Care: Elevated Hemoglobin for Patients Receiving ESAs	30,520	11,634	38.12%	3	0.01%	0	0.00%	868	2.84%	1,862	6.10%	15,279	50.06%	21	0.07%	351	1.15%	0	0.00%	0	0.00%
#135 Chronic Kidney Disease (CKD): Influenza Immunization	39,020	3,952	10.13%	11	0.03%	0	0.00%	150	0.38%	7,198	18.45%	27,250	69.84%	8	0.02%	580	1.49%	0	0.00%	1	0.00%

^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).

