

TABLE 1: Specialties Excluded From Ratesetting Calculation

Specialty Code	Specialty Description
49	Ambulatory surgical center
50	Nurse practitioner
51	Medical supply company with certified orthotist
52	Medical supply company with certified prosthetist
53	Medical supply company with certified prosthetist-orthotist
54	Medical supply company not included in 51, 52, or 53.
55	Individual certified orthotist
56	Individual certified prosthetist
57	Individual certified prosthetist-orthotist
58	Individuals not included in 55, 56, or 57
59	Ambulance service supplier, e.g., private ambulance companies, funeral homes, etc.
60	Public health or welfare agencies
61	Voluntary health or charitable agencies
73	Mass immunization roster biller
74	Radiation therapy centers
87	All other suppliers (e.g., drug and department stores)
88	Unknown supplier/provider specialty
89	Certified clinical nurse specialist
95	Competitive Acquisition Program (CAP) Vendor
96	Optician
97	Physician assistant
A0	Hospital
A1	SNF
A2	Intermediate care nursing facility
A3	Nursing facility, other
A4	HHA
A5	Pharmacy
A6	Medical supply company with respiratory therapist
A7	Department store
1	Supplier of oxygen and/or oxygen related equipment
2	Pedorthic personnel
3	Medical supply company with pedorthic personnel

TABLE 2: Application of Payment Modifiers to Utilization Files

Modifier	Description	Volume Adjustment	Time Adjustment
80,81,82	Assistant at Surgery	16%	Intraoperative portion

Modifier	Description	Volume Adjustment	Time Adjustment
AS	Assistant at Surgery – Physician Assistant	14% (85% * 16%)	Intraoperative portion
50 or LT and RT	Bilateral Surgery	150%	150% of physician time
51	Multiple Procedure	50%	Intraoperative portion
52	Reduced Services	50%	50%
53	Discontinued Procedure	50%	50%
54	Intraoperative Care only	Preoperative + Intraoperative Percentages on the payment files used by Medicare contractors to process Medicare claims	Preoperative + Intraoperative portion
55	Postoperative Care only	Postoperative Percentage on the payment files used by Medicare contractors to process Medicare claims	Postoperative portion
62	Co-surgeons	62.5%	50%
66	Team Surgeons	33%	33%

TABLE 3: CPT Codes Subject to 90 Percent Equipment Utilization Rate Assumption

CPT Code	Short Descriptor
70336	Mri, temporomandibular joint(s)
70450	Ct head/brain w/o dye
70460	Ct head/brain w/ dye
70470	Ct head/brain w/o & w/ dye
70480	Ct orbit/ear/fossa w/o dye
70481	Ct orbit/ear/fossa w/ dye
70482	Ct orbit/ear/fossa w/o & w/ dye
70486	Ct maxillofacial w/o dye
70487	Ct maxillofacial w/ dye
70488	Ct maxillofacial w/o & w/ dye
70490	Ct soft tissue neck w/o dye
70491	Ct soft tissue neck w/ dye
70492	Ct soft tissue neck w/o & w/ dye

CPT Code	Short Descriptor
70496	Ct angiography, head
70498	Ct angiography, neck
70540	Mri orbit/face/neck w/o dye
70542	Mri orbit/face/neck w/ dye
70543	Mri orbit/face/neck w/o & w/dye
70544	Mr angiography head w/o dye
70545	Mr angiography head w/dye
70546	Mr angiography head w/o & w/dye
70547	Mr angiography neck w/o dye
70548	Mr angiography neck w/dye
70549	Mr angiography neck w/o & w/dye
70551	Mri brain w/o dye
70552	Mri brain w/dye
70553	Mri brain w/o & w/dye
70554	Fmri brain by tech
71250	Ct thorax w/o dye
71260	Ct thorax w/ dye
71270	Ct thorax w/o & w/ dye
71275	Ct angiography, chest
71550	Mri chest w/o dye
71551	Mri chest w/ dye
71552	Mri chest w/o & w/ dye
71555	Mri angio chest w/ or w/o dye
72125	CT neck spine w/o dye
72126	Ct neck spine w/dye
72127	Ct neck spine w/o & w/dye
72128	Ct chest spine w/o dye
72129	Ct chest spine w/dye
72130	Ct chest spine w/o & w/dye
72131	Ct lumbar spine w/o dye
72132	Ct lumbar spine w/dye
72133	Ct lumbar spine w/o & w/dye
72141	Mri neck spine w/o dye
72142	Mri neck spine w/dye
72146	Mri chest spine w/o dye
72147	Mri chest spine w/dye
72148	Mri lumbar spine w/o dye
72149	Mri lumbar spine w/dye

CPT Code	Short Descriptor
72156	Mri neck spine w/o & w/dye
72157	Mri chest spine w/o & w/dye
72158	Mri lumbar spine w/o & w/dye
72159	Mr angio spone w/o&w/dye
72191	Ct angiography, pelv w/o & w/ dye
72192	Ct pelvis w/o dye
72193	Ct pelvis w/ dye
72194	Ct pelvis w/o & w/ dye
72195	Mri pelvis w/o dye
72196	Mri pelvis w/ dye
72197	Mri pelvis w/o &w/ dye
72198	Mri angio pelvis w/ or w/o dye
73200	Ct upper extremity w/o dye
73201	Ct upper extremity w/dye
73202	Ct upper extremity w/o & w/dye
73206	Ct angio upper extr w/o & w/dye
73218	Mri upper extr w/o dye
73219	Mri upper extr w/dye
73220	Mri upper extremity w/o & w/dye
73221	Mri joint upper extr w/o dye
73222	Mri joint upper extr w/dye
73223	Mri joint upper extr w/o & w/dye
73225	Mr angio upr extr w/o&w/dye
73700	Ct lower extremity w/o dye
73701	Ct lower extremity w/dye
73702	Ct lower extremity w/o & w/dye
73706	Ct angio lower ext w/o & w/dye
73718	Mri lower extremity w/o dye
73719	Mri lower extremity w/dye
73720	Mri lower ext w/ & w/o dye
73721	Mri joint of lwr extre w/o dye
73722	Mri joint of lwr extr w/dye
73723	Mri joint of lwr extr w/o & w/dye
73725	Mr angio lower ext w or w/o dye
74150	Ct abdomen w/o dye
74160	Ct abdomen w/ dye
74170	Ct abdomen w/o & w/ dye

CPT Code	Short Descriptor
74174	Ct angiography, abdomen and pelvis w/o & w/ dye
74175	Ct angiography, abdom w/o & w/ dye
74176	Ct abdomen and pelvis w/o dye
74177	Ct abdomen and pelvis w/dye
74178	Ct abdomen and pelvis w/ and w/o dye
74181	Mri abdomen w/o dye
74182	Mri abdomen w/ dye
74183	Mri abdomen w/o and w/ dye
74185	Mri angio, abdom w/ or w/o dye
74261	Ct colonography, w/o dye
74262	Ct colonography, w/ dye
75557	Cardiac mri for morph
75559	Cardiac mri w/stress img
75561	Cardiac mri for morph w/dye
75563	Cardiac mri w/stress img & dye
75565	Card mri vel flw map add-on
75571	Ct hrt w/o dye w/ca test
75572	Ct hrt w/3d image
75573	Ct hrt w/3d image, congen
75574	Ct angio hrt w/3d image
75635	Ct angio abdominal arteries
76380	CAT scan follow up study
77058	Mri, one breast
77059	Mri, broth breasts
77078	Ct bone density, axial
77084	Magnetic image, bone marrow

TABLE 4: SBA Maximum Interest Rates

Price	Useful Life	Interest Rate
<\$25K	<7 Years	7.50%
\$25K to \$50K	<7 Years	6.50%
>\$50K	<7 Years	5.50%
<\$25K	7+ Years	8.00%
\$25K to \$50K	7+ Years	7.00%
>\$50K	7+ Years	6.00%

See 77 FR 68902 for a thorough discussion of this issue.

TABLE 5: Calculation of PE RVUs under Methodology for Selected Codes

	Step	Source	Formula	99213 Office visit, est Non- facility	33533 CABG, arterial, single Facility	71020 Chest x- ray Non- facility	71020- TC Chest x-ray, Non- facility	71020-26 Chest x- ray, Non- facility	93000 ECG, complete, Non- facility	93005 ECG, tracing Non- facility	93010 ECG, report Non- facility
(1) Labor cost (Lab)	Step 1	AMA		13.32	77.52	5.74	5.74	0.00	5.10	5.10	0.00
(2) Supply cost (Sup)	Step 1	AMA		2.98	7.34	3.39	3.39	0.00	1.19	1.19	0.00
(3) Equipment cost (Eqp)	Step 1	AMA		0.17	0.58	7.24	7.24	0.00	0.09	0.09	0.00
(4) Direct cost (Dir)	Step 1		=(1)+(2)+(3)	16.48	85.45	16.38	16.38	0.00	6.38	6.38	0.00
(5) Direct adjustment (Dir. Adj.)	Steps 2-4	See footnote*		0.5511	0.5511	0.5511	0.5511	0.5511	0.5511	0.5511	0.5511
(6) Adjusted Labor	Steps 2-4	=Lab * Dir Adj	=(1)*(5)	7.34	42.72	3.16	3.16	0.00	2.81	2.81	0.00
(7) Adjusted Supplies	Steps 2-4	=Eqp * Dir Adj	=(2)*(5)	1.64	4.05	1.87	1.87	0.00	0.66	0.66	0.00
(8) Adjusted Equipment	Steps 2-4	=Sup * Dir Adj	=(3)*(5)	0.10	0.32	3.99	3.99	0.00	0.05	0.05	0.00
(9) Adjusted Direct	Steps 2-4		=(6)+(7)+(8)	9.08	47.09	9.03	9.03	0.00	3.52	3.52	0.00
(10) Conversion Factor (CF)	Step 5	PFS		34.0230	34.0230	34.0230	34.0230	34.0230	34.0230	34.0230	34.0230
(11) Adj. labor cost converted	Step 5	=(Lab * Dir Adj)/CF	=(6)/(10)	0.22	1.26	0.09	0.09	0.00	0.08	0.08	0.00
(12) Adj. supply cost converted	Step 5	=(Sup * Dir Adj)/CF	=(7)/(10)	0.05	0.12	0.05	0.05	0.00	0.02	0.02	0.00
(13) Adj. equipment cost converted	Step 5	=(Eqp * Dir Adj)/CF	=(8)/(10)	0.00	0.01	0.12	0.12	0.00	0.00	0.00	0.00
(14) Adj. direct cost converted	Step 5		=(11)+(12)+(13)	0.27	1.38	0.27	0.27	0.00	0.10	0.10	0.00

	Step	Source	Formula	99213 Office visit, est Non- facility	33533 CABG, arterial, single Facility	71020 Chest x- ray Non- facility	71020- TC Chest x-ray, Non- facility	71020-26 Chest x- ray, Non- facility	93000 ECG, complete, Non- facility	93005 ECG, tracing Non- facility	93010 ECG, report Non- facility
(15) Work RVU	Setup File	PFS		0.97	33.75	0.22	0.00	0.22	0.17	0.00	0.17
(16) Dir_pct	Steps 6,7	Surveys		0.31	0.18	0.31	0.31	0.31	0.31	0.31	0.31
(17) Ind_pct	Steps 6,7	Surveys		0.69	0.82	0.69	0.69	0.69	0.69	0.69	0.69
(18) Ind. Alloc. Formula (1st part)	Step 8	See Step 8		$((14)/(16)) * (17)$	$((14)/(16)) * (17)$	$((14)/(16)) * (17)$	$((14)/(16)) * (17)$	$((14)/(16)) * (17)$	$((14)/(16)) * (17)$	$((14)/(16)) * (17)$	$((14)/(16)) * (17)$
(19) Ind. Alloc.(1st part)	Step 8		See 18	0.81	6.51	0.65	0.65	0	0.26	0.26	0
(20) Ind. Alloc. Formula (2nd part)	Step 8	See Step 8		(15)	(15)	(15+11)	(11)	(15)	(15+11)	(11)	(15)
(21) Ind. Alloc.(2nd part)	Step 8		See 20	0.97	33.75	0.31	0.09	0.22	0.25	0.08	0.17
(22) Indirect Allocator (1st + 2nd)	Step 8		= (19) + (21)	1.78	40.26	0.96	0.74	0.22	0.51	0.34	0.17
(23) Indirect Adjustment (Ind. Adj.)	Steps 9-11	See Footnote**		0.3848	0.3848	0.3848	0.3848	0.3848	0.3848	0.3848	0.3848
(24) Adjusted Indirect Allocator	Steps 9-11	= Ind Alloc * Ind Adj		0.68	15.49	0.37	0.29	0.08	0.20	0.13	0.07
(25) Ind. Practice Cost Index (IPC)	Steps 12- 16			1.07	0.76	0.95	0.95	0.95	0.91	0.91	0.91
(26) Adjusted Indirect	Step 17	= Adj.Ind Alloc * PCI	= (24) * (25)	0.73	11.74	0.35	0.27	0.08	0.18	0.12	0.06
(27) PE RVU	Step 18	= (Adj Dir + Adj Ind) * Other Adj	= ((14) + (26)) * Other Adj)	1.00	13.08	0.63	0.55	0.08	0.28	0.22	0.06

Note: PE RVUs in Table 5, row 27, may not match Addendum B due to rounding.

	Step	Source	Formula	99213 Office visit, est Non- facility	33533 CABG, arterial, single Facility	71020 Chest x- ray Non- facility	71020- TC Chest x-ray, Non- facility	71020-26 Chest x- ray, Non- facility	93000 ECG, complete, Non- facility	93005 ECG, tracing Non- facility	93010 ECG, report Non- facility
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*The direct adj = [current pe rvus * CF * avg dir pct]/[sum direct inputs] = [step2]/[step3]

**The indirect adj = [current pe rvus * avg ind pct]/[sum of ind allocators] = [step9]/[step10]

Note: The use of any particular conversion factor (CF) in Table 5 to illustrate the PE Calculation has no effect on the resulting RVUs.

Note: The Other Adjustment includes an adjustment for the equipment utilization change.

TABLE 6: Items Identified by Commenters

CMS Supply Code	Item Description	Affected CPT Codes
SK106	device shipping cost	93271, 93229, 93268
SK112	Federal Express cost (average across all zones)	64650, 88363, 64653
SK113	communication, wireless per service	93229
SK107	fee, usage, cyclotron/accelerator, gammaknife, Lincac SRS System	77423, 77422
SK110	fee, image analysis	96102, 96101, 99174
SK111	fee, licensing, computer, psychology	96102, 96101, 96103, 96120
SD140	bag system, 1000ml (for angiographywaste fluids)	93451,93452,93453,93454, 93455,93456,93457,93458, 93459,93460,93461

TABLE 7: Supply Items and Quantities for CPT code 51710

Supply Code	Description of Supply Item	NF Quantity
SA069	tray, suturing	1.0
SB007	drape, sterile barrier 16in x 29in	1.0
SC029	needle, 18-27g	1.0
SC051	syringe 10-12ml	1.0
SD024	catheter, Foley	1.0
SD088	Guidewire	1.0
SF036	suture, nylon, 3-0 to 6-0, c	1.0
SG055	gauze, sterile 4in x 4in	1.0
SG079	tape, surgical paper 1in (Micropore)	6.0
SH075	water, sterile inj	3.0
SJ032	lubricating jelly (K-Y) (5gm uou)	1.0
SJ041	povidone soln (Betadine)	20.0

TABLE 8: Codes with Minor Adjustments to Moderate Sedation Inputs

CPT Code	Descriptor
31629	Bronchoscopy/needle bx each
31645	Bronchoscopy clear airways
31646	Bronchoscopy reclear airway

CPT Code	Descriptor
32405	Percut bx lung/mediastinum
32550	Insert pleural cath
35471	Repair arterial blockage
37183	Remove hepatic shunt (tips)
37210	Embolization uterine fibroid
43453	Dilate esophagus
43458	Dilate esophagus
44394	Colonoscopy w/snare
45340	Sig w/balloon dilation
47000	Needle biopsy of liver
47525	Change bile duct catheter
49411	Ins mark abd/pel for rt perq
50385	Change stent via transureth
50386	Remove stent via transureth
57155	Insert uteri tandem/ovoids
93312	Echo transesophageal
93314	Echo transesophageal
G0341	Percutaneous islet celltrans

TABLE 9: 000-Day Global Codes with Changes to Pre-service CL Time

CPT Code	Short Descriptor	Existing CL Pre-Service Facility Minutes	CL Pre-Service Facility Minutes (AMA RUC Recommendation)
20900	Removal of bone for graft	60	30
20902	Removal of bone for graft	60	30
33224	Insert pacing lead & connect	35	30
33226	Reposition l ventric lead	35	30
36800	Insertion of cannula	60	0
36861	Cannula declotting	37	0
37202	Transcatheter therapy infuse	45	0
50953	Endoscopy of ureter	60	30
50955	Ureter endoscopy & biopsy	60	30
51726	Complex cystometrogram	41	30
51785	Anal/urinary muscle study	34	30
52250	Cystoscopy and radiotracer	37	30

CPT Code	Short Descriptor	Existing CL Pre-Service Facility Minutes	CL Pre-Service Facility Minutes (AMA RUC Recommendation)
52276	Cystoscopy and treatment	32	30
52277	Cystoscopy and treatment	37	30
52282	Cystoscopy implant stent	31	30
52290	Cystoscopy and treatment	31	30
52300	Cystoscopy and treatment	36	30
52301	Cystoscopy and treatment	36	30
52334	Create passage to kidney	31	30
52341	Cysto w/ureter stricture tx	42	30
52342	Cysto w/up stricture tx	42	30
52343	Cysto w/renal stricture tx	42	30
52344	Cysto/uretero stricture tx	55	30
52345	Cysto/uretero w/up stricture	55	30
52346	Cystouretero w/renal strict	55	30
52351	Cystouretero & or pyeloscope	45	30
52352	Cystouretero w/stone remove	50	30
52353	Cystouretero w/lithotripsy	50	30
52354	Cystouretero w/biopsy	50	30
52355	Cystouretero w/excise tumor	50	30
54100	Biopsy of penis	33	30
61000	Remove cranial cavity fluid	60	15
61001	Remove cranial cavity fluid	60	15
61020	Remove brain cavity fluid	60	15
61026	Injection into brain canal	60	15
61050	Remove brain canal fluid	60	15
61055	Injection into brain canal	60	15
61070	Brain canal shunt procedure	60	15
62268	Drain spinal cord cyst	36	30
67346	Biopsy eye muscle	42	30
68100	Biopsy of eyelid lining	32	30
93530	Rt heart cath congenital	35	30
93531	R & l heart cath congenital	35	30
93532	R & l heart cath congenital	35	30
93533	R & l heart cath congenital	35	30

CPT Code	Short Descriptor	Existing CL Pre-Service Facility Minutes	CL Pre-Service Facility Minutes (AMA RUC Recommendation)
93580	Transcath closure of asd	35	30
93581	Transcath closure of vsd	35	30

TABLE 10: Codes with Changes to Ultrasound Equipment for CY 2014

CPT Code	Descriptor	CY 2013 CMS Equipment Code	CY 2013 Equipment Description	CY 2014 Equipment CMS Code	CY 2014 Equipment Description
19105	Cryosurg ablate fa each	EQ250	ultrasound unit, portable	NEW	ultrasound unit, portable, breast procedures
19296	Place po breast cath for rad	EL015	room, ultrasound, general	NEW	ultrasound unit, portable, breast procedures
19298	Place breast rad tube/caths	EL015	room, ultrasound, general	NEW	ultrasound unit, portable, breast procedures
31620	Endobronchial us add-on	n/a		NEW	Bronchofibervideoscope
		n/a		NEW	Endoscopic ultrasound processor
52649	Prostate laser enucleation	EQ255	ultrasound, noninvasive bladder scanner w-cart	EQ250	ultrasound unit, portable
76376	3d render w/o postprocess	EL015	room, ultrasound, general	Remove input	
76775	Us exam abdo back wall lim	EL015	room, ultrasound, general	EQ250	ultrasound unit, portable
76820	Umbilical artery echo	EQ249	ultrasound color doppler, transducers and vaginal probe	EL015	room, ultrasound, general
76825	Echo exam of fetal heart	EQ254	ultrasound, echocardiography w-4 transducers (Sequoia C256)	EL016	room, ultrasound, vascular
		EQ252	ultrasound, echocardiography analyzer software (ProSolv)		
76826	Echo exam of fetal heart	EQ254	ultrasound, echocardiography w-4 transducers (Sequoia C256)	EL016	room, ultrasound, vascular

CPT Code	Descriptor	CY 2013 CMS Equipment Code	CY 2013 Equipment Description	CY 2014 Equipment CMS Code	CY 2014 Equipment Description
		EQ252	ultrasound, echocardiography analyzer software (ProSolv)		
76827	Echo exam of fetal heart	EQ254	ultrasound, echocardiography w-4 transducers (Sequoia C256)	EL016	room, ultrasound, vascular
76828	Echo exam of fetal heart	EQ254	ultrasound, echocardiography w-4 transducers (Sequoia C256)	EL016	room, ultrasound, vascular
76857	Us exam pelvic limited	EL015	room, ultrasound, general	EQ250	ultrasound unit, portable
76870	Us exam scrotum	EL015	room, ultrasound, general	EQ250	ultrasound unit, portable
76872	Us transrectal	EL015	room, ultrasound, general	EQ250	ultrasound unit, portable
76942	Echo guide for biopsy	EL015	room, ultrasound, general	EQ250	ultrasound unit, portable
93303	Echo guide for biopsy	EQ253	ultrasound, echocardiography digital acquisition (Novo Microsonics, TomTec)	EL016	room, ultrasound, vascular
		EQ254	ultrasound, echocardiography w-4 transducers (Sequoia C256)		
		EQ252	ultrasound, echocardiography analyzer software (ProSolv)		
93304	Echo transthoracic	EQ252	ultrasound, echocardiography analyzer software (ProSolv)	EL016	room, ultrasound, vascular
		EQ253	ultrasound, echocardiography digital acquisition (Novo Microsonics, TomTec)		
		EQ254	ultrasound, echocardiography w-4 transducers (Sequoia C256)		

CPT Code	Descriptor	CY 2013 CMS Equipment Code	CY 2013 Equipment Description	CY 2014 Equipment CMS Code	CY 2014 Equipment Description
93306	Tte w/doppler complete	EQ253	ultrasound, echocardiography digital acquisition (Novo Microsonics, TomTec)	EL016	room, ultrasound, vascular
		EQ254	ultrasound, echocardiography w-4 transducers (Sequoia C256)		
		EQ252	ultrasound, echocardiography analyzer software (ProSolv)		
93307	Tte w/o doppler complete	EQ252	ultrasound, echocardiography analyzer software (ProSolv)	EL016	room, ultrasound, vascular
		EQ253	ultrasound, echocardiography digital acquisition (Novo Microsonics, TomTec)		
		EQ254	ultrasound, echocardiography w-4 transducers (Sequoia C256)		
93308	Tte f-up or lmted	EQ252	ultrasound, echocardiography analyzer software (ProSolv)	EL016	room, ultrasound, vascular
		EQ253	ultrasound, echocardiography digital acquisition (Novo Microsonics, TomTec)		
		EQ254	ultrasound, echocardiography w-4 transducers (Sequoia C256)		
93312	Echo transesophageal	EQ253	ultrasound, echocardiography digital acquisition (Novo Microsonics, TomTec)	EL016	room, ultrasound, vascular
		EQ252	ultrasound, echocardiography analyzer software (ProSolv)		
		EQ256	ultrasound, transducer (TEE Omniplane II)		

CPT Code	Descriptor	CY 2013 CMS Equipment Code	CY 2013 Equipment Description	CY 2014 Equipment CMS Code	CY 2014 Equipment Description
		EQ254	ultrasound, echocardiography w-4 transducers (Sequoia C256)		
93314	Echo transesophageal	EQ254	ultrasound, echocardiography w-4 transducers (Sequoia C256)	EL016	room, ultrasound, vascular
		EQ256	ultrasound, transducer (TEE Omniplane II)		
		EQ252	ultrasound, echocardiography analyzer software (ProSolv)		
		EQ253	ultrasound, echocardiography digital acquisition (Novo Microsonics, TomTec)		
93320	Doppler echo exam heart	EQ252	ultrasound, echocardiography analyzer software (ProSolv)	EL016	room, ultrasound, vascular
		EQ253	ultrasound, echocardiography digital acquisition (Novo Microsonics, TomTec)		
		EQ254	ultrasound, echocardiography w-4 transducers (Sequoia C256)		
93321	Doppler echo exam heart	EQ252	ultrasound, echocardiography analyzer software (ProSolv)	EL016	room, ultrasound, vascular
		EQ254	ultrasound, echocardiography w-4 transducers (Sequoia C256)		
93325	Doppler color flow add-on	EQ252	ultrasound, echocardiography analyzer software (ProSolv)	EL016	room, ultrasound, vascular
		EQ253	ultrasound, echocardiography digital acquisition (Novo Microsonics, TomTec)		

CPT Code	Descriptor	CY 2013 CMS Equipment Code	CY 2013 Equipment Description	CY 2014 Equipment CMS Code	CY 2014 Equipment Description
		EQ254	ultrasound, echocardiography w-4 transducers (Sequoia C256)		
93350	Stress tte only	EQ252	ultrasound, echocardiography analyzer software (ProSolv)	EL016	room, ultrasound, vascular
		EQ253	ultrasound, echocardiography digital acquisition (Novo Microsonics, TomTec)		
		EQ254	ultrasound, echocardiography w-4 transducers (Sequoia C256)		
93351	Stress tte complete	EQ254	ultrasound, echocardiography w-4 transducers (Sequoia C256)	EL016	room, ultrasound, vascular
93980	Penile vascular study	EL015	room, ultrasound, general	EQ249	ultrasound color doppler, transducers and vaginal probe
93981	Penile vascular study	EL015	room, ultrasound, general	EQ249	ultrasound color doppler, transducers and vaginal probe

TABLE 11: Codes Proposed as Potentially Misvalued Identified in Consultation with CMDs

CPT Code	Short Descriptor
17311	Mohs 1 stage h/n/hf/g
17313	Mohs 1 stage t/a/l
21800	Treatment of rib fracture
22305	Closed tx spine process fx
27193	Treat pelvic ring fracture
33960	External circulation assist
33961	External circulation assist, each subsequent day
47560	Laparoscopy w/cholangio
47562	Laparoscopic cholecystectomy
47563	Laparo cholecystectomy/graph
55845	Extensive prostate surgery
55866	Laparo radical prostatectomy
64566	Neuroeltrd stim post tibial
76942	Echo guide for biopsy

TABLE 12: Ultrasound Guidance Codes Proposed as Potentially Misvalued

CPT Code	Short Descriptor
76930	Echo guide cardiocentesis
76932	Echo guide for heart biopsy
76936	Echo guide for artery repair
76940	US guide tissue ablation
76948	Echo guide ova aspiration
76950	Echo guidance radiotherapy
76965	Echo guidance radiotherapy

TABLE 13: Potentially Misvalued CPT Codes

CPT Code	Short Descriptor
21800	Treatment of rib fracture
22305	Closed tx spine process fx
27193	Treat pelvic ring fracture
33960	External circulation assist
33961	External circulation assist, each subsequent day
47560	Laparoscopy w/cholangio
47562	Laparoscopic cholecystectomy
47563	Laparo cholecystectomy/graph
55845	Extensive prostate surgery

CPT Code	Short Descriptor
55866	Laparo radical prostatectomy
64566	Neuroeltrd stim post tibial
76930	Echo guide cardiocentesis
76932	Echo guide for heart biopsy
76940	US guide tissue ablation
76942	Echo guide for biopsy
76948	Echo guide ova aspiration
76950	Echo guidance radiotherapy
76965	Echo guidance radiotherapy

TABLE 14: Global Surgical Package Visits and Physician Time Changes

CPT Code	Short Descriptor	Visits Included in Global Package ¹				CY 2013 Physician Time	CY 2014 Physician Time
		99231	99232	99238	99291		
19368	Breast reconstruction	4.00		1.00		712.00	770.00
19369	Breast reconstruction	3.00		1.00		657.00	690.00
20100	Explore wound neck	2.00		1.00		218.00	266.00
20816	Replantation digit complete	5.00		1.00		671.00	697.00
20822	Replantation digit complete	3.00		1.00		587.00	590.00
20824	Replantation thumb complete	5.00		1.00		646.00	690.00
20827	Replantation thumb complete	4.00		1.00		610.00	625.00
20838	Replantation foot complete	8.00		1.00		887.00	986.00
20955	Fibula bone graft microvasc	6.00		1.00	1.00	867.00	957.00
20969	Bone/skin graft microvasc	8.00		1.00		1018.00	1048.00
20970	Bone/skin graft iliac crest	8.00		1.00		958.00	988.00
20973	Bone/skin graft great toe	5.00		1.00		1018.00	988.00
21139	Reduction of forehead	1.00		1.00		400.00	466.00
21151	Reconstruct midface lefort	2.00		1.00	1.00	567.00	686.00
21154	Reconstruct midface lefort	2.50		1.00	1.50	664.00	853.00
21155	Reconstruct midface lefort	2.00		1.00	2.00	754.00	939.00
21175	Reconstruct orbit/forehead		1.00	1.00	2.00	549.00	767.00
21182	Reconstruct cranial bone		1.00	1.00	2.00	619.00	856.00
21188	Reconstruction of midface	1.00		1.00		512.00	572.00
22100	Remove part of neck vertebra	2.00		1.00		397.00	372.00
22101	Remove part thorax vertebra	3.00		1.00		392.00	387.00
22110	Remove part of neck vertebra	6.00		1.00		437.00	479.00

¹ We note that in the CY 2014 proposed rule, this table displayed only whole numbers of visits, although the actual time file and our ratesetting calculations use data to two places beyond the decimal point.

CPT Code	Short Descriptor	Visits Included in Global Package ¹				CY 2013 Physician Time	CY 2014 Physician Time
		99231	99232	99238	99291		
22112	Remove part thorax vertebra	6.50		1.00		507.00	530.00
22114	Remove part lumbar vertebra	6.50		1.00		517.00	530.00
22210	Revision of neck spine	7.00		1.00		585.00	609.00
22212	Revision of thorax spine	7.00		1.00		610.00	640.00
22214	Revision of lumbar spine	7.00		1.00		585.00	624.00
22220	Revision of neck spine	6.50		1.00		565.00	585.00
22222	Revision of thorax spine	7.50		1.00		630.00	651.00
22224	Revision of lumbar spine	7.50		1.00		620.00	666.00
22315	Treat spine fracture	1.00		1.00		257.00	252.00
22325	Treat spine fracture	5.50		1.00		504.00	528.00
22326	Treat neck spine fracture	5.50		1.00		452.00	480.00
22327	Treat thorax spine fracture	9.00		1.00		505.00	604.00
22548	Neck spine fusion	8.00		1.00	1.00	532.00	673.00
22556	Thorax spine fusion	3.00		1.00	1.00	525.00	557.00
22558	Lumbar spine fusion	2.00		1.00	1.00	502.00	525.00
22590	Spine & skull spinal fusion	3.00		1.00		532.00	501.00
22595	Neck spinal fusion	6.00		1.00		492.00	521.00
22600	Neck spine fusion	6.00		1.00		437.00	490.00
22610	Thorax spine fusion	7.50		1.00		468.00	549.00
22630	Lumbar spine fusion	3.00		1.00		501.00	487.00
22800	Fusion of spine	7.00		1.00		517.00	571.00
22802	Fusion of spine	4.00		1.00		552.00	538.00
22804	Fusion of spine	5.00		1.00		630.00	595.00
22808	Fusion of spine	5.00		1.00		553.00	530.00
22810	Fusion of spine	5.00		1.00		613.00	595.00
22812	Fusion of spine	7.50		1.00		666.00	700.00
31582	Revision of larynx	8.00		1.00		489.00	654.00
32650	Thoracoscopy w/pleurodesis	2.00		1.00		322.00	290.00
32656	Thoracoscopy w/pleurectomy	3.00		1.00		419.00	377.00
32658	Thoracoscopy w/sac fb remove	1.00		1.00		362.00	330.00
32659	Thoracoscopy w/sac drainage	2.00		1.00		414.00	357.00
32661	Thoracoscopy w/pericard exc	1.00		1.00		342.00	300.00
32664	Thoracoscopy w/ th nrv exc	1.00		1.00		362.00	330.00
32820	Reconstruct injured chest	3.50		1.00	4.50	631.00	854.00
33236	Remove electrode/thoracotomy	4.00		1.00		258.00	346.00
33237	Remove electrode/thoracotomy	5.00		1.00		378.00	456.00

CPT Code	Short Descriptor	Visits Included in Global Package ¹				CY 2013 Physician Time	CY 2014 Physician Time
		99231	99232	99238	99291		
33238	Remove electrode/thoracotomy	5.00		1.00		379.00	472.00
33243	Remove eltrd/thoracotomy	5.00		1.00		504.00	537.00
33321	Repair major vessel	8.00		1.00		751.00	754.00
33332	Insert major vessel graft	8.00		1.00		601.00	604.00
33401	Valvuloplasty open	8.00		1.00		830.00	661.00
33403	Valvuloplasty w/cp bypass	8.00		1.00		890.00	638.00
33417	Repair of aortic valve	2.50		1.00	2.50	740.00	750.00
33472	Revision of pulmonary valve	0.50		1.00	4.50	665.00	780.00
33502	Coronary artery correction	2.50		1.00	2.50	710.00	688.00
33503	Coronary artery graft	5.50		1.00	2.50	890.00	838.00
33504	Coronary artery graft	4.50		1.00	2.50	740.00	789.00
33600	Closure of valve	6.00		1.00		800.00	628.00
33602	Closure of valve	6.00		1.00		770.00	628.00
33606	Anastomosis/artery-aorta	8.00		1.00		860.00	728.00
33608	Repair anomaly w/conduit	5.00		1.00		800.00	668.00
33690	Reinforce pulmonary artery	2.50		1.00	2.50	620.00	636.00
33702	Repair of heart defects	0.50		1.00	3.50	663.00	751.00
33722	Repair of heart defect	5.00		1.00		770.00	608.00
33732	Repair heart-vein defect	5.00		1.00		710.00	578.00
33735	Revision of heart chamber	2.50		1.00	3.50	740.00	770.00
33736	Revision of heart chamber	5.00		1.00		710.00	548.00
33750	Major vessel shunt	2.00		1.00	3.00	680.00	722.00
33764	Major vessel shunt & graft	1.50		1.00	3.50	710.00	750.00
33767	Major vessel shunt	5.00		1.00		800.00	608.00
33774	Repair great vessels defect	0.50		1.00	6.50	845.00	998.00
33788	Revision of pulmonary artery	2.50		1.00	2.50	770.00	736.00
33802	Repair vessel defect	2.50		1.00	1.50	558.00	556.00
33803	Repair vessel defect	2.50		1.00	1.50	618.00	586.00
33820	Revise major vessel	1.00		1.00	1.00	430.00	414.00
33824	Revise major vessel	0.50		1.00	2.50	588.00	615.00
33840	Remove aorta constriction	1.50		1.00	2.50	588.00	639.00
33845	Remove aorta constriction	1.00		1.00	3.00	710.00	726.00
33851	Remove aorta constriction	2.00		1.00	3.00	603.00	700.00
33852	Repair septal defect	2.00		1.00	3.00	663.00	719.00
33853	Repair septal defect	8.00		1.00		800.00	668.00
33917	Repair pulmonary artery	5.00		1.00		740.00	608.00
33920	Repair pulmonary atresia	6.00		1.00		800.00	658.00
33922	Transect pulmonary artery	5.00		1.00		618.00	546.00

CPT Code	Short Descriptor	Visits Included in Global Package ¹				CY 2013 Physician Time	CY 2014 Physician Time
		99231	99232	99238	99291		
33974	Remove intra-aortic balloon	1.00		1.00		406.00	314.00
34502	Reconstruct vena cava	6.00		1.00		793.00	741.00
35091	Repair defect of artery	11.00		1.00	2.00	597.00	790.00
35694	Arterial transposition	2.00		1.00		468.00	456.00
35901	Excision graft neck	4.00		1.00		484.00	482.00
35903	Excision graft extremity	3.00		1.00		408.00	416.00
47135	Transplantation of liver	23.00		1.00		1501.00	1345.00
47136	Transplantation of liver	28.00		1.00		1301.00	1329.00
49422	Remove tunneled ip cath	1.00		1.00		154.00	182.00
49429	Removal of shunt	6.00		1.00		249.00	317.00
50320	Remove kidney living donor	4.00		1.00		480.00	524.00
50845	Appendico-vesicostomy	5.00		1.00		685.00	613.00
56632	Extensive vulva surgery	7.00		1.00		835.00	683.00
60520	Removal of thymus gland	2.00		1.00	2.00	406.00	474.00
60521	Removal of thymus gland	5.00		1.00		457.00	445.00
60522	Removal of thymus gland	7.00		1.00		525.00	533.00
61557	Incise skull/sutures	3.00		1.00		529.00	510.00
63700	Repair of spinal herniation	3.00		1.00		399.00	401.00
63702	Repair of spinal herniation	3.00		1.00		469.00	463.00
63704	Repair of spinal herniation	8.00		1.00		534.00	609.00
63706	Repair of spinal herniation	8.00		1.00		602.00	679.00

TABLE 15: Revised 2006 MEI Cost Categories and, Weights

Revised MEI (2006=100), CY2014	
Revised Cost Category	Revised Weights
Physician Compensation	50.866%
Wages and Salaries	43.641%
Benefits	7.225%
Practice Expense	49.134%
Non-physician compensation	16.553%
Non-physician wages	11.885%
Non-health, non-physician wages	7.249%
Professional and Related	0.800%
Management	1.529%
Clerical	4.720%
Services	0.200%
Health related, non-physician wages	4.636%
Non-physician benefits	4.668%
Other Practice Expense	32.581%
Utilities	1.266%
Miscellaneous Office Expenses	2.478%
Chemicals	0.723%
Paper	0.656%
Rubber & Plastics	0.598%
All other products	0.500%
Telephone	1.501%
Postage	0.898%
All Other professional services	8.095%
Professional, scientific, & technical services	2.592%
Administrative support & waste management	3.052%
All other services	2.451%
Capital	10.310%
Fixed Capital	8.957%
Moveable Capital	1.353%
Professional Liability Insurance	4.295%
Medical Equipment	1.978%
Medical supplies	1.760%
Total MEI	100.000%

* The term (2006=100) refers to the base year of the MEI.

TABLE 16: Percent Distribution of Non-physician Payroll Expense by Occupational Group: Revised 2006-Based MEI.

Revised MEI (2006=100),	
Revised Weight	Revised Cost Category
16.553%	Non-physician compensation
11.885%	Non-physician wages
7.249%	Non-health, non-phys. wages
0.800%	Professional and Related
1.529%	Management
4.720%	Clerical
0.200%	Services
4.636%	Health related, non-phys. wages
4.668%	Non-physician benefits

TABLE 17: Revised Cost Categories for Other Practice Expense

Revised Cost Category	Revised Weight
Other Practice Expense	32.581%
Utilities	1.266%
Miscellaneous Office Expenses	2.478%
Chemicals	0.723%
Paper	0.656%
Rubber & Plastics	0.598%
All other products	0.500%
Telephone	1.501%
Postage	0.898%
All Other professional services	8.095%
Professional, Scientific, and Tech. Services	2.592%
Administrative support & waste mgmt	3.052%
All Other Services	2.451%
Capital	10.310%
Fixed	8.957%
Moveable	1.353%
Professional Liability Insurance	4.295%
Medical Equipment	1.978%
Medical supplies	1.760%

TABLE 18: CMS Composite Price Index for Non-physician Employee Benefits in the Revised 2006-Based MEI

ECI Series	2006 Weight (%)
Benefits for Professional and Related Occupation (Private Industry)	7
Benefits for Management, Business, and Financial (Private Industry)	12
Benefits for Office and Administrative Support (Private Industry)	40
Benefits for Service Occupations (Private Industry)	2
Benefits for Hospital Workers (Private Industry)	39

TABLE 19: Revised 2006-Based MEI Cost Categories, Weights, and Price Proxies

Cost Category	2006 Weight	Price Proxy
Total MEI	100.000%	
Physician Compensation	50.866%	
Wages and Salaries	43.641%	ECI - Wages and salaries - Professional and Related (Private)
Benefits	7.225%	ECI - Benefits - Professional and Related (Private)
Practice Expense	49.134%	
Non-physician Compensation	16.553%	
Non-physician Wages	11.885%	
Non-health, non-physician wages	7.249%	
Professional and Related	0.800%	ECI - Wages And Salaries - Professional and Related (Private)
Management	1.529%	ECI - Wages And Salaries - Management, Business, and Financial (Private)
Clerical	4.720%	ECI - Wages And Salaries - Office and Admin. Support (Private)
Services	0.200%	ECI - Wages And Salaries - Service Occupations (Private)
Health related, non-phys. Wages	4.636%	ECI - Wages and Salaries - Hospital (Private)
Non-physician Benefits	4.668%	Composite Benefit Index

Cost Category	2006 Weight	Price Proxy
Other Practice Expense	32.581%	
Miscellaneous Office Expenses	2.478%	
Chemicals	0.723%	PPI - Other Basic Organic Chemical Manufacturing
Paper	0.656%	PPI - Converted Paper and Paperboard
Rubber and Plastics	0.598%	PPI - Rubber and Plastic Products
All other products	0.500%	CPI - All Items Less Food And Energy
Telephone	1.501%	CPI - Telephone
Postage	0.898%	CPI - Postage
All Other Professional Services	8.095%	
Prof., Scientific, and Tech. Svcs.	2.592%	ECI - Compensation - Prof., Scientific, and Technical (Private)
Admin. and Support Services	3.052%	ECI - Compensation - Admin., Support, Waste Management (Private)
All Other Services	2.451%	ECI - Compensation - Service Occupations (Private)
Capital		
Fixed Capital	8.957%	PPI - Lessors of Nonresidential Buildings
Moveable Capital	1.353%	PPI - Machinery and Equipment
Professional Liability Insurance	4.295%	CMS - Professional Liability Phys. Prem. Survey
Medical Equipment	1.978%	PPI - Medical Instruments and Equipment
Medical Supplies	1.760%	Composite - PPI Surgical Appliances & CPI-U Medical Supplies

TABLE 20: Annual Percent Change in the Revised 2006-Based MEI, not including productivity adjustment and the Current 2006-Based MEI, not including productivity adjustment*

Update Year	Revised 2006-based MEI excl. MFP	Current 2006-based MEI, excl. MFP
CY 2005	3.8	3.1
CY 2006	4.0	3.3
CY 2007	3.2	3.2
CY 2008	3.2	3.4
CY 2009	2.9	3.1
CY 2010	2.4	2.8
CY 2011	0.9	1.6

CY 2012	1.7	1.8
CY 2013	1.7	1.8
Avg. Change for CYs 2005-2013	2.6	2.7

* Update year based on historical data through the second quarter of the prior calendar year. For example, the 2014 update is based on historical data through the second quarter 2013, prior to the MFP adjustment

TABLE 21: Annual Percent Change in the CY 2014 Revised 2006-Based MEI and the Current 2006-Based MEI*

Update Year	Final Revised 2006-based MEI	Current 2006-based MEI
CY 2014	0.8	0.8

*Based on historical data through the 2nd quarter 2013.

TABLE 22: Annual Percent Change in the Revised MEI for CY 2014 (All Categories)¹

Revised Cost Category	Revised Price Proxy	2006 Final Revised Cost Weight ²	CY14 Update (percent) ⁵
MEI		100.000%	0.8
MFP	10-yr moving average of Private Nonfarm Business Multifactor Productivity	N/A	0.9
MEI without productivity adjustment		100.000%	1.7
Physician Compensation ³		50.866%	1.9
Wages and Salaries	ECI - Wages and salaries - Professional and Related (private)	43.641%	1.9
Benefits	ECI - Benefits - Professional and Related (private)	7.225%	2.2
Practice Expense		49.134%	1.4
Non-physician compensation		16.553%	1.7
Non-physician wages		11.885%	1.7
Non-health, non-physician wages		7.249%	1.8
Professional & Related	ECI - Wages And Salaries - Professional and Related (Private)	0.800%	1.9
Management	ECI - Wages And Salaries - Management, Business, and Financial (Private)	1.529%	1.8

Revised Cost Category	Revised Price Proxy	2006 Final Revised Cost Weight²	CY14 Update (percent)⁵
Clerical	ECI - Wages And Salaries - Office and Administrative Support (Private)	4.720%	1.8
Services	ECI - Wages And Salaries - Service Occupations (Private)	0.200%	1.5
Health related, non-physician wages	ECI - Wages and Salaries -Hospital (civilian)	4.636%	1.4
Non-physician benefits	Composite Benefit Index	4.668%	1.9
Other Practice Expense		32.581%	1.2
Utilities	CPI Fuels and Utilities	1.266%	0.7
Miscellaneous Office Expenses		2.478%	0.3
Chemicals	Other Basic Organic Chemical Manufacturing PPI325190	0.723%	-1.2
Paper	PPI for converted paper	0.656%	1.1
Rubber & Plastics	PPI for rubber and plastics	0.598%	0.5
All other products	CPI - All Items Less Food And Energy	0.500%	1.9
Telephone	CPI for Telephone	1.501%	0.0
Postage	CPI for Postage	0.898%	4.9
All Other Professional Services		8.095%	1.8
Professional, Scientific, and Tech. Services	ECI - Compensation: Prof. scientific, tech.	2.592%	1.7
Administrative and support & waste	ECI - Compensation Administrative	3.052%	1.9
All Other Services	ECI Compensation: Services Occupations	2.451%	1.6
Capital		10.310%	0.7
Fixed	PPI for Lessors of nonresidential buildings	8.957%	0.7
Moveable	PPI for Machinery and Equipment	1.353%	0.7
Professional Liability Insurance ⁴	CMS - Prof. Liability. Phys. Prem. Survey	4.295%	1.5
Medical Equipment	PPI - Med. Inst. & Equip.	1.978%	1.2
Medical supplies	Composite - PPI Surg. Appl. & CPIU Med. Supplies. (CY2006)	1.760%	1.0

1 The estimates are based upon the latest available Bureau of Labor Statistics data on the 10-year moving average of BLS private nonfarm business multifactor productivity published on July 19, 2013 <http://www.bls.gov/news.release/prod3.nr0.htm>

2 The weights shown for the MEI components are the 2006 base-year weights, which may not sum to subtotals or totals because of rounding. The MEI is a fixed-weight, Laspeyres input price index whose category weights indicate the distribution of expenditures among the inputs to physicians' services for CY 2006. To determine the MEI level for a given year, the price proxy level for each component is multiplied by its 2006 weight. The sum of these products (weights multiplied by the price index levels) yields the composite MEI level for a given year. The annual percent change in the MEI levels is an estimate of price change over time for a fixed market basket of inputs to physicians' services.

3 The measures of Productivity, Average Hourly Earnings, Employment Cost Indexes, as well as the various Producer and Consumer Price Indexes can be found on the Bureau of Labor Statistics (BLS) Web site at <http://stats.bls.gov>.

4 Derived from a CMS survey of several major commercial insurers.

5. Based on historical data through the 2nd quarter 2013.

N/A Productivity is factored into the MEI as a subtraction from the total index growth rate; therefore, no explicit weight exists for productivity in the MEI.

Table 23: Codes Reviewed by the 2013 Multi-Specialty Refinement Panel

HCPCS Code	Short Descriptor	CY 2013 Interim Final Work RVU	AMA RUC/HCPAC Recommended Work RVU	Refinement Panel Median Rating	CY 2014 Work RVU
35475	Angioplasty, arterial	5.75	6.60	6.60	6.60
35476	Angioplasty, venous	4.71	5.10	5.10	5.10
93655	Arrhythmia ablation add-on	7.50	9.00	9.00	7.50
93657	Afibablation add-on	7.50	10.00	10.00	7.50
95886	EMG extremity add-on	0.70	0.92	0.92	0.86
95887	EMG non-extremity add-on	0.47	0.73	0.73	0.71
95908	Nerve conduction studies; 3-4 studies	1.25	1.37	1.37	1.25
95909	Nerve conduction studies; 5-6 studies	1.50	1.77	1.77	1.50
95910	Nerve conduction studies; 7-8 studies	2.00	2.80	2.80	2.00
95911	Nerve conduction studies; 9-10 studies	2.50	3.34	3.34	2.50
92912	Nerve conduction studies; 11-12 studies	3.00	4.00	4.00	3.00
95913	Nerve conduction studies; 13 or more studies	3.56	4.20	4.20	3.56

TABLE 24: Codes with CY 2013 Interim Final Work Values

HCPCS Code	Long Descriptor	CY 2013 Work RVU	CY 2014 Work RVU	CY 2014 Action
10120	Incision and removal of foreign body, subcutaneous tissues; simple	1.22	1.22	Finalize
11055	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion	0.35	0.35	Finalize
11056	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions	0.50	0.50	Finalize
11057	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than 4 lesions	0.65	0.65	Finalize

HCPCS Code	Long Descriptor	CY 2013 Work RVU	CY 2014 Work RVU	CY 2014 Action
11300	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less	0.60	0.60	Finalize
11301	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm	0.90	0.90	Finalize
11302	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm	1.05	1.05	Finalize
11303	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm	1.25	1.25	Finalize
11305	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less	0.80	0.80	Finalize
11306	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm	0.96	0.96	Finalize
11307	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm	1.20	1.20	Finalize
11308	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm	1.46	1.46	Finalize
11310	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less	0.80	0.80	Finalize
11311	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm	1.10	1.10	Finalize
11312	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm	1.30	1.30	Finalize
11313	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm	1.68	1.68	Finalize
11719	Trimming of nondystrophic nails, any number	0.17	0.17	Finalize
12035	Repair, intermediate, wounds of scalp, axillae, trunk and/ or extremities (excluding hands and feet); 12.6 cm to 20.0 cm	3.50	3.50	Finalize
12036	Repair, intermediate, wounds of scalp, axillae, trunk and/ or extremities (excluding hands and feet); 20.1 cm to 30.0 cm	4.23	4.23	Finalize
12037	Repair, intermediate, wounds of scalp, axillae, trunk and/ or extremities (excluding hands and feet); over 30.0 cm	5.00	5.00	Finalize

HCPCS Code	Long Descriptor	CY 2013 Work RVU	CY 2014 Work RVU	CY 2014 Action
12045	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm	3.75	3.75	Finalize
12046	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm	4.30	4.30	Finalize
12047	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; over 30.0 cm	4.95	4.95	Finalize
12055	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	4.50	4.50	Finalize
12056	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	5.30	5.30	Finalize
12057	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	6.00	6.00	Finalize
13100	Repair, complex, trunk; 1.1 cm to 2.5 cm	3.00	3.00	Finalize
13101	Repair, complex, trunk; 2.6 cm to 7.5 cm	3.50	3.50	Finalize
13102	Repair, complex, trunk; each additional 5 cm or less (list separately in addition to code for primary procedure)	1.24	1.24	Finalize
13120	Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm	3.23	3.23	Finalize
13121	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm	4.00	4.00	Finalize
13122	Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (list separately in addition to code for primary procedure)	1.44	1.44	Finalize
13131	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm	3.73	3.73	Finalize
13132	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm	4.78	4.78	Finalize
13133	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (list separately in addition to code for primary procedure)	2.19	2.19	Finalize
13150	Repair, complex, eyelids, nose, ears and/or lips; 1.0 cm or less	3.58	D	D
13151	Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm	4.34	4.34	Finalize
13152	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm	4.90	5.34	Finalize

HCPCS Code	Long Descriptor	CY 2013 Work RVU	CY 2014 Work RVU	CY 2014 Action
13153	Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (list separately in addition to code for primary procedure)	2.38	2.38	Finalize
20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (list separately in addition to code for primary procedure)	2.50	2.50	Finalize
22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, l5-s1 interspace	28.12	28.12	Finalize
23350	Injection procedure for shoulder arthrography or enhanced ct/mri shoulder arthrography	1.00	1.00	Finalize
23331	Removal of foreign body, shoulder; deep (eg, neer hemiarthroplasty removal)	7.63	D	D
23332	Removal of foreign body, shoulder; complicated (eg, total shoulder)	12.37	D	D
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	22.13	22.13	Finalize
23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component	25.00	25.00	Finalize
23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component	27.21	27.21	Finalize
23600	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation	3.00	3.00	Interim Final
24160	Implant removal; elbow joint	8.00	18.63	Interim Final
24363	Arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic replacement (eg, total elbow)	22.00	22.00	Finalize
24370	Revision of total elbow arthroplasty, including allograft when performed; humeral or ulnar component	23.55	23.55	Finalize
24371	Revision of total elbow arthroplasty, including allograft when performed; humeral and ulnar component	27.50	27.50	Finalize
28470	Closed treatment of metatarsal fracture; without manipulation, each	2.03	2.03	Interim Final
29075	Application, cast; elbow to finger (short arm)	0.77	0.77	Interim Final

HCPCS Code	Long Descriptor	CY 2013 Work RVU	CY 2014 Work RVU	CY 2014 Action
29581	Application of multi-layer compression system; leg (below knee), including ankle and foot	0.25	0.25	Interim Final
29582	Application of multi-layer compression system; thigh and leg, including ankle and foot, when performed	0.35	0.35	Interim Final
29583	Application of multi-layer compression system; upper arm and forearm	0.25	0.25	Interim Final
29584	Application of multi-layer compression system; upper arm, forearm, hand, and fingers	0.35	0.35	Interim Final
29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (mumford procedure)	8.98	8.98	Interim Final
29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (list separately in addition to code for primary procedure)	3.00	3.00	Interim Final
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	15.59	15.59	Finalize
29828	Arthroscopy, shoulder, surgical; biceps tenodesis	13.16	13.16	Finalize
31231	Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)	1.10	1.10	Finalize
31647	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe	4.40	4.40	Finalize
31648	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), initial lobe	4.20	4.20	Finalize
31649	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), each additional lobe (list separately in addition to code for primary procedure)	1.44	1.44	Finalize
31651	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe (list separately in addition to code for primary procedure[s])	1.58	1.58	Finalize

HCPCS Code	Long Descriptor	CY 2013 Work RVU	CY 2014 Work RVU	CY 2014 Action
31660	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe	4.25	4.25	Finalize
31661	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes	4.50	4.50	Finalize
32440	Removal of lung, pneumonectomy;	27.28	27.28	Finalize
32480	Removal of lung, other than pneumonectomy; single lobe (lobectomy)	25.82	25.82	Finalize
32482	Removal of lung, other than pneumonectomy; 2 lobes (bilobectomy)	27.44	27.44	Finalize
32491	Removal of lung, other than pneumonectomy; with resection-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, includes any pleural procedure, when performed	25.24	25.24	Finalize
32551	Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)	3.29	3.29	Finalize
32554	Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance	1.82	1.82	Finalize
32555	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance	2.27	2.27	Finalize
32556	Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance	2.50	2.50	Finalize
32557	Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance	3.12	3.12	Finalize
32663	Thoracoscopy, surgical; with lobectomy (single lobe)	24.64	24.64	Finalize
32668	Thoracoscopy, surgical; with diagnostic wedge resection followed by anatomic lung resection (list separately in addition to code for primary procedure)	3.00	3.00	Finalize
32669	Thoracoscopy, surgical; with removal of a single lung segment (segmentectomy)	23.53	23.53	Finalize
32670	Thoracoscopy, surgical; with removal of two lobes (bilobectomy)	28.52	28.52	Finalize
32671	Thoracoscopy, surgical; with removal of lung (pneumonectomy)	31.92	31.92	Finalize

HCPCS Code	Long Descriptor	CY 2013 Work RVU	CY 2014 Work RVU	CY 2014 Action
32672	Thoracoscopy, surgical; with resection-plication for emphysematous lung (bullous or non-bullous) for lung volume reduction (lvrs), unilateral includes any pleural procedure, when performed	27.00	27.00	Finalize
32673	Thoracoscopy, surgical; with resection of thymus, unilateral or bilateral	21.13	21.13	Finalize
32701	Thoracic target(s) delineation for stereotactic body radiation therapy (srs/sbrt), (photon or particle beam), entire course of treatment	4.18	4.18	Finalize
33361	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; percutaneous femoral artery approach	25.13	25.13	Finalize
33362	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; open femoral artery approach	27.52	27.52	Finalize
33363	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; open axillary artery approach	28.50	28.50	Finalize
33364	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; open iliac artery approach	30.00	30.00	Finalize
33365	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)	33.12	33.12	Finalize
33367	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral vessels) (list separately in addition to code for primary procedure)	11.88	11.88	Finalize
33368	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, femoral, iliac, axillary vessels) (list separately in addition to code for primary procedure)	14.39	14.39	Finalize
33369	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right atrium, pulmonary artery) (list separately in addition to code for primary procedure)	19.00	19.00	Finalize

HCPCS Code	Long Descriptor	CY 2013 Work RVU	CY 2014 Work RVU	CY 2014 Action
33405	Replacement, aortic valve, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve	41.32	41.32	Finalize
33430	Replacement, mitral valve, with cardiopulmonary bypass	50.93	50.93	Finalize
33533	Coronary artery bypass, using arterial graft(s); single arterial graft	33.75	33.75	Finalize
33990	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; arterial access only	8.15	8.15	Finalize
33991	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; both arterial and venous access, with transseptal puncture	11.88	11.88	Finalize
33992	Removal of percutaneous ventricular assist device at separate and distinct session from insertion	4.00	4.00	Finalize
33993	Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion	3.51	3.51	Finalize
35475	Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel	5.75	6.60	Finalize
35476	Transluminal balloon angioplasty, percutaneous; venous	4.71	5.10	Finalize
36221	Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	4.17	4.17	Finalize
36222	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	5.53	5.53	Finalize
36223	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed	6.00	6.00	Finalize

HCPCS Code	Long Descriptor	CY 2013 Work RVU	CY 2014 Work RVU	CY 2014 Action
36224	Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed	6.50	6.50	Finalize
36225	Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	6.00	6.00	Finalize
36226	Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	6.50	6.50	Finalize
36227	Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (list separately in addition to code for primary procedure)	2.09	2.09	Finalize
36228	Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological supervision and interpretation (eg, middle cerebral artery, posterior inferior cerebellar artery) (list separately in addition to code for primary procedure)	4.25	4.25	Finalize
37197	Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), includes radiological supervision and interpretation, and imaging guidance (ultrasound or fluoroscopy), when performed	6.29	6.29	Finalize
37211	Transcatheter therapy, arterial infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, initial treatment day	8.00	8.00	Finalize
37212	Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day	7.06	7.06	Finalize

HCPCS Code	Long Descriptor	CY 2013 Work RVU	CY 2014 Work RVU	CY 2014 Action
37213	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed;	5.00	5.00	Finalize
37214	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed;	2.74	2.74	Finalize
38240	Hematopoietic progenitor cell (hpc); allogeneic transplantation per donor	3.00	4.00	Finalize
38241	Hematopoietic progenitor cell (hpc); autologous transplantation	3.00	3.00	Finalize
38242	Allogeneic lymphocyte infusions	2.11	2.11	Finalize
38243	Hematopoietic progenitor cell (hpc); hpc boost	2.13	2.13	Finalize
40490	Biopsy of lip	1.22	1.22	Finalize
43206	Esophagoscopy, rigid or flexible; with optical endomicroscopy	C	2.39	Interim Final
43252	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with optical endomicroscopy	C	3.06	Interim Final
44705	Preparation of fecal microbiota for instillation, including assessment of donor specimen	I	I	Finalize
45330	Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	0.96	0.96	Finalize
47562	Laparoscopy, surgical; cholecystectomy	10.47	10.47	Finalize
47563	Laparoscopy, surgical; cholecystectomy with cholangiography	11.47	11.47	Finalize
47600	Cholecystectomy;	17.48	17.48	Finalize
47605	Cholecystectomy; with cholangiography	18.48	18.48	Finalize
49505	Repair initial inguinal hernia, age 5 years or older; reducible	7.96	7.96	Finalize
50590	Lithotripsy, extracorporeal shock wave	9.77	9.77	Finalize

HCPCS Code	Long Descriptor	CY 2013 Work RVU	CY 2014 Work RVU	CY 2014 Action
52214	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands	3.50	3.50	Finalize
52224	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of minor (less than 0.5 cm) lesion(s) with or without biopsy	4.05	4.05	Finalize
52234	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; small bladder tumor(s) (0.5 up to 2.0 cm)	4.62	4.62	Finalize
52235	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; medium bladder tumor(s) (2.0 to 5.0 cm)	5.44	5.44	Finalize
52240	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; large bladder tumor(s)	7.50	7.50	Finalize
52287	Cystourethroscopy, with injection(s) for chemodenervation of the bladder	3.20	3.20	Finalize
52351	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic	5.75	5.75	Finalize
52352	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)	6.75	6.75	Finalize
52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)	7.50	7.50	Finalize
52354	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion	8.00	8.00	Finalize
52355	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor	9.00	9.00	Finalize
53850	Transurethral destruction of prostate tissue; by microwave thermotherapy	10.08	10.08	Finalize
60520	Thymectomy, partial or total; transcervical approach (separate procedure)	17.16	17.16	Finalize
60521	Thymectomy, partial or total; sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure)	19.18	19.18	Finalize

HCPCS Code	Long Descriptor	CY 2013 Work RVU	CY 2014 Work RVU	CY 2014 Action
60522	Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure)	23.48	23.48	Finalize
64450	Injection, anesthetic agent; other peripheral nerve or branch	0.75	0.75	Finalize
64612	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve, unilateral (eg, for blepharospasm, hemifacial spasm)	1.41	1.41	Finalize
64613	Chemodenervation of muscle(s); neck muscle(s) (eg, for spasmodic torticollis, spasmodic dysphonia)	2.01	D	D
64614	Chemodenervation of muscle(s); extremity and/or trunk muscle(s) (eg, for dystonia, cerebral palsy, multiple sclerosis)	2.20	D	D
64615	Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)	1.85	1.85	Finalize
64640	Destruction by neurolytic agent; other peripheral nerve or branch	1.23	1.23	Finalize
65222	Removal of foreign body, external eye; corneal, with slit lamp	0.84	0.84	Finalize
65800	Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous	1.53	1.53	Finalize
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage	11.08	11.08	Finalize
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)	8.52	8.52	Finalize
67028	Intravitreal injection of a pharmacologic agent (separate procedure)	1.44	1.44	Finalize
67810	Incisional biopsy of eyelid skin including lid margin	1.18	1.18	Finalize
68200	Subconjunctival injection	0.49	0.49	Finalize

HCPCS Code	Long Descriptor	CY 2013 Work RVU	CY 2014 Work RVU	CY 2014 Action
69200	Removal foreign body from external auditory canal; without general anesthesia	0.77	0.77	Finalize
69433	Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia	1.57	1.57	Finalize
72040	Radiologic examination, spine, cervical; 3 views or less	0.22	0.22	Finalize
72050	Radiologic examination, spine, cervical; 4 or 5 views	0.31	0.31	Finalize
72052	Radiologic examination, spine, cervical; 6 or more views	0.36	0.36	Finalize
72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1.81	1.81	Interim Final
73221	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	1.35	1.35	Finalize
73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	1.35	1.35	Finalize
74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	1.40	1.40	Finalize
74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	2.20	2.20	Finalize
74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1.90	1.90	Finalize
74247	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed films, with kub	0.69	0.69	Finalize
74280	Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon	0.99	0.99	Finalize
74400	Urography (pyelography), intravenous, with or without kub, with or without tomography	0.49	0.49	Finalize
75896-26	Transcatheter therapy, infusion, other than for thrombolysis, radiological supervision and interpretation	1.31	1.31	Interim Final
75896-TC	Transcatheter therapy, infusion, other than for thrombolysis, radiological supervision and interpretation	C	C	Interim Final

HCPCS Code	Long Descriptor	CY 2013 Work RVU	CY 2014 Work RVU	CY 2014 Action
75898-26	Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis	1.65	1.65	Interim Final
75898-TC	Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis	C	C	Interim Final
76830	Ultrasound, transvaginal	0.69	0.69	Finalize
76872	Ultrasound, transrectal;	0.69	0.69	Finalize
77001	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (list separately in addition to code for primary procedure)	0.38	0.38	Interim Final
77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)	0.54	0.54	Interim Final
77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural or subarachnoid)	0.60	0.60	Interim Final
77080	Dual-energy x-ray absorptiometry (dxa), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	0.20	0.20	Finalize
77082	Dual-energy x-ray absorptiometry (dxa), bone density study, 1 or more sites; vertebral fracture assessment	0.17	0.17	Finalize
77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	7.99	7.99	Finalize
78012	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	0.19	0.19	Finalize
78013	Thyroid imaging (including vascular flow, when performed);	0.37	0.37	Finalize
78014	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	0.50	0.50	Finalize

HCPCS Code	Long Descriptor	CY 2013 Work RVU	CY 2014 Work RVU	CY 2014 Action
78070	Parathyroid planar imaging (including subtraction, when performed);	0.80	0.80	Finalize
78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (spect)	1.20	1.20	Finalize
78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (spect), and concurrently acquired computed tomography (ct) for anatomical localization	1.60	1.60	Finalize
78278	Acute gastrointestinal blood loss imaging	0.99	0.99	Finalize
78472	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	0.98	0.98	Finalize
86153	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood); physician interpretation and report, when required	0.69	0.69	Finalize
88120	Cytopathology, in situ hybridization (eg, fish), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual	1.20	1.20	Interim Final
88121	Cytopathology, in situ hybridization (eg, fish), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology	1.00	1.00	Interim Final
88312	Special stain including interpretation and report; group i for microorganisms (eg, acid fast, methenamine silver)	0.54	0.54	Finalize
88365	In situ hybridization (eg, fish), each probe	1.20	1.20	Interim Final
88367	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative) each probe; using computer-assisted technology	1.30	1.30	Interim Final
88368	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative) each probe; manual	1.40	1.40	Interim Final
88375	Optical endomicroscopic image(s), interpretation and report, real-time or referred, each endoscopic session	C	I	Interim Final
90785	Interactive complexity (list separately in addition to the code for primary procedure)	0.11	0.33	Interim Final
90791	Psychiatric diagnostic evaluation	2.80	3.00	Interim Final

HCPCS Code	Long Descriptor	CY 2013 Work RVU	CY 2014 Work RVU	CY 2014 Action
90792	Psychiatric diagnostic evaluation with medical services	2.96	3.25	Interim Final
90832	Psychotherapy, 30 minutes with patient and/or family member	1.25	1.50	Interim Final
90833	Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service (list separately in addition to the code for primary procedure)	0.98	1.50	Interim Final
90834	Psychotherapy, 45 minutes with patient and/or family member	1.89	2.00	Interim Final
90836	Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service (list separately in addition to the code for primary procedure)	1.60	1.90	Interim Final
90837	Psychotherapy, 60 minutes with patient and/or family member	2.83	3.00	Interim Final
90838	Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service (list separately in addition to the code for primary procedure)	2.56	2.50	Interim Final
90839	Psychotherapy for crisis; first 60 minutes	C	3.13	Interim Final
90840	Psychotherapy for crisis; each additional 30 minutes (list separately in addition to code for primary service)	C	1.50	Interim Final
90845	Psychoanalysis	1.79	2.10	Interim Final
90846	Family psychotherapy (without the patient present)	1.83	2.40	Interim Final
90847	Family psychotherapy (conjoint psychotherapy) (with patient present)	2.21	2.50	Interim Final
90853	Group psychotherapy (other than of a multiple-family group)	0.59	0.59	Interim Final
90863	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (list separately in addition to the code for primary procedure)	I	I	Interim Final
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	2.10	2.10	Finalize

HCPCS Code	Long Descriptor	CY 2013 Work RVU	CY 2014 Work RVU	CY 2014 Action
92083	Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, goldmann visual fields with at least 3 isopters plotted and static determination within the central 30°; or quantitative, automated threshold perimetry, octopus program g-1, 32 or 42, humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)	0.50	0.50	Finalize
92100	Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure)	0.61	0.61	Finalize
92235	Fluorescein angiography (includes multiframe imaging) with interpretation and report	0.81	0.81	Finalize
92286	Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis	0.40	0.40	Finalize
92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	10.10	10.10	Finalize
92921	Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	B	B	Finalize
92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch	11.99	11.99	Finalize
92925	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	B	B	Finalize
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	11.21	11.21	Finalize
92929	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	B	B	Finalize

HCPCS Code	Long Descriptor	CY 2013 Work RVU	CY 2014 Work RVU	CY 2014 Action
92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	12.54	12.54	Finalize
92934	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	B	B	Finalize
92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	11.20	11.20	Finalize
92938	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (list separately in addition to code for primary procedure)	B	B	Finalize
92941	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel	12.56	12.56	Finalize
92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel	12.56	12.56	Finalize
92944	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (list separately in addition to code for primary procedure)	B	B	Finalize

HCPCS Code	Long Descriptor	CY 2013 Work RVU	CY 2014 Work RVU	CY 2014 Action
93015	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report	0.75	0.75	Finalize
93016	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; supervision only, without interpretation and report	0.45	0.45	Finalize
93018	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only	0.30	0.30	Finalize
93308	Echocardiography, transthoracic, real-time with image documentation (2d), includes m-mode recording, when performed, follow-up or limited study	0.53	0.53	Finalize
93653	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording, his recording with intracardiac catheter ablation of arrhythmogenic focus; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry	15.00	15.00	Finalize
93654	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording, his recording with intracardiac catheter ablation of arrhythmogenic focus; with treatment of ventricular tachycardia or focus of ventricular ectopy including intracardiac electrophysiologic 3d mapping, when performed, and left ventricular pacing and recording, when performed	20.00	20.00	Finalize

HCPCS Code	Long Descriptor	CY 2013 Work RVU	CY 2014 Work RVU	CY 2014 Action
93655	Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (list separately in addition to code for primary procedure)	7.50	7.50	Finalize
93656	Comprehensive electrophysiologic evaluation including transeptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with atrial recording and pacing, when possible, right ventricular pacing and recording, his bundle recording with intracardiac catheter ablation of arrhythmogenic focus, with treatment of atrial fibrillation by ablation by pulmonary vein isolation	20.02	20.02	Finalize
93657	Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (list separately in addition to code for primary procedure)	7.50	7.50	Finalize
93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	0.80	0.80	Finalize
93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	0.50	0.50	Finalize
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	0.70	0.70	Finalize
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	0.45	0.45	Finalize
95017	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests	0.07	0.07	Finalize
95018	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of tests	0.14	0.14	Finalize

HCPCS Code	Long Descriptor	CY 2013 Work RVU	CY 2014 Work RVU	CY 2014 Action
95076	Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); initial 120 minutes of testing	1.50	1.50	Finalize
95079	Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); each additional 60 minutes of testing (list separately in addition to code for primary procedure)	1.38	1.38	Finalize
95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	2.60	2.60	Finalize
95783	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist	2.83	2.83	Finalize
95860	Needle electromyography; 1 extremity with or without related paraspinal areas	0.96	0.96	Finalize
95861	Needle electromyography; 2 extremities with or without related paraspinal areas	1.54	1.54	Finalize
95863	Needle electromyography; 3 extremities with or without related paraspinal areas	1.87	1.87	Finalize
95864	Needle electromyography; 4 extremities with or without related paraspinal areas	1.99	1.99	Finalize
95865	Needle electromyography; larynx	1.57	1.57	Finalize
95866	Needle electromyography; hemidiaphragm	1.25	1.25	Finalize
95867	Needle electromyography; cranial nerve supplied muscle(s), unilateral	0.79	0.79	Finalize
95868	Needle electromyography; cranial nerve supplied muscles, bilateral	1.18	1.18	Finalize
95869	Needle electromyography; thoracic paraspinal muscles (excluding t1 or t12)	0.37	0.37	Finalize
95870	Needle electromyography; limited study of muscles in 1 extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters	0.37	0.37	Finalize

HCPSC Code	Long Descriptor	CY 2013 Work RVU	CY 2014 Work RVU	CY 2014 Action
95885	Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited (list separately in addition to code for primary procedure)	0.35	0.35	Finalize
95886	Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; complete, five or more muscles studied, innervated by three or more nerves or four or more spinal levels (list separately in addition to code for primary procedure)	0.70	0.86	Finalize
95887	Needle electromyography, non-extremity (cranial nerve supplied or axial) muscle(s) done with nerve conduction, amplitude and latency/velocity study (list separately in addition to code for primary procedure)	0.47	0.71	Finalize
95905	Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes f-wave study when performed, with interpretation and report;	0.05	0.05	Finalize
95907	Nerve conduction studies; 1-2 studies	1.00	1.00	Finalize
95908	Nerve conduction studies; 3-4 studies	1.25	1.25	Finalize
95909	Nerve conduction studies; 5-6 studies	1.50	1.50	Finalize
95910	Nerve conduction studies; 7-8 studies	2.00	2.00	Finalize
95911	Nerve conduction studies; 9-10 studies	2.50	2.50	Finalize
95912	Nerve conduction studies; 11-12 studies	3.00	3.00	Finalize
95913	Nerve conduction studies; 13 or more studies	3.56	3.56	Finalize
95921	Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including 2 or more of the following: heart rate response to deep breathing with recorded r-r interval, valsalva ratio, and 30:15 ratio	0.90	0.90	Finalize
95922	Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and r-r interval changes during valsalva maneuver and at least 5 minutes of passive tilt	0.96	0.96	Finalize

HCPCS Code	Long Descriptor	CY 2013 Work RVU	CY 2014 Work RVU	CY 2014 Action
95923	Testing of autonomic nervous system function; sudomotor, including 1 or more of the following: quantitative sudomotor axon reflex test (qsart), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential	0.90	0.90	Finalize
95924	Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt	1.73	1.73	Finalize
95925	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs	0.54	0.54	Finalize
95926	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs	0.54	0.54	Finalize
95928	Central motor evoked potential study (transcranial motor stimulation); upper limbs	1.50	1.50	Interim Final
95929	Central motor evoked potential study (transcranial motor stimulation); lower limbs	1.50	1.50	Interim Final
95938	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper and lower limbs	0.86	0.86	Finalize
95939	Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs	2.25	2.25	Finalize
95940	Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (list separately in addition to code for primary procedure)	0.60	0.60	Finalize
95941	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (list separately in addition to code for primary procedure)	I	I	Finalize

HCPCS Code	Long Descriptor	CY 2013 Work RVU	CY 2014 Work RVU	CY 2014 Action
95943	Simultaneous, independent, quantitative measures of both parasympathetic function and sympathetic function, based on time-frequency analysis of heart rate variability concurrent with time-frequency analysis of continuous respiratory activity, with mean heart rate and blood pressure measures, during rest, paced (deep) breathing, valsalva maneuvers, and head-up postural change	C	C	Finalize
96920	Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm	1.15	1.15	Finalize
96921	Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm	1.30	1.30	Finalize
96922	Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm	2.10	2.10	Finalize
97150	Therapeutic procedure(s), group (2 or more individuals)	0.65	0.29	Finalize
99485	Supervision by a control physician of interfacility transport care of the critically ill or critically injured pediatric patient, 24 months of age or younger, includes two-way communication with transport team before transport, at the referring facility and during the transport, including data interpretation and report; first 30 minutes	B	B	Finalize
99486	Supervision by a control physician of interfacility transport care of the critically ill or critically injured pediatric patient, 24 months of age or younger, includes two-way communication with transport team before transport, at the referring facility and during the transport, including data interpretation and report; each additional 30 minutes (list separately in addition to code for primary procedure)	B	B	Finalize
99487	Complex chronic care coordination services; first hour of clinical staff time directed by a physician or other qualified health care professional with no face-to-face visit, per calendar month	B	B	Finalize
99488	Complex chronic care coordination services; first hour of clinical staff time directed by a physician or other qualified health care professional with one face-to-face visit, per calendar month	B	B	Finalize

HCPCS Code	Long Descriptor	CY 2013 Work RVU	CY 2014 Work RVU	CY 2014 Action
99489	Complex chronic care coordination services; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (list separately in addition to code for primary procedure)	B	B	Finalize
99495	Transitional care management services with the following required elements: communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge medical decision making of at least moderate complexity during the service period face-to-face visit, within 14 calendar days of discharge	2.11	2.11	Finalize
99496	Transitional care management services with the following required elements: communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge medical decision making of high complexity during the service period face-to-face visit, within 7 calendar days of discharge (do not report 90951-90970, 98960-98962, 98966-98969, 99071, 99078, 99080, 99090, 99091, 99339, 99340, 99358, 99359, 99363, 99364, 99366-99368, 99374-99380, 99441-99444, 99487-99489, 99605-99607 when performed during the service time of codes 99495 or 99496)	3.05	3.05	Finalize
G0127	Trimming of dystrophic nails, any number	0.17	0.17	Finalize
G0416	Surgical pathology, gross and microscopic examinations for prostate needle biopsy, any method, 10-20 specimens	3.09	3.09	Finalize
G0452	Molecular pathology procedure; physician interpretation and report	0.37	0.37	Finalize
G0453	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes (list in addition to primary procedure)	0.5	0.6	Finalize
G0455	Preparation with instillation of fecal microbiota by any method, including assessment of donor specimen	0.97	1.34	Finalize

HCPCS Code	Long Descriptor	CY 2013 Work RVU	CY 2014 Work RVU	CY 2014 Action
G0456	Negative pressure wound therapy, (e.g. vacuum assisted drainage collection) using a mechanically-powered device, not durable medical equipment, including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions for ongoing care, per session; total wounds(s) surface area less than or equal to 50 square centimeters	C	C	Finalize
G0457	Negative pressure wound therapy, (e.g. vacuum assisted drainage collection) using a mechanically-powered device, not durable medical equipment, including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions for ongoing care, per session; total wounds(s) surface area greater than 50 square centimeters	C	C	Finalize

**TABLE 25: Equipment Inputs that Include Appropriate Clinical Labor Tasks
About Which Comments Were Received**

CPT Code	Equipment Items
50590	EQ175
52214	all items
52224	all items
72040	EL012
72050	EL012
72052	EL012
72192	EL007
72193	EL007
72194	EL007
73221	EL008
73721	EL008
74150	EL007
74160	EL007
74170	EL007
74175	EL007

CPT Code	Equipment Items
74177	EL007
74178	EL007
77301	ER005
78012	ER063
78013	ER032
78014	EF010, ER063
78070	ER032
78071	ER032
93925	EL016
93926	EL016
93970	EL016

TABLE 26: Items Identified As Not Typical By Commenters

CPT Code/ Code Range	CMS Code	CMS Code Description	Labor Activity (If Applicable)	AMA RUC Recommendation	CMS Refinement	Commenter Recommendation	CMS Decision/ Rationale
11301-11313	L037D	RN/LPN/MTA	Clean Surgical Instrument Package	1	10	1	Maintain refinement/ Standard Time
13150	L037D	RN/LPN/MTA	Assist physician in performing procedure	20	26	20	Maintain refinement/ Standard Time
32554	SA067	tray, shave prep		0	1	0	Removed
	SB001	cap, surgical		0	2	0	Removed
	SB039	shoe covers, surgical		0	2	0	Removed
32556	SA044	pack, moderate sedation		0	1	0	Removed
	SA067	tray, shave prep		0	1	0	Removed
	SB001	cap, surgical		0	2	0	Removed
	SB039	shoe covers, surgical		0	2	0	Removed
	SC010	closed flush system, angiography		0	1	0	Removed

CPT Code/ Code Range	CMS Code	CMS Code Description	Labor Activity (If Applicable)	AMA RUC Recommendation	CMS Refinement	Commenter Recommendation	CMS Decision/ Rationale
	SH065	sodium chloride 0.9% flush syringe		0	1	0	Removed
	SH069	sodium chloride 0.9% irrigation (500-1000ml uou)		0	1	0	Removed
32557	SB027	gown, staff, impervious		0	1	0	Removed
	SG078	tape, surgical occlusive 1in (Blenderm)		0	25	0	Removed
67810	SB011	drape, sterile, fenestrated 16in x 29in		0	1	0	Removed
72192	SK076	slide sleeve (photo slides)		0	1	0	Removed
	SK098	film, x-ray, laser print		0	8	4	Removed
72193	SH065	sodium chloride 0.9% flush syringe		0	15	1	Removed
	SK076	slide sleeve (photo slides)		0	1	0	Removed
74150	SK076	slide sleeve (photo slides)		0	1	0	Removed
	SK098	film, x-ray, laser print		0	8	4	Removed
74160	SH065	sodium chloride 0.9% flush syringe		0	15	1	Removed
74170	SH065	sodium chloride 0.9% flush syringe		0	15	1	Removed
92081	EL006	lane, screening (oph)		12	17	12	Maintain refinement/ Standard Time
92082	EL006	lane, screening		22	27	22	Maintain

CPT Code/ Code Range	CMS Code	CMS Code Description	Labor Activity (If Applicable)	AMA RUC Recommendation	CMS Refinement	Commenter Recommendation	CMS Decision/ Rationale
		(oph)					refinement/ Standard Time
92083	EL006	lane, screening (oph)		32	37	32	Maintain refinement/ Standard Time
93017	L051A	RN	Complete diagnostic forms, lab & X-ray requisitions	0	4	0	Removed

TABLE 27: Interim Final Work RVUs for New/Revised/Potentially Misvalued Codes

HCPSC Code	Long Descriptor	CY 2013 Work RVU	AMA RUC/ HCPAC Recommended Work RVU	CY 2014 Work RVU	CMS Time Refinement
10030	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous	New	3.00	3.00	No
17000	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion	0.65	0.61	0.61	No
17003	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (list separately in addition to code for first lesion)	0.07	0.04	0.04	No
17004	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions	1.85	1.37	1.37	No
17311	Mohs micrographic technique, including	6.20	6.20	6.20	No

HCPSC Code	Long Descriptor	CY 2013 Work RVU	AMA RUC/ HCPAC Recommended Work RVU	CY 2014 Work RVU	CMS Time Refinement
	removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage, up to 5 tissue blocks				
17312	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; each additional stage after the first stage, up to 5 tissue blocks (list separately in addition to code for primary procedure)	3.30	3.30	3.30	No
17313	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; first stage, up to 5 tissue blocks	5.56	5.56	5.56	No
17314	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg,	3.06	3.06	3.06	No

HCPSC Code	Long Descriptor	CY 2013 Work RVU	AMA RUC/ HCPAC Recommended Work RVU	CY 2014 Work RVU	CMS Time Refinement
	hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; each additional stage after the first stage, up to 5 tissue blocks (list separately in addition to code for primary procedure)				
17315	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), each additional block after the first 5 tissue blocks, any stage (list separately in addition to code for primary procedure)	0.87	0.87	0.87	No
19081	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance	New	3.29	3.29	No
19082	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance (list separately in addition to code for primary procedure)	New	1.65	1.65	No
19083	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance	New	3.10	3.10	No
19084	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance (list separately in addition to code for primary procedure)	New	1.55	1.55	No

HCPSC Code	Long Descriptor	CY 2013 Work RVU	AMA RUC/ HCPAC Recommended Work RVU	CY 2014 Work RVU	CMS Time Refinement
19085	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance	New	3.64	3.64	No
19086	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including magnetic resonance guidance (list separately in addition to code for primary procedure)	New	1.82	1.82	No
19281	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance	New	2.00	2.00	No
19282	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including mammographic guidance (list separately in addition to code for primary procedure)	New	1.00	1.00	No
19283	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance	New	2.00	2.00	No
19284	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including stereotactic guidance (list separately in addition to code for primary procedure)	New	1.00	1.00	No
19285	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance	New	1.70	1.70	No
19286	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each	New	0.85	0.85	Yes

HCPSC Code	Long Descriptor	CY 2013 Work RVU	AMA RUC/ HCPAC Recommended Work RVU	CY 2014 Work RVU	CMS Time Refinement
	additional lesion, including ultrasound guidance (list separately in addition to code for primary procedure)				
19287	Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including magnetic resonance guidance	New	3.02	2.55	No
19288	Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including magnetic resonance guidance (list separately in addition to code for primary procedure)	New	1.51	1.28	No
23333	Removal of foreign body, shoulder; deep (subfascial or intramuscular)	New	6.00	6.00	No
23334	Removal of prosthesis, includes debridement and synovectomy when performed; humeral or glenoid component	New	18.89	15.50	No
23335	Removal of prosthesis, includes debridement and synovectomy when performed; humeral and glenoid components (eg, total shoulder)	New	22.13	19.00	No
24164	Removal of prosthesis, includes debridement and synovectomy when performed; radial head	6.43	10.00	10.00	No
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	21.79	19.60	20.72	Yes
27236	Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement	17.61	17.61	17.61	Yes
27446	Arthroplasty, knee, condyle and plateau; medial or lateral compartment	16.38	17.48	17.48	No
27447	Arthroplasty, knee, condyle and plateau; medial and lateral compartments with or without patella resurfacing (total knee arthroplasty)	23.25	19.60	20.72	Yes

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31237	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)	2.98	2.60	2.60	No
31238	Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage	3.26	2.74	2.74	No
31239	Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy	9.33	9.04	9.04	No
31240	Nasal/sinus endoscopy, surgical; with concha bullosa resection	2.61	2.61	2.61	No
33282	Implantation of patient-activated cardiac event recorder	4.80	3.50	3.50	No
33284	Removal of an implantable, patient-activated cardiac event recorder	3.14	3.00	3.00	No
33366	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; transapical exposure (eg, left thoracotomy)	New	40.00	35.88	No
34841	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)	New	C	C	N/A
34842	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	New	C	C	N/A
34843	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft	New	C	C	N/A

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	and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])				
34844	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	New	C	C	N/A
34845	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)	New	C	C	N/A
34846	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	New	C	C	N/A

HCCPS Code	Long Descriptor	CY 2013 Work RVU	AMA RUC/ HCPAC Recommended Work RVU	CY 2014 Work RVU	CMS Time Refinement
34847	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	New	C	C	N/A
34848	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	New	C	C	N/A
35301	Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision	19.61	21.16	21.16	No
36245	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	4.67	4.90	4.90	No
37217	Transcatheter placement of an intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, via open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation	New	22.00	20.38	No
37236	Transcatheter placement of an intravascular stent(s) (except lower extremity, cervical carotid, extracranial	New	9.00	9.00	No

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	vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery				
37237	Transcatheter placement of an intravascular stent(s) (except lower extremity, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (list separately in addition to code for primary procedure)	New	4.25	4.25	No
37238	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein	New	6.29	6.29	No
37239	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (list separately in addition to code for primary procedure)	New	3.34	2.97	No
37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)	New	9.00	9.00	No
37242	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance	New	11.98	10.05	No

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	necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)				
37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	New	14.00	11.99	No
37244	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation	New	14.00	14.00	No
43191	Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)	New	2.78	2.00	No
43192	Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance	New	3.21	2.45	No
43193	Esophagoscopy, rigid, transoral; with biopsy, single or multiple	New	3.36	3.00	No
43194	Esophagoscopy, rigid, transoral; with removal of foreign body	New	3.99	3.00	No
43195	Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter)	New	3.21	3.00	No
43196	Esophagoscopy, rigid, transoral; with insertion of guide wire followed by dilation over guide wire	New	3.36	3.30	No
43197	Esophagoscopy, flexible, transnasal; diagnostic, includes collection of specimen(s) by brushing or washing when performed (separate procedure)	New	1.59	1.48	Yes
43198	Esophagoscopy, flexible, transnasal; with biopsy, single or multiple	New	1.89	1.78	Yes
43200	Esophagoscopy, flexible, transoral;	1.59	1.59	1.50	No

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	diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)				
43201	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance	2.09	1.90	1.80	No
43202	Esophagoscopy, flexible, transoral; with biopsy, single or multiple	1.89	1.89	1.80	No
43204	Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices	3.76	2.89	2.40	No
43205	Esophagoscopy, flexible, transoral; with band ligation of esophageal varices	3.78	3.00	2.51	No
43211	Esophagoscopy, flexible, transoral; with endoscopic mucosal resection	New	4.58	4.21	No
43212	Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	New	3.73	3.38	No
43213	Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)	New	5.00	4.73	No
43214	Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	New	3.78	3.38	No
43215	Esophagoscopy, flexible, transoral; with removal of foreign body	2.60	2.60	2.51	No
43216	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	2.40	2.40	2.40	No
43217	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	2.90	2.90	2.90	No
43220	Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter)	2.10	2.10	2.10	No
43226	Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire	2.34	2.34	2.34	No
43227	Esophagoscopy, flexible, transoral; with control of bleeding, any method	3.59	3.26	2.99	No
43229	Esophagoscopy, flexible, transoral; with	New	3.72	3.54	No

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	ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)				
43231	Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination	3.19	3.19	2.90	No
43232	Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)	4.47	3.83	3.54	No
43233	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	New	4.45	4.05	No
43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	2.39	2.26	2.17	No
43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance	2.92	2.57	2.47	No
43237	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures	3.98	3.85	3.57	No
43238	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), esophagus (includes endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures)	5.02	4.50	4.11	No
43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	2.87	2.56	2.47	No
43240	Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter[s]/stent[s], when performed, and endoscopic ultrasound, when performed)	6.85	7.25	7.25	No

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43241	Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter	2.59	2.59	2.59	No
43242	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	7.30	5.39	4.68	No
43243	Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices	4.56	4.37	4.37	No
43244	Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices	5.04	4.50	4.50	No
43245	Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)	3.18	3.18	3.18	No
43246	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube	4.32	4.32	3.66	No
43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body	3.38	3.27	3.18	No
43248	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire	3.15	3.01	3.01	No
43249	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)	2.90	2.77	2.77	No
43250	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	3.20	3.07	3.07	No
43251	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	3.69	3.57	3.57	No

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43253	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	New	5.39	4.68	No
43254	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection	New	5.25	4.88	No
43255	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method	4.81	4.20	3.66	No
43257	Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease	5.50	4.25	4.11	No
43259	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis	5.19	4.74	4.14	No
43260	Endoscopic retrograde cholangiopancreatography (ercp); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	5.95	5.95	5.95	No
43261	Endoscopic retrograde cholangiopancreatography (ercp); with biopsy, single or multiple	6.26	6.25	6.25	No
43262	Endoscopic retrograde cholangiopancreatography (ercp); with sphincterotomy/papillotomy	7.38	6.60	6.60	No
43263	Endoscopic retrograde cholangiopancreatography (ercp); with pressure measurement of sphincter of	7.28	7.28	6.60	No

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	oddi				
43264	Endoscopic retrograde cholangiopancreatography (ercp); with removal of calculi/debris from biliary/pancreatic duct(s)	8.89	6.73	6.73	No
43265	Endoscopic retrograde cholangiopancreatography (ercp); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy)	10.00	8.03	8.03	No
43266	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	New	4.40	4.05	No
43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	New	4.39	4.21	No
43273	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (list separately in addition to code(s) for primary procedure)	2.24	2.24	2.24	No
43274	Endoscopic retrograde cholangiopancreatography (ercp); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent	New	8.74	8.48	No
43275	Endoscopic retrograde cholangiopancreatography (ercp); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)	New	6.96	6.96	No
43276	Endoscopic retrograde cholangiopancreatography (ercp); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged	New	9.10	8.84	No

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43277	Endoscopic retrograde cholangiopancreatography (ercp); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct	New	7.11	7.00	No
43278	Endoscopic retrograde cholangiopancreatography (ercp); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed	New	8.08	7.99	No
43450	Dilation of esophagus, by unguided sound or bougie, single or multiple passes	1.38	1.38	1.38	No
43453	Dilation of esophagus, over guide wire	1.51	1.51	1.51	No
49405	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous	New	4.25	4.25	No
49406	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous	New	4.25	4.25	No
49407	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal	New	4.50	4.50	No
50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy	40.90	40.90	39.88	No
52332	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, gibbons or double-j type)	2.82	2.82	2.82	No
52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, gibbons or double-j type)	New	8.00	8.00	No
62310	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for	1.91	1.68	1.18	No

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	localization when performed, epidural or subarachnoid; cervical or thoracic				
62311	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)	1.54	1.54	1.17	No
62318	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic	2.04	2.04	1.54	No
62319	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)	1.87	1.87	1.50	No
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	15.37	15.37	15.37	No
63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (list separately in addition to code for primary procedure)	3.47	3.47	3.47	No

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64616	Chemodenervation of muscle(s); neck muscle(s), excluding muscles of the larynx, unilateral (eg, for cervical dystonia, spasmodic torticollis)	New	1.79	1.53	No
64617	Chemodenervation of muscle(s); larynx, unilateral, percutaneous (eg, for spasmodic dysphonia), includes guidance by needle electromyography, when performed	New	2.06	1.90	No
64642	Chemodenervation of one extremity; 1-4 muscle(s)	New	1.65	1.65	No
64643	Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (list separately in addition to code for primary procedure)	New	1.32	1.22	No
64644	Chemodenervation of one extremity; 5 or more muscle(s)	New	1.82	1.82	No
64645	Chemodenervation of one extremity; each additional extremity, 5 or more muscle(s) (list separately in addition to code for primary procedure)	New	1.52	1.39	No
64646	Chemodenervation of trunk muscle(s); 1-5 muscle(s)	New	1.80	1.80	No
64647	Chemodenervation of trunk muscle(s); 6 or more muscle(s)	New	2.11	2.11	No
66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach	New	13.20	13.20	No
67914	Repair of ectropion; suture	3.75	3.75	3.75	No
67915	Repair of ectropion; thermocauterization	3.26	2.03	2.03	No
67916	Repair of ectropion; excision tarsal wedge	5.48	5.48	5.48	No
67917	Repair of ectropion; extensive (eg, tarsal strip operations)	6.19	5.93	5.93	No
67921	Repair of entropion; suture	3.47	3.47	3.47	No
67922	Repair of entropion; thermocauterization	3.14	2.03	2.03	No
67923	Repair of entropion; excision tarsal wedge	6.05	5.48	5.48	No
67924	Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)	5.93	5.93	5.93	No
69210	Removal impacted cerumen requiring instrumentation, unilateral	0.61	0.58	0.61	No
70450	Computed tomography, head or brain;	0.85	0.85	0.85	No

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	without contrast material				
70460	Computed tomography, head or brain; with contrast material(s)	1.13	1.13	1.13	No
70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	1.48	1.48	1.48	No
70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	1.78	1.78	1.78	No
70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	2.36	2.36	2.29	No
72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	1.60	1.48	1.48	No
72142	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)	1.92	1.78	1.78	No
72146	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	1.60	1.48	1.48	No
72147	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)	1.92	1.78	1.78	No
72148	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	1.48	1.48	1.48	No
72149	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)	1.78	1.78	1.78	No
72156	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	2.57	2.29	2.29	No
72157	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic	2.57	2.29	2.29	No

HCPSC Code	Long Descriptor	CY 2013 Work RVU	AMA RUC/ HCPAC Recommended Work RVU	CY 2014 Work RVU	CMS Time Refinement
72158	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	2.36	2.29	2.29	No
77280	Therapeutic radiology simulation-aided field setting; simple	0.70	0.70	0.70	No
77285	Therapeutic radiology simulation-aided field setting; intermediate	1.05	1.05	1.05	No
77290	Therapeutic radiology simulation-aided field setting; complex	1.56	1.56	1.56	No
77293	Respiratory motion management simulation (list separately in addition to code for primary procedure)	New	2.00	2.00	No
77295	3-dimensional radiotherapy plan, including dose-volume histograms	4.56	4.29	4.29	No
81161	Dmd (dystrophin) (eg, duchenne/becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	New	1.85	X	N/A
88112	Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal	1.18	0.56	0.56	No
88342	Immunohistochemistry or immunocytochemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear; first separately identifiable antibody per slide	0.85	0.60	I	N/A
88343	Immunohistochemistry or immunocytochemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear; each additional separately identifiable antibody per slide (list separately in addition to code for primary procedure)	New	0.24	I	N/A
92521	Evaluation of speech fluency (eg, stuttering, cluttering)	New	1.75	1.75	No
92522	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);	New	1.50	1.50	No
92523	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression	New	3.36	3.00	No

HCPCS Code	Long Descriptor	CY 2013 Work RVU	AMA RUC/ HCPAC Recommended Work RVU	CY 2014 Work RVU	CMS Time Refinement
	(eg, receptive and expressive language)				
92524	Behavioral and qualitative analysis of voice and resonance	New	1.75	1.50	No
93000	Electrocardiogram, routine ecg with at least 12 leads; with interpretation and report	0.17	0.17	0.17	No
93010	Electrocardiogram, routine ecg with at least 12 leads; interpretation and report only	0.17	0.17	0.17	No
93582	Percutaneous transcatheter closure of patent ductus arteriosus	New	14.00	12.56	No
93583	Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed	New	14.00	14.00	No
93880	Duplex scan of extracranial arteries; complete bilateral study	0.60	0.80	0.60	No
93882	Duplex scan of extracranial arteries; unilateral or limited study	0.40	0.50	0.40	No
95816	Electroencephalogram (eeg); including recording awake and drowsy	1.08	1.08	1.08	No
95819	Electroencephalogram (eeg); including recording awake and asleep	1.08	1.08	1.08	No
95822	Electroencephalogram (eeg); recording in coma or sleep only	1.08	1.08	1.08	No
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	0.21	0.21	0.21	No
96366	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (list separately in addition to code for primary procedure)	0.18	0.18	0.18	No
96367	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (list separately in addition to code for primary procedure)	0.19	0.19	0.19	No
96368	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (list separately in addition to code for	0.17	0.17	0.17	No

HCPSC Code	Long Descriptor	CY 2013 Work RVU	AMA RUC/ HCPAC Recommended Work RVU	CY 2014 Work RVU	CMS Time Refinement
	primary procedure)				
96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug	0.28	0.28	0.28	No
96415	Chemotherapy administration, intravenous infusion technique; each additional hour (list separately in addition to code for primary procedure)	0.19	0.19	0.19	No
96417	Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (list separately in addition to code for primary procedure)	0.21	0.21	0.21	No
97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	New	C	C	N/A
98940	Chiropractic manipulative treatment (cmt); spinal, 1-2 regions	0.45	0.46	0.46	No
98941	Chiropractic manipulative treatment (cmt); spinal, 3-4 regions	0.65	0.71	0.71	No
98942	Chiropractic manipulative treatment (cmt); spinal, 5 regions	0.87	0.96	0.96	No
99446	Interprofessional telephone/internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review	New	0.35	B	No
99447	Interprofessional telephone/internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review	New	0.70	B	No

HCPSC Code	Long Descriptor	CY 2013 Work RVU	AMA RUC/ HCPAC Recommended Work RVU	CY 2014 Work RVU	CMS Time Refinement
99448	Interprofessional telephone/internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review	New	1.05	B	No
99449	Interprofessional telephone/internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review	New	1.40	B	No
99481	Total body systemic hypothermia in a critically ill neonate per day (list separately in addition to code for primary procedure)	New	C	C	N/A
99482	Selective head hypothermia in a critically ill neonate per day (list separately in addition to code for primary procedure)	New	C	C	N/A
G0461	Immunohistochemistry or immunocytochemistry, per specimen; first separately identifiable antibody	New	N/A	0.60	No
G0462	Immunohistochemistry or immunocytochemistry, per specimen; each additional separately identifiable antibody (List separately in addition to code for primary procedure).	New	N/A	0.24	No

TABLE 28: CY 2014 Interim Final Codes with Direct PE Input Recommendations Accepted without Refinement

CPT Code	CPT Code Description
17003	Destruct premalg les 2-14
17311	Mohs 1 stage h/n/hf/g
17312	Mohs addl stage
17313	Mohs 1 stage t/a/l

CPT Code	CPT Code Description
17314	Mohs addl stage t/a/l
17315	Mohs surg addl block
19081	Bx breast 1st lesion strtctc
19082	Bx breast add lesion strtctc
19083	Bx breast 1st lesion us imag
19084	Bx breast add lesion us imag
19283	Perq dev breast 1st strtctc
19284	Perq dev breast add strtctc
19285	Perq dev breast 1st us imag
23333	Remove shoulder fb deep
23334	Shoulder prosthesis removal
23335	Shoulder prosthesis removal
24160	Remove elbow joint implant
24164	Remove radius head implant
27130	Total hip arthroplasty
27236	Treat thigh fracture
27446	Revision of knee joint
27447	Total knee arthroplasty
27466	Lengthening of thigh bone
31239	Nasal/sinus endoscopy surg
31240	Nasal/sinus endoscopy surg
33282	Implant pat-active ht record
33284	Remove pat-active ht record
35301	Rechanneling of artery
37217	Stent placemt retro carotid
37239	Open/perq place stent ea add
43191	Esophagoscopy rigid trnso dx
43192	Esophagoscp rig trnso inject
43193	Esophagoscp rig trnso biopsy
43194	Esophagoscp rig trnso rem fb
43195	Esophagoscopy rigid balloon
43196	Esophagoscp guide wire dilat
43204	Esoph scope w/sclerosis inj
43205	Esophagus endoscopy/ligation
43211	Esophagoscp mucosal resect
43212	Esophagoscp stent placement
43214	Esophagosc dilate balloon 30
43233	Egd balloon dil esoph30 mm/>

CPT Code	CPT Code Description
43237	Endoscopic us exam esoph
43238	Egd us fine needle bx/aspir
43240	Egd w/transmural drain cyst
43241	Egd tube/cath insertion
43242	Egd us fine needle bx/aspir
43243	Egd injection varices
43244	Egd varices ligation
43246	Egd place gastrostomy tube
43251	Egd remove lesion snare
43253	Egd us transmural injxn/mark
43254	Egd endo mucosal resection
43257	Egd w/thrml txmnt gerd
43259	Egd us exam duodenum/jejunum
43260	Ercp w/specimen collection
43261	Endo cholangiopancreatograph
43262	Endo cholangiopancreatograph
43263	Ercp sphincter pressure meas
43264	Ercp remove duct calculi
43265	Ercp lithotripsy calculi
43266	Egd endoscopic stent place
43273	Endoscopic pancreatoscopy
43274	Ercp duct stent placement
43275	Ercp remove forgn body duct
43276	Ercp stent exchange w/dilate
43277	Ercp ea duct/ampulla dilate
43278	Ercp lesion ablate w/dilate
50360	Transplantation of kidney
52356	Cysto/uretero w/lithotripsy
62310	Inject spine cerv/thoracic
62311	Inject spine lumbar/sacral
62318	Inject spine w/cath crv/thrc
62319	Inject spine w/cath lmb/scrl
63047	Remove spine lamina 1 lmbr
63048	Remove spinal lamina add-on
64643	Chemodenerv 1 extrem 1-4 ea
64645	Chemodenerv 1 extrem 5/> ea
66183	Insert ant drainage device
69210	Remove impacted ear wax uni

CPT Code	CPT Code Description
77001	Fluoroguide for vein device
77002	Needle localization by xray
77003	Fluoroguide for spine inject
77280	Set radiation therapy field
77285	Set radiation therapy field
77290	Set radiation therapy field
77295	3-d radiotherapy plan
77301	Radiotherapy dose plan imrt
77336	Radiation physics consult
77338	Design mlc device for imrt
77372	Srs linear based
88112	Cytopath cell enhance tech
90839	Psytx crisis initial 60 min
90840	Psytx crisis ea addl 30 min
90875	Psychophysiological therapy
91065	Breath hydrogen/methane test
92521	Evaluation of speech fluency
92522	Evaluate speech production
92523	Speech sound lang comprehen
92524	Behavral qualit analys voice
93000	Electrocardiogram complete
93005	Electrocardiogram tracing
93010	Electrocardiogram report
95928	C motor evoked uppr limbs
95929	C motor evoked lwr limbs
96365	Ther/proph/diag iv inf init
96366	Ther/proph/diag iv inf addon
96367	Tx/proph/dg addl seq iv inf
96368	Ther/diag concurrent inf
96413	Chemo iv infusion 1 hr
96415	Chemo iv infusion addl hr
96417	Chemo iv infus each addl seq
98940	Chiropract manj 1-2 regions
98941	Chiropract manj 3-4 regions
98942	Chiropractic manj 5 regions
98943	Chiropract manj xtrspinl 1/>

TABLE 29: CY 2014 Interim Final Codes with Direct PE Input Recommendations Accepted with Refinements

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
10030	Guide cathet fluid drainage	EF018	stretcher	NF		120	0	Non-standard input for Moderate Sedation
		EF027	table, instrument, mobile	NF		159	152	Standard input for Moderate Sedation
		EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	NF		159	152	Standard input for Moderate Sedation
		EQ032	IV infusion pump	NF		159	152	Standard input for Moderate Sedation
		L037D	RN/LPN/MTA	NF	Circulating throughout procedure (25%)	8	7	Conforms to proportionate allocation of intraservice time among clinical labor types
17000	Destruct premal lesion	ED004	camera, digital (6 mexapixel)	NF		22	13	Refined equipment time to conform to changes in clinical labor time
		EF031	table, power	NF		46	40	Refined equipment time to conform to changes in clinical labor time

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		EQ093	cryosurgery equipment (for liquid nitrogen)	NF		22	13	Refined equipment time to conform to changes in clinical labor time
		EQ168	light, exam	NF		46	40	Refined equipment time to conform to changes in clinical labor time
		SA048	pack, minimum multi-specialty visit	NF		1	2	CMS clinical review
		SA048	pack, minimum multi-specialty visit	F		0	1	CMS clinical review
17004	Destroy premal lesions 15/>	ED004	camera, digital (6 mexapixel)	NF		41	30	Refined equipment time to conform to changes in clinical labor time
		EQ093	cryosurgery equipment (for liquid nitrogen)	NF		41	30	Refined equipment time to conform to changes in clinical labor time
		SA048	pack, minimum multi-specialty visit	NF		1	2	CMS clinical review
		SA048	pack, minimum multi-specialty visit	F		0	1	CMS clinical review

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
19085	Bx breast 1st lesion mr imag	S	20MM handpiece - MR	NF		1	0	CMS clinical review; functionality of items redundant with other direct PE inputs
		S	vacuum line assembly	NF		1	0	CMS clinical review; functionality of items redundant with other direct PE inputs
		S	introducer localization set (trocar)	NF		1	0	CMS clinical review; functionality of items redundant with other direct PE inputs
		S	tissue filter	NF		1	0	CMS clinical review; functionality of items redundant with other direct PE inputs
		E	breast biopsy software	NF		54	0	CMS clinical review; functionality of items redundant with other direct PE inputs

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		E	breast biopsy device (coil)	NF		54	0	CMS clinical review; functionality of items redundant with other direct PE inputs
		E	lateral grid	NF		54	0	CMS clinical review; functionality of items redundant with other direct PE inputs
19086	Bx breast add lesion mr imag	S	20MM handpiece - MR	NF		1	0	CMS clinical review; functionality of items redundant with other direct PE inputs
		S	vacuum line assembly	NF		1	0	CMS clinical review; functionality of items redundant with other direct PE inputs
		S	introducer localization set (trocar)	NF		1	0	CMS clinical review; functionality of items redundant with other direct PE inputs

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		S	tissue filter	NF		1	0	CMS clinical review; functionality of items redundant with other direct PE inputs
		E	breast biopsy software	NF		43	0	CMS clinical review; functionality of items redundant with other direct PE inputs
		E	breast biopsy device (coil)	NF		43	0	CMS clinical review; functionality of items redundant with other direct PE inputs
		E	lateral grid	NF		43	0	CMS clinical review; functionality of items redundant with other direct PE inputs
19281	Perq device breast 1st imag	ED025	film processor, wet	NF		9	5	Refined equipment time to conform to changes in clinical labor time
		ER029	film alternator (motorized film viewbox)	NF		9	5	CMS clinical review

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		L043A	Mammography Technologist	NF	Process images, complete data sheet, present images and data to the interpreting physician	9	5	CMS clinical review
19282	Perq device breast ea imag	ED025	film processor, wet	NF		9	5	Refined equipment time to conform to changes in clinical labor time
		ER029	film alternator (motorized film viewbox)	NF		9	5	Refined equipment time to conform to changes in clinical labor time
		L043A	Mammography Technologist	NF	Other Clinical Activity (Service)	9	5	CMS clinical review
19286	Perq dev breast add us imag	L043A	Mammography Technologist	NF	Assist physician in performing procedure	19	14	Conforming to physician time
19287	Perq dev breast 1st mr guide	S	20MM handpiece - MR	NF		1	0	CMS clinical review; functionality of items redundant with other direct PE inputs

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		S	vacuum line assembly	NF		1	0	CMS clinical review; functionality of items redundant with other direct PE inputs
		S	introducer localization set (trocar)	NF		1	0	CMS clinical review; functionality of items redundant with other direct PE inputs
		S	tissue filter	NF		1	0	CMS clinical review; functionality of items redundant with other direct PE inputs
		E	breast biopsy software	NF		46	0	CMS clinical review; functionality of items redundant with other direct PE inputs
		E	breast biopsy device (coil)	NF		46	0	CMS clinical review; functionality of items redundant with other direct PE inputs

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		E	lateral grid	NF		46	0	CMS clinical review; functionality of items redundant with other direct PE inputs
19288	Perq dev breast add mr guide	S	20MM handpiece - MR	NF		1	0	CMS clinical review; functionality of items redundant with other direct PE inputs
		S	vacuum line assembly	NF		1	0	CMS clinical review; functionality of items redundant with other direct PE inputs
		S	introducer localization set (trocar)	NF		1	0	CMS clinical review; functionality of items redundant with other direct PE inputs
		S	tissue filter	NF		1	0	CMS clinical review; functionality of items redundant with other direct PE inputs

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		E	breast biopsy software	NF		35	0	CMS clinical review; functionality of items redundant with other direct PE inputs
		E	breast biopsy device (coil)	NF		35	0	CMS clinical review; functionality of items redundant with other direct PE inputs
		E	lateral grid	NF		35	0	CMS clinical review; functionality of items redundant with other direct PE inputs
23333	Remove shoulder fb deep	EF031	table, power	F		90	63	Refined equipment time to conform to changes in clinical labor time
		EQ168	light, exam	F		90	63	Refined equipment time to conform to changes in clinical labor time
		L037D	RN/LPN/MTA	F	Total Office Visit Time	90	63	Conforming to physician time

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		SA048	pack, minimum multi-specialty visit	F		3	2	Conforming to physician time
27130	Total hip arthroplasty	L037D	RN/LPN/MTA	F	Post Service Period	99	108	Conforming to physician time
		EF031	table, power	F		99	108	Refined equipment time to conform to changes in clinical labor time
27447	Total knee arthroplasty	L037D	RN/LPN/MTA	F	Post Service Period	99	108	Conforming to physician time
		EF031	table, power	F		99	108	Refined equipment time to conform to changes in clinical labor time
31237	Nasal/sinus endoscopy surg	L037D	RN/LPN/MTA	NF	Monitor pt. following service/check tubes, monitors, drains	15	5	CMS clinical review
31238	Nasal/sinus endoscopy surg	L037D	RN/LPN/MTA	NF	Monitor pt. following service/check tubes, monitors, drains	15	5	CMS clinical review

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
33366	Trcath replace aortic valve	L037D	RN/LPN/MTA	F	Coordinate pre-surgery services	40	20	CMS clinical review; refinement reflects standard preservice times
36245	Ins cath abd/l-ext art 1st	EF018	stretcher	NF		240	0	Non-standard input for Moderate Sedation
37236	Open/per q place stent 1st	EF018	stretcher	NF		240	0	Non-standard input for Moderate Sedation
		EF027	table, instrument, mobile	NF		347	332	Standard input for Moderate Sedation
		EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	NF		347	332	Standard input for Moderate Sedation
		EQ032	IV infusion pump	NF		347	332	Standard input for Moderate Sedation
		S	Balloon expandable	NF		1	0	CMS clinical review; input already exists
		SD152	catheter, balloon, PTA	NF		0	1	CMS clinical review; input already exists
37237	Open/per q place stent ea add	S	Balloon expandable	NF		1	0	CMS clinical review; input already exists

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		SD152	catheter, balloon, PTA	NF		0	1	CMS clinical review; input already exists
37238	Open/per q place stent same	EF018	stretcher	NF		180	0	Non-standard input for Moderate Sedation
		EF027	table, instrument, mobile	NF		257	302	Standard input for Moderate Sedation
		EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	NF		257	302	Standard input for Moderate Sedation
		EQ032	IV infusion pump	NF		257	302	Standard input for Moderate Sedation
37241	Vasc embolize /occlude venous	EF018	stretcher	NF		180	0	Non-standard input for Moderate Sedation
		EF027	table, instrument, mobile	NF		287	272	Standard input for Moderate Sedation
		EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	NF		287	272	Standard input for Moderate Sedation
		EQ032	IV infusion pump	NF		287	272	Standard input for Moderate Sedation

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		L037D	RN/LPN/MTA	NF	Circulating throughout procedure (25%)	23	22	Conforms to proportionate allocation of intraservice time among clinical labor types
37242	Vasc embolize /occlude artery	EF018	stretcher	NF		240	0	Non-standard input for Moderate Sedation
		EF027	table, instrument, mobile	NF		357	342	Standard input for Moderate Sedation
		EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	NF		357	342	Standard input for Moderate Sedation
		EQ032	IV infusion pump	NF		357	342	Standard input for Moderate Sedation
37243	Vasc embolize /occlude organ	EF018	stretcher	NF		240	0	Non-standard input for Moderate Sedation
		EF027	table, instrument, mobile	NF		377	362	Standard input for Moderate Sedation
		EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	NF		377	362	Standard input for Moderate Sedation
		EQ032	IV infusion pump	NF		377	362	Standard input for Moderate Sedation

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
37244	Vasc embolize /occlude bleed	EF018	stretcher	NF		240	0	Non-standard input for Moderate Sedation
		EF027	table, instrument, mobile	NF		347	332	Standard input for Moderate Sedation
		EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	NF		347	332	Standard input for Moderate Sedation
		EQ032	IV infusion pump	NF		347	332	Standard input for Moderate Sedation
		L037D	RN/LPN/MTA	NF	Circulating throughout procedure (25%)	23	22	Conforms to proportionate allocation of intraservice time among clinical labor types
43197	Esophag oscopy flex dx brush	ED036	video printer, color (Sony medical grade)	NF		15	39	Refined equipment time to conform to established policies for technical equipment
		EF008	chair with headrest, exam, reclining	NF		15	39	Refined equipment time to conform to established policies for technical equipment

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		EF015	mayo stand	NF		15	39	Refined equipment time to conform to established policies for technical equipment
		EQ170	light, fiberoptic headlight w-source	NF		15	39	Refined equipment time to conform to established policies for technical equipment
		EQ234	suction and pressure cabinet, ENT (SMR)	NF		15	39	Refined equipment time to conform to established policies for technical equipment
		ER095	transnasal esophagoscope 80K series	NF		15	66	Refined equipment time to conform to established policies for technical equipment
		ES026	video add-on camera system w-monitor (endoscopy)	NF		15	39	Refined equipment time to conform to established policies for technical equipment
		ES031	video system, endoscopy (processor, digital capture, monitor, printer, cart)	NF		15	39	Refined equipment time to conform to established policies for technical equipment

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		L026A	Medical/Technical Assistant	NF	Clean Surgical Instrument Package	10	0	Standardized time input; surgical instrument package not included
43198	Esophagosc flex trnsn biopsy	ED036	video printer, color (Sony medical grade)	NF		20	46	Refined equipment time to conform to established policies for technical equipment
		EF008	chair with headrest, exam, reclining	NF		20	46	Refined equipment time to conform to established policies for technical equipment
		EF015	mayo stand	NF		20	46	Refined equipment time to conform to established policies for technical equipment
		EQ170	light, fiberoptic headlight w-source	NF		20	46	Refined equipment time to conform to established policies for technical equipment
		EQ234	suction and pressure cabinet, ENT (SMR)	NF		20	46	Refined equipment time to conform to established policies for technical equipment

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		ER095	transnasal esophagoscope 80K series	NF		20	73	Refined equipment time to conform to established policies for technical equipment
		ES026	video add-on camera system w-monitor (endoscopy)	NF		20	46	Refined equipment time to conform to established policies for technical equipment
		ES031	video system, endoscopy (processor, digital capture, monitor, printer, cart)	NF		20	46	Refined equipment time to conform to established policies for technical equipment
		L026A	Medical/Technical Assistant	NF	Clean Surgical Instrument Package	10	0	Standardized time input
		SD066	endoscopic biopsy forceps	NF		1	0	CMS clinical review
43200	Esophagoscopy flexible brush	EF018	stretcher	NF		73	0	Non-standard input for Moderate Sedation
		EF027	table, instrument, mobile	NF		29	77	Standard input for Moderate Sedation

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		EF031	table, power	NF		29	43	Refined equipment time to conform to established policies for technical equipment
		EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	NF		52	77	Standard input for Moderate Sedation
		EQ032	IV infusion pump	NF		52	77	Standard input for Moderate Sedation
		EQ235	suction machine (Gomco)	NF		29	43	Refined equipment time to conform to established policies for technical equipment
		ES031	video system, endoscopy (processor, digital capture, monitor, printer, cart)	NF		29	43	Refined equipment time to conform to established policies for technical equipment
		ES034	videoscope, gastroscopy	NF		59	70	Refined equipment time to conform to established policies for technical equipment
		SD009	canister, suction	NF		2	1	CMS clinical review
43201	Esoph scope w/submucous inj	EF018	stretcher	NF		76	0	Non-standard input for Moderate Sedation

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		EF027	table, instrument, mobile	NF		32	80	Standard input for Moderate Sedation
		EF031	table, power	NF		32	46	Refined equipment time to conform to changes in clinical labor time
		EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	NF		55	80	Standard input for Moderate Sedation
		EQ032	IV infusion pump	NF		55	80	Standard input for Moderate Sedation
		EQ235	suction machine (Gomco)	NF		32	46	Refined equipment time to conform to changes in clinical labor time
		ES031	video system, endoscopy (processor, digital capture, monitor, printer, cart)	NF		32	46	Refined equipment time to conform to changes in clinical labor time
		ES034	videoscope, gastroscopy	NF		62	73	Refined equipment time to conform to changes in clinical labor time
		L037D	RN/LPN/MTA	NF	Assist physician in performing procedure	18	15	Conforming to physician time

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		L051A	RN	NF	Monitor patient during Moderate Sedation	18	15	Conforming to physician time
		SC079	needle, micropigmentation (tattoo)	NF		1	0	CMS clinical review
		SD009	canister, suction	NF		2	1	CMS clinical review
		SL035	cup, biopsy-specimen non-sterile 4oz	NF		1	0	CMS clinical review
43202	Esophagoscopy flex biopsy	EF018	stretcher	NF		78	0	Non-standard input for Moderate Sedation
		EF027	table, instrument, mobile	NF		34	82	Standard input for Moderate Sedation
		EF031	table, power	NF		34	48	Refined equipment time to conform to changes in clinical labor time
		EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	NF		57	82	Standard input for Moderate Sedation
		EQ032	IV infusion pump	NF		57	82	Standard input for Moderate Sedation
		EQ235	suction machine (Gomco)	NF		34	48	Refined equipment time to conform to changes in clinical labor time

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		ES031	video system, endoscopy (processor, digital capture, monitor, printer, cart)	NF		34	48	Refined equipment time to conform to changes in clinical labor time
		ES034	videoscope, gastroscopy	NF		64	75	Refined equipment time to conform to changes in clinical labor time
		L037D	RN/LPN/MTA	NF	Assist physician in performing procedure	20	15	Conforming to physician time
		L051A	RN	NF	Monitor patient during Moderate Sedation	20	15	Conforming to physician time
		SD009	canister, suction	NF		2	1	CMS clinical review
43206	Esoph optical endomicroscopy	EF018	stretcher	NF		91	0	Non-standard input for Moderate Sedation
		EF027	table, instrument, mobile	NF		47	92	Standard input for Moderate Sedation
		EF031	table, power	NF		47	61	Refined equipment time to conform to established policies for technical equipment

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	NF		70	92	Standard input for Moderate Sedation
		EQ032	IV infusion pump	NF		70	92	Standard input for Moderate Sedation
		EQ235	suction machine (Gomco)	NF		47	61	Refined equipment time to conform to established policies for technical equipment
		EQ355	optical endomicroscope processor unit system	NF		77	61	Refined equipment time to conform to established policies for technical equipment
		ES031	video system, endoscopy (processor, digital capture, monitor, printer, cart)	NF		47	61	Refined equipment time to conform to established policies for technical equipment
		ES034	videoscope, gastroscopy	NF		77	88	Refined equipment time to conform to established policies for technical equipment
		SD009	canister, suction	NF		2	1	CMS clinical review
43213	Esophag oscopy retro balloon	EF018	stretcher	NF		103	0	Non-standard input for Moderate Sedation

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		EF027	table, instrument, mobile	NF		59	107	Standard input for Moderate Sedation
		EF031	table, power	NF		59	73	Refined equipment time to conform to established policies for technical equipment
		EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	NF		82	107	Standard input for Moderate Sedation
		EQ032	IV infusion pump	NF		82	107	Standard input for Moderate Sedation
		EQ235	suction machine (Gomco)	NF		59	73	Refined equipment time to conform to established policies for technical equipment
		ES031	video system, endoscopy (processor, digital capture, monitor, printer, cart)	NF		59	73	Refined equipment time to conform to established policies for technical equipment
		ES034	videoscope, gastroscopy	NF		89	100	Refined equipment time to conform to established policies for technical equipment

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
43215	Esophag oscopy flex remove fb	EF018	stretcher	NF		78	0	Non-standard input for Moderate Sedation
		EF027	table, instrument, mobile	NF		34	82	Standard input for Moderate Sedation
		EF031	table, power	NF		34	48	Refined equipment time to conform to established policies for technical equipment
		EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	NF		57	82	Standard input for Moderate Sedation
		EQ032	IV infusion pump	NF		57	82	Standard input for Moderate Sedation
		EQ235	suction machine (Gomco)	NF		34	48	Refined equipment time to conform to established policies for technical equipment
		ES031	video system, endoscopy (processor, digital capture, monitor, printer, cart)	NF		34	48	Refined equipment time to conform to established policies for technical equipment

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		ES034	videoscope, gastroscopy	NF		64	75	Refined equipment time to conform to established policies for technical equipment
		SD009	canister, suction	NF		2	1	CMS clinical review
43216	Esophag oscopy lesion removal	EF018	stretcher	NF		80	0	Non-standard input for Moderate Sedation
		EF027	table, instrument, mobile	NF		36	84	Standard input for Moderate Sedation
		EF031	table, power	NF		36	50	Refined equipment time to conform to established policies for technical equipment
		EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	NF		59	84	Standard input for Moderate Sedation
		EQ032	IV infusion pump	NF		59	84	Standard input for Moderate Sedation
		EQ113	electrosurgical generator, gastrocautery	NF		36	50	Refined equipment time to conform to established policies for technical equipment

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		EQ235	suction machine (Gomco)	NF		36	50	Refined equipment time to conform to established policies for technical equipment
		ES031	video system, endoscopy (processor, digital capture, monitor, printer, cart)	NF		36	50	Refined equipment time to conform to established policies for technical equipment
		ES034	videoscope, gastroscopy	NF		66	77	Refined equipment time to conform to established policies for technical equipment
		SD009	canister, suction	NF		2	1	CMS clinical review
43217	Esophag oscopy snare les remv	EF018	stretcher	NF		88	0	Non-standard input for Moderate Sedation
		EF027	table, instrument, mobile	NF		44	92	Standard input for Moderate Sedation
		EF031	table, power	NF		44	58	Refined equipment time to conform to established policies for technical equipment
		EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	NF		67	92	Standard input for Moderate Sedation

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		EQ032	IV infusion pump	NF		67	92	Standard input for Moderate Sedation
		EQ113	electrosurgical generator, gastrocautery	NF		44	58	Refined equipment time to conform to established policies for technical equipment
		EQ235	suction machine (Gomco)	NF		44	58	Refined equipment time to conform to established policies for technical equipment
		ES031	video system, endoscopy (processor, digital capture, monitor, printer, cart)	NF		44	58	Refined equipment time to conform to established policies for technical equipment
		ES034	videoscope, gastroscopy	NF		74	85	Refined equipment time to conform to established policies for technical equipment
		SD009	canister, suction	NF		2	1	CMS clinical review
43220	Esophag oscopy balloon <30mm	EF018	stretcher	NF		78	0	Non-standard input for Moderate Sedation
		EF027	table, instrument, mobile	NF		34	82	Standard input for Moderate Sedation

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		EF031	table, power	NF		34	48	Refined equipment time to conform to established policies for technical equipment
		EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	NF		57	82	Standard input for Moderate Sedation
		EQ032	IV infusion pump	NF		57	82	Standard input for Moderate Sedation
		EQ235	suction machine (Gomco)	NF		34	48	Refined equipment time to conform to established policies for technical equipment
		ES031	video system, endoscopy (processor, digital capture, monitor, printer, cart)	NF		34	48	Refined equipment time to conform to established policies for technical equipment
		ES034	videoscope, gastroscopy	NF		64	75	Refined equipment time to conform to established policies for technical equipment
		SD009	canister, suction	NF		2	1	CMS clinical review

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		SD019	catheter, balloon, ureteral-GI (strictures)	NF		SD205	SD019	Supply proxy change due to CMS clinical review
		SD090	guidewire, STIFF	NF		1	0	CMS clinical review
		SL035	cup, biopsy-specimen non-sterile 4oz	NF		1	0	CMS clinical review
43226	Esoph endoscopy dilation	EF018	stretcher	NF		83	0	Non-standard input for Moderate Sedation
		EF027	table, instrument, mobile	NF		39	87	Standard input for Moderate Sedation
		EF031	table, power	NF		39	53	Refined equipment time to conform to established policies for technical equipment
		EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	NF		62	87	Standard input for Moderate Sedation
		EQ032	IV infusion pump	NF		62	87	Standard input for Moderate Sedation
		EQ235	suction machine (Gomco)	NF		39	53	Refined equipment time to conform to established policies for technical equipment

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		ES031	video system, endoscopy (processor, digital capture, monitor, printer, cart)	NF		39	53	Refined equipment time to conform to established policies for technical equipment
		ES034	videoscope, gastroscopy	NF		69	80	Refined equipment time to conform to established policies for technical equipment
		L037D	RN/LPN/MTA	NF	Clean Surgical Instrument Package	0	10	Standardized time input
		SD009	canister, suction	NF		2	1	CMS clinical review
		SL035	cup, biopsy-specimen non-sterile 4oz	NF		1	0	CMS clinical review
43227	Esophagoscopy control bleed	EF018	stretcher	NF		88	0	Non-standard input for Moderate Sedation
		EF027	table, instrument, mobile	NF		44	92	Standard input for Moderate Sedation
		EF031	table, power	NF		44	58	Refined equipment time to conform to established policies for technical equipment
		EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	NF		67	92	Standard input for Moderate Sedation

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		EQ032	IV infusion pump	NF		67	92	Standard input for Moderate Sedation
		EQ113	electrosurgical generator, gastrocautery	NF		44	58	Refined equipment time to conform to established policies for technical equipment
		EQ235	suction machine (Gomco)	NF		44	58	Refined equipment time to conform to established policies for technical equipment
		ES031	video system, endoscopy (processor, digital capture, monitor, printer, cart)	NF		44	58	Refined equipment time to conform to established policies for technical equipment
		ES034	videoscope, gastroscopy	NF		74	85	Refined equipment time to conform to established policies for technical equipment
		SD009	canister, suction	NF		2	1	CMS clinical review
43229	Esophag oscopy lesion ablate	EF018	stretcher	NF		103	0	Non-standard input for Moderate Sedation
		EF027	table, instrument, mobile	NF		59	107	Standard input for Moderate Sedation

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		EF031	table, power	NF		59	73	Refined equipment time to conform to established policies for technical equipment
		EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	NF		82	107	Standard input for Moderate Sedation
		EQ032	IV infusion pump	NF		82	107	Standard input for Moderate Sedation
		EQ113	electrosurgical generator, gastrocautery	NF		59	73	Refined equipment time to conform to established policies for technical equipment
		EQ214	radiofrequency generator (NEURO)	NF		59	73	CMS clinical review; see discussion in section II.D.3.b. of this final rule
		EQ235	suction machine (Gomco)	NF		59	73	Refined equipment time to conform to established policies for technical equipment
		EQ356	kit, probe, radiofrequency, Xli-enhanced RF probe (proxy for catheter, RF ablation, endoscopic)	NF		0	73	CMS clinical review; see discussion in section II.D.3.b. of this final rule

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		ES031	video system, endoscopy (processor, digital capture, monitor, printer, cart)	NF		59	73	Refined equipment time to conform to established policies for technical equipment
		ES034	videoscope, gastroscopy	NF		89	100	Refined equipment time to conform to established policies for technical equipment
		SA100	kit, probe, radiofrequency, Xli-enhanced RF probe	NF		1	0	CMS clinical review
43231	Esophagoscop ultrasound exam	EF018	stretcher	NF		103	0	Non-standard input for Moderate Sedation
		EF027	table, instrument, mobile	NF		59	107	Standard input for Moderate Sedation
		EF031	table, power	NF		59	73	Refined equipment time to conform to changes in clinical labor time
		EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	NF		82	107	Standard input for Moderate Sedation
		EQ032	IV infusion pump	NF		82	107	Standard input for Moderate Sedation

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		EQ235	suction machine (Gomco)	NF		59	73	Refined equipment time to conform to changes in clinical labor time
		ER094	endoscopic ultrasound processor	NF		59	73	Refined equipment time to conform to changes in clinical labor time
		ES031	video system, endoscopy (processor, digital capture, monitor, printer, cart)	NF		59	73	Refined equipment time to conform to changes in clinical labor time
		ES038	videoscope, endoscopic ultrasound	NF		89	100	Refined equipment time to conform to changes in clinical labor time
		L037D	RN/LPN/MTA	NF	Assist physician in performing procedure	45	30	Conforming to physician time
		L051A	RN	NF	Monitor patient during Moderate Sedation	45	30	Conforming to physician time
		SD009	canister, suction	NF		2	1	CMS clinical review
		SL035	cup, biopsy-specimen non-sterile 4oz	NF		1	0	CMS clinical review

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
43232	Esophag oscopy w/us needle bx	EF018	stretcher	NF		118	0	Non-standard input for Moderate Sedation
		EF027	table, instrument, mobile	NF		74	122	Standard input for Moderate Sedation
		EF031	table, power	NF		74	88	Refined equipment time to conform to changes in clinical labor time
		EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	NF		97	122	Standard input for Moderate Sedation
		EQ032	IV infusion pump	NF		97	122	Standard input for Moderate Sedation
		EQ235	suction machine (Gomco)	NF		74	88	Refined equipment time to conform to changes in clinical labor time
		ER094	endoscopic ultrasound processor	NF		74	88	Refined equipment time to conform to changes in clinical labor time
		ES031	video system, endoscopy (processor, digital capture, monitor, printer, cart)	NF		74	88	Refined equipment time to conform to changes in clinical labor time

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		ES038	videoscope, endoscopic ultrasound	NF		104	115	Refined equipment time to conform to changes in clinical labor time
		L037D	RN/LPN/MTA	NF	Assist physician in performing procedure	60	45	Conforming to physician time
		L051A	RN	NF	Monitor patient during Moderate Sedation	60	45	Conforming to physician time
		SD009	canister, suction	NF		2	1	CMS clinical review
43235	Egd diagnostic brush wash	EF018	stretcher	NF		73	0	Non-standard input for Moderate Sedation
		EF027	table, instrument, mobile	NF		29	77	Standard input for Moderate Sedation
		EF031	table, power	NF		29	43	Refined equipment time to conform to established policies for technical equipment
		EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	NF		52	77	Standard input for Moderate Sedation
		EQ032	IV infusion pump	NF		52	77	Standard input for Moderate Sedation

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		EQ235	suction machine (Gomco)	NF		29	43	Refined equipment time to conform to established policies for technical equipment
		ES031	video system, endoscopy (processor, digital capture, monitor, printer, cart)	NF		29	43	Refined equipment time to conform to established policies for technical equipment
		ES034	videoscope, gastroscopy	NF		59	70	Refined equipment time to conform to established policies for technical equipment
		SD009	canister, suction	NF		2	1	CMS clinical review
43236	Uppr gi scope w/submuc inj	EF018	stretcher	NF		78	0	Non-standard input for Moderate Sedation
		EF027	table, instrument, mobile	NF		34	82	Standard input for Moderate Sedation
		EF031	table, power	NF		34	48	Refined equipment time to conform to established policies for technical equipment
		EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	NF		57	82	Standard input for Moderate Sedation

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		EQ032	IV infusion pump	NF		57	82	Standard input for Moderate Sedation
		EQ235	suction machine (Gomco)	NF		34	48	Refined equipment time to conform to established policies for technical equipment
		ES031	video system, endoscopy (processor, digital capture, monitor, printer, cart)	NF		34	48	Refined equipment time to conform to established policies for technical equipment
		ES034	videoscope, gastroscopy	NF		64	75	Refined equipment time to conform to established policies for technical equipment
		SD009	canister, suction	NF		2	1	CMS clinical review
43239	Egd biopsy single/multiple	EF018	stretcher	NF		73	0	Non-standard input for Moderate Sedation
		EF027	table, instrument, mobile	NF		29	77	Standard input for Moderate Sedation
		EF031	table, power	NF		29	43	Refined equipment time to conform to established policies for technical equipment

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	NF		52	77	Standard input for Moderate Sedation
		EQ032	IV infusion pump	NF		52	77	Standard input for Moderate Sedation
		EQ235	suction machine (Gomco)	NF		29	43	Refined equipment time to conform to established policies for technical equipment
		ES031	video system, endoscopy (processor, digital capture, monitor, printer, cart)	NF		29	43	Refined equipment time to conform to established policies for technical equipment
		ES034	videoscope, gastroscopy	NF		59	70	Refined equipment time to conform to established policies for technical equipment
		SD009	canister, suction	NF		2	1	CMS clinical review
43245	Egd dilate stricture	EF018	stretcher	NF		81	0	Non-standard input for Moderate Sedation
		EF027	table, instrument, mobile	NF		37	85	Standard input for Moderate Sedation

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		EF031	table, power	NF		37	51	Refined equipment time to conform to established policies for technical equipment
		EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	NF		60	85	Standard input for Moderate Sedation
		EQ032	IV infusion pump	NF		60	85	Standard input for Moderate Sedation
		EQ235	suction machine (Gomco)	NF		37	51	Refined equipment time to conform to established policies for technical equipment
		ES031	video system, endoscopy (processor, digital capture, monitor, printer, cart)	NF		37	51	Refined equipment time to conform to established policies for technical equipment
		ES034	videoscope, gastroscopy	NF		67	78	Refined equipment time to conform to established policies for technical equipment
		SD009	canister, suction	NF		2	1	CMS clinical review
43247	Egd remove foreign body	EF018	stretcher	NF		88	0	Non-standard input for Moderate Sedation

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		EF027	table, instrument, mobile	NF		44	92	Standard input for Moderate Sedation
		EF031	table, power	NF		44	58	Refined equipment time to conform to established policies for technical equipment
		EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	NF		67	92	Standard input for Moderate Sedation
		EQ032	IV infusion pump	NF		67	92	Standard input for Moderate Sedation
		EQ235	suction machine (Gomco)	NF		44	58	Refined equipment time to conform to established policies for technical equipment
		ES031	video system, endoscopy (processor, digital capture, monitor, printer, cart)	NF		44	58	Refined equipment time to conform to established policies for technical equipment
		ES034	videoscope, gastroscopy	NF		74	85	Refined equipment time to conform to established policies for technical equipment
		SD009	canister, suction	NF		2	1	CMS clinical review

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
43248	Egd guide wire insertion	EF018	stretcher	NF		78	0	Non-standard input for Moderate Sedation
		EF027	table, instrument, mobile	NF		34	82	Standard input for Moderate Sedation
		EF031	table, power	NF		34	48	Refined equipment time to conform to established policies for technical equipment
		EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	NF		57	82	Standard input for Moderate Sedation
		EQ032	IV infusion pump	NF		57	82	Standard input for Moderate Sedation
		EQ137	instrument pack, basic (\$500-\$1499)	NF		64	55	Refined equipment time to conform to established policies for technical equipment
		EQ235	suction machine (Gomco)	NF		34	48	Refined equipment time to conform to established policies for technical equipment

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		ES031	video system, endoscopy (processor, digital capture, monitor, printer, cart)	NF		34	48	Refined equipment time to conform to established policies for technical equipment
		ES034	videoscope, gastroscopy	NF		64	75	Refined equipment time to conform to established policies for technical equipment
		SD009	canister, suction	NF		2	1	CMS clinical review
43249	Esoph egd dilation <30 mm	EF018	stretcher	NF		78	0	Non-standard input for Moderate Sedation
		EF027	table, instrument, mobile	NF		34	82	Standard input for Moderate Sedation
		EF031	table, power	NF		34	48	Refined equipment time to conform to established policies for technical equipment
		EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	NF		57	82	Standard input for Moderate Sedation
		EQ032	IV infusion pump	NF		57	82	Standard input for Moderate Sedation

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		EQ235	suction machine (Gomco)	NF		34	48	Refined equipment time to conform to established policies for technical equipment
		ES031	video system, endoscopy (processor, digital capture, monitor, printer, cart)	NF		34	48	Refined equipment time to conform to established policies for technical equipment
		ES034	videoscope, gastroscopy	NF		64	75	Refined equipment time to conform to established policies for technical equipment
		SD009	canister, suction	NF		2	1	CMS clinical review
		SD090	guidewire, STIFF	NF		1	0	CMS clinical review
43250	Egd cautery tumor polyp	EF018	stretcher	NF		78	0	Non-standard input for Moderate Sedation
		EF027	table, instrument, mobile	NF		34	82	Standard input for Moderate Sedation
		EF031	table, power	NF		34	48	Refined equipment time to conform to established policies for technical equipment

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	NF		57	82	Standard input for Moderate Sedation
		EQ032	IV infusion pump	NF		57	82	Standard input for Moderate Sedation
		EQ113	electrosurgical generator, gastrocautery	NF		34	48	Refined equipment time to conform to established policies for technical equipment
		EQ235	suction machine (Gomco)	NF		34	48	Refined equipment time to conform to established policies for technical equipment
		ES031	video system, endoscopy (processor, digital capture, monitor, printer, cart)	NF		34	48	Refined equipment time to conform to established policies for technical equipment
		ES034	videoscope, gastroscopy	NF		64	75	Refined equipment time to conform to established policies for technical equipment
		SD009	canister, suction	NF		2	1	CMS clinical review
43251	Egd remove lesion snare	EF018	stretcher	NF		78	0	Non-standard input for Moderate Sedation

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		EF027	table, instrument, mobile	NF		34	82	Standard input for Moderate Sedation
		EF031	table, power	NF		34	48	Refined equipment time to conform to established policies for technical equipment
		EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	NF		57	82	Standard input for Moderate Sedation
		EQ032	IV infusion pump	NF		57	82	Standard input for Moderate Sedation
		EQ113	electrosurgical generator, gastrocautery	NF		34	48	Refined equipment time to conform to established policies for technical equipment
		EQ235	suction machine (Gomco)	NF		34	48	Refined equipment time to conform to established policies for technical equipment
		ES031	video system, endoscopy (processor, digital capture, monitor, printer, cart)	NF		34	48	Refined equipment time to conform to established policies for technical equipment

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		ES034	videoscope, gastroscopy	NF		64	75	Refined equipment time to conform to established policies for technical equipment
		SD009	canister, suction	NF		2	1	CMS clinical review
43252	Egd optical endomicroscopy	EF018	stretcher	NF		78	0	Non-standard input for Moderate Sedation
		EF027	table, instrument, mobile	NF		34	92	Standard input for Moderate Sedation
		EF031	table, power	NF		34	61	Refined equipment time to conform to established policies for technical equipment
		EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	NF		70	92	Standard input for Moderate Sedation
		EQ032	IV infusion pump	NF		57	92	Standard input for Moderate Sedation
		EQ235	suction machine (Gomco)	NF		34	61	Refined equipment time to conform to established policies for technical equipment

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		EQ355	optical endomicroscope processor unit system	NF		77	61	Refined equipment time to conform to established policies for technical equipment
		ES031	video system, endoscopy (processor, digital capture, monitor, printer, cart)	NF		34	61	Refined equipment time to conform to established policies for technical equipment
		ES034	videoscope, gastroscopy	NF		64	88	Refined equipment time to conform to established policies for technical equipment
		SD009	canister, suction	NF		2	1	CMS clinical review
43255	Egd control bleeding any	EF018	stretcher	NF		88	0	Non-standard input for Moderate Sedation
		EF027	table, instrument, mobile	NF		44	92	Standard input for Moderate Sedation
		EF031	table, power	NF		44	58	Refined equipment time to conform to established policies for technical equipment
		EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	NF		67	92	Standard input for Moderate Sedation

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		EQ032	IV infusion pump	NF		67	92	Standard input for Moderate Sedation
		EQ113	electrosurgical generator, gastrocautery	NF		44	58	Refined equipment time to conform to established policies for technical equipment
		EQ235	suction machine (Gomco)	NF		44	58	Refined equipment time to conform to established policies for technical equipment
		ES031	video system, endoscopy (processor, digital capture, monitor, printer, cart)	NF		44	58	Refined equipment time to conform to established policies for technical equipment
		ES034	videoscope, gastroscopy	NF		74	85	Refined equipment time to conform to established policies for technical equipment
		SD009	canister, suction	NF		2	1	CMS clinical review
43270	Egd lesion ablation	EF018	stretcher	NF		103	0	Non-standard input for Moderate Sedation
		EF027	table, instrument, mobile	NF		82	107	Standard input for Moderate Sedation

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		EF031	table, power	NF		59	73	Refined equipment time to conform to established policies for technical equipment
		EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	NF		82	107	Standard input for Moderate Sedation
		EQ032	IV infusion pump	NF		82	107	Standard input for Moderate Sedation
		EQ113	electrosurgical generator, gastrocautery	NF		59	73	Refined equipment time to conform to established policies for technical equipment
		EQ214	radiofrequency generator (NEURO)	NF		59	73	CMS clinical review; see discussion in section II.D.3.b. of this final rule
		EQ235	suction machine (Gomco)	NF		59	73	Refined equipment time to conform to established policies for technical equipment
		EQ356	kit, probe, radiofrequency, Xli-enhanced RF probe (proxy for catheter, RF ablation, endoscopic)	NF		0	73	CMS clinical review; see discussion in section II.D.3.b. of this final rule

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		ES031	video system, endoscopy (processor, digital capture, monitor, printer, cart)	NF		59	73	Refined equipment time to conform to established policies for technical equipment
		ES034	videoscope, gastroscopy	NF		89	100	Refined equipment time to conform to established policies for technical equipment
		SA100	kit, probe, radiofrequency, Xli-enhanced RF probe	NF		1	0	CMS clinical review
		SD009	canister, suction	NF		2	1	CMS clinical review
		SD090	guidewire, STIFF	NF		1	0	CMS clinical review
43450	Dilate esophagus 1/mult pass	E	Mobile stand, Vital Signs Monitor	NF		47	0	Non-standard input for Moderate Sedation
		EF014	light, surgical	NF		24	36	Refined equipment time to conform to established policies for technical equipment
		EF018	stretcher	NF		51	0	Non-standard input for Moderate Sedation
		EF027	table, instrument, mobile	NF		24	77	Standard input for Moderate Sedation

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		EF031	table, power	NF		24	36	Refined equipment time to conform to established policies for technical equipment
		EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	NF		47	77	Standard input for Moderate Sedation
		EQ032	IV infusion pump	NF		47	77	Standard input for Moderate Sedation
		EQ235	suction machine (Gomco)	NF		24	36	Refined equipment time to conform to established policies for technical equipment
		EQ357	esophageal bougies, set, reusable	NF		0	36	CMS clinical review; see discussion in section II.D.3.b. of this final rule
		ES005	endoscope disinfectant, rigid or fiberoptic, w- cart	NF		15	0	CMS clinical review
43453	Dilate esophagus	E	Mobile stand, Vital Signs Monitor	NF		57	0	CMS clinical review
		EF014	light, surgical	NF		34	46	Refined equipment time to conform to changes in clinical labor time

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		EF018	stretcher	NF		61	0	Non-standard input for Moderate Sedation
		EF027	table, instrument, mobile	NF		34	87	Standard input for Moderate Sedation
		EF031	table, power	NF		34	46	Refined equipment time to conform to changes in clinical labor time
		EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	NF		57	87	Standard input for Moderate Sedation
		EQ032	IV infusion pump	NF		57	87	Standard input for Moderate Sedation
		EQ235	suction machine (Gomco)	NF		34	46	Refined equipment time to conform to changes in clinical labor time
		ES005	endoscope disinfectant, rigid or fiberoptic, w-cart	NF		15	0	CMS clinical review; an endoscope is not included
		L037D	RN/LPN/MTA	NF	Assist physician in performing procedure	25	20	Conforming to physician time

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		L051A	RN	NF	Monitor patient during Moderate Sedation	25	20	Conforming to physician time
49405	Image cath fluid colxn visc	EF018	stretcher	NF		120	0	Non-standard input for Moderate Sedation
		EF027	table, instrument, mobile	NF		169	162	Standard input for Moderate Sedation
		EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	NF		169	162	Standard input for Moderate Sedation
		EQ032	IV infusion pump	NF		169	162	Standard input for Moderate Sedation
49406	Image cath fluid peri/retro	EF018	stretcher	NF		120	0	Non-standard input for Moderate Sedation
		EF027	table, instrument, mobile	NF		169	162	Standard input for Moderate Sedation
		EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	NF		169	162	Standard input for Moderate Sedation
		EQ032	IV infusion pump	NF		169	162	Standard input for Moderate Sedation
49407	Image cath fluid trns/vgnl	EF018	stretcher	NF		120	0	Non-standard input for Moderate Sedation

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		EF027	table, instrument, mobile	NF		174	167	Standard input for Moderate Sedation
		EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	NF		174	167	Standard input for Moderate Sedation
		EQ032	IV infusion pump	NF		174	167	Standard input for Moderate Sedation
63650	Implant neuroelectrodes	EF018	stretcher	NF		10	15	Refined equipment time to conform to established policies for technical equipment
		EF024	table, fluoroscopy	NF		60	84	Refined equipment time to conform to established policies for technical equipment
		EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	NF		60	84	Refined equipment time to conform to established policies for technical equipment
		ER031	fluoroscopic system, mobile C-Arm	NF		60	69	Refined equipment time to conform to established policies for technical equipment

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		L037D	RN/LPN/MTA	NF	Clean Surgical Instrument Package	15	0	Standardized time input
		SA043	pack, cleaning, surgical instruments	NF		1	0	CMS clinical review
64616	Chemodermatologic neck dystonia	EF023	table, exam	NF		28	24	Refined equipment time to conform to changes in clinical labor time
		L037D	RN/LPN/MTA	NF	Other Clinical Activity: Complete botox log	3	0	CMS clinical review
		L037D	RN/LPN/MTA	NF	Assist physician in performing procedure	7	5	Conforming to physician time
64617	Chemodermatologic muscle larynx emg	EF023	table, exam	NF		30	33	Refined equipment time to conform to changes in clinical labor time
		EQ024	EMG-NCV-EP system, 8 channel	NF		30	33	Refined equipment time to conform to changes in clinical labor time
64642	Chemodermatologic extremity 1-4	EF023	table, exam	NF		44	38	Refined equipment time to conform to changes in clinical labor time

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		L037D	RN/LPN/MTA	NF	Other Clinical Activity: Complete botox log	3	0	CMS clinical review
64644	Chemode nerv 1 extrem 5/> mus	EF023	table, exam	NF		49	43	Refined equipment time to conform to established policies for technical equipment
		L037D	RN/LPN/MTA	NF	Other Clinical Activity: Complete botox log	3	0	CMS clinical review
64646	Chemode nerv trunk musc 1-5	EF023	table, exam	NF		44	38	Refined equipment time to conform to established policies for technical equipment
		L037D	RN/LPN/MTA	NF	Other Clinical Activity: Complete botox log	3	0	CMS clinical review
64647	Chemode nerv trunk musc 6/>	EF023	table, exam	NF		49	43	Refined equipment time to conform to established policies for technical equipment

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		L037D	RN/LPN/MTA	NF	Other Clinical Activity: Complete botox log	3	0	CMS clinical review
67914	Repair eyelid defect	EF015	mayo stand	NF		31	20	Refined equipment time to conform to established policies for technical equipment
		EL006	lane, screening (oph)	NF		121	110	Refined equipment time to conform to established policies for technical equipment
		EQ114	electrosurgical generator, up to 120 watts	NF		31	20	Refined equipment time to conform to established policies for technical equipment
		EQ138	instrument pack, medium (\$1500 and up)	NF		43	20	Refined equipment time to conform to established policies for technical equipment
		EQ176	loupes, standard, up to 3.5x	NF		31	20	Refined equipment time to conform to established policies for technical equipment

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		L038A	COMT/COT/RN /CST	NF	Clean Surgical Instrument Package	15	10	Standardized time input
		SC027	needle, 18-19g, filter	NF		SB034	SC027	Supply/Equipment code correction
		SC057	syringe 5-6ml	NF		SK057	SC057	Supply/Equipment code correction
67915	Repair eyelid defect	EF015	mayo stand	NF		21	10	Refined equipment time to conform to established policies for technical equipment
		EL006	lane, screening (oph)	NF		71	64	Refined equipment time to conform to established policies for technical equipment
		EQ114	electrosurgical generator, up to 120 watts	NF		21	10	Refined equipment time to conform to established policies for technical equipment
		EQ176	loupes, standard, up to 3.5x	NF		21	10	Refined equipment time to conform to established policies for technical equipment

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		SB027	gown, staff, impervious	NF		SB034	SB027	Supply/Equipment code correction
		SC057	syringe 5-6ml	NF		SK057	SC057	Supply/Equipment code correction
67916	Repair eyelid defect	SB027	gown, staff, impervious	NF		SB034	SB027	Supply/Equipment code correction
		SC057	syringe 5-6ml	NF		SK057	SC057	Supply/Equipment code correction
67917	Repair eyelid defect	SB027	gown, staff, impervious	NF		SB034	SB027	Supply/Equipment code correction
		SC057	syringe 5-6ml	NF		SK057	SC057	Supply/Equipment code correction
67921	Repair eyelid defect	SB027	gown, staff, impervious	NF		SB034	SB027	Supply/Equipment code correction
		SC057	syringe 5-6ml	NF		SK057	SC057	Supply/Equipment code correction
67922	Repair eyelid defect	SB027	gown, staff, impervious	NF		SB034	SB027	Supply/Equipment code correction
		SC057	syringe 5-6ml	NF		SK057	SC057	Supply/Equipment code correction
67923	Repair eyelid defect	SB027	gown, staff, impervious	NF		SB034	SB027	Supply/Equipment code correction
		SC057	syringe 5-6ml	NF		SK057	SC057	Supply/Equipment code correction

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
67924	Repair eyelid defect	SB027	gown, staff, impervious	NF		SB034	SB027	Supply/Equipment code correction
		SC057	syringe 5-6ml	NF		SK057	SC057	Supply/Equipment code correction
70450	Ct head/brain w/o dye	ED024	film processor, dry, laser	NF		15	4	Refined equipment time to conform to established policies for technical equipment
		EL007	room, CT	NF		26	17	Refined equipment time to conform to established policies for technical equipment
		ER029	film alternator (motorized film viewbox)	NF		15	4	Refined equipment time to conform to established policies for technical equipment
70460	Ct head/brain w/dye	ED024	film processor, dry, laser	NF		15	4	Refined equipment time to conform to established policies for technical equipment
		EL007	room, CT	NF		34	24	Refined equipment time to conform to established policies for technical equipment

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		ER029	film alternator (motorized film viewbox)	NF		15	4	Refined equipment time to conform to established policies for technical equipment
70470	Ct head/brain w/o & w/dye	ED024	film processor, dry, laser	NF		15	6	Refined equipment time to conform to established policies for technical equipment
		EL007	room, CT	NF		42	30	Refined equipment time to conform to established policies for technical equipment
		ER029	film alternator (motorized film viewbox)	NF		15	6	Refined equipment time to conform to established policies for technical equipment
70551	Mri brain stem w/o dye	EL008	room, MRI	NF		33	31	Refined equipment time to conform to established policies for technical equipment

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		L047A	MRI Technologist	NF	Other Clinical Activity: Retrieve prior appropriate imaging exams and hang for MD review, verify orders, review the chart to incorporate relevant clinical information and confirm contrast protocol with interpreting MD	8	3	CMS clinical review
		L047A	MRI Technologist	NF	Assist physician in performing procedure	30	20	CMS clinical review

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		L047A	MRI Technologist	NF	Other Clinical Activity: Escort patient from exam room due to magnetic sensitivity	2	0	CMS clinical review
70552	Mri brain stem w/dye	EL008	room, MRI	NF		47	45	Refined equipment time to conform to established policies for technical equipment

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		L047A	MRI Technologist	NF	Other Clinical Activity: Retrieve prior appropriate imaging exams and hang for MD review, verify orders, review the chart to incorporate relevant clinical information and confirm contrast protocol with interpreting MD	8	5	CMS clinical review
		L047A	MRI Technologist	NF	Obtain vital signs	0	3	CMS clinical review
		L047A	MRI Technologist	NF	Provide preservice education/obtain consent	9	7	CMS clinical review

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		L047A	MRI Technologist	NF	Other Clinical Activity: Escort patient from exam room due to magnetic sensitivity	2	0	CMS clinical review
		SG053	gauze, sterile 2in x 2in	NF		1	0	CMS clinical review
		SG089	tape, phix strips (for nasal catheter)	NF		6	0	CMS clinical review
		SJ043	povidone swabsticks (3 pack uou)	NF		1	0	CMS clinical review
		SJ053	swab-pad, alcohol	NF		1	0	CMS clinical review
70553	Mri brain stem w/o & w/dye	EL008	room, MRI	NF		57	53	Refined equipment time to conform to established policies for technical equipment

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		L047A	MRI Technologist	NF	Other Clinical Activity: Retrieve prior appropriate imaging exams and hang for MD review, verify orders, review the chart to incorporate relevant clinical information and confirm contrast protocol with interpreting MD	8	5	CMS clinical review
		L047A	MRI Technologist	NF	Obtain vital signs	0	3	CMS clinical review
		L047A	MRI Technologist	NF	Provide preservice education/obtain consent	9	7	CMS clinical review

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		L047A	MRI Technologist	NF	Assist physician in performing procedure	40	38	CMS clinical review
		L047A	MRI Technologist	NF	Other Clinical Activity: Escort patient from exam room due to magnetic sensitivity	2	0	CMS clinical review
		SG053	gauze, sterile 2in x 2in	NF		1	0	CMS clinical review
		SG089	tape, phix strips (for nasal catheter)	NF		6	0	CMS clinical review
		SJ043	povidone swabsticks (3 pack uou)	NF		1	0	CMS clinical review
		SJ053	swab-pad, alcohol	NF		1	0	CMS clinical review
72141	Mri neck spine w/o dye	L047A	MRI Technologist	NF	Other Clinical Activity: Escort patient from exam room due to magnetic sensitivity	2	0	CMS clinical review

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
72142	Mri neck spine w/dye	L047A	MRI Technologist	NF	Other Clinical Activity: Escort patient from exam room due to magnetic sensitivity	2	0	CMS clinical review
72146	Mri chest spine w/o dye	L047A	MRI Technologist	NF	Other Clinical Activity: Escort patient from exam room due to magnetic sensitivity	2	0	CMS clinical review
72147	Mri chest spine w/dye	L047A	MRI Technologist	NF	Other Clinical Activity: Escort patient from exam room due to magnetic sensitivity	2	0	CMS clinical review

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
72148	Mri lumbar spine w/o dye	L047A	MRI Technologist	NF	Other Clinical Activity: Escort patient from exam room due to magnetic sensitivity	2	0	CMS clinical review
72149	Mri lumbar spine w/dye	L047A	MRI Technologist	NF	Other Clinical Activity: Escort patient from exam room due to magnetic sensitivity	2	0	CMS clinical review
72156	Mri neck spine w/o & w/dye	L047A	MRI Technologist	NF	Other Clinical Activity: Escort patient from exam room due to magnetic sensitivity	2	0	CMS clinical review

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
72157	Mri chest spine w/o & w/dye	L047A	MRI Technologist	NF	Other Clinical Activity: Escort patient from exam room due to magnetic sensitivity	2	0	CMS clinical review
72158	Mri lumbar spine w/o & w/dye	L047A	MRI Technologist	NF	Other Clinical Activity: Escort patient from exam room due to magnetic sensitivity	2	0	CMS clinical review
74174	Ct angio abd&pel v w/o&w/dye	L046A	CT Technologist	NF	Other Clinical Activity: Process films, hang films and review study with interpreting MD prior to patient discharge	25	20	CMS clinical review
75726	Artery x-rays abdomen	L041A	Angio Technician	NF	Assist physician in performing procedure	73	45	CMS clinical review

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
77280	Set radiation therapy field	E	Virtual Simulation Package	NF		27	0	CMS clinical review
		ER057	radiation virtual simulation system	NF		0	27	CMS clinical review; inadequate information to price new items; existing item used as a proxy
77285	Set radiation therapy field	E	Virtual Simulation Package	NF		43	0	CMS clinical review
		ER057	radiation virtual simulation system	NF		0	43	CMS clinical review; inadequate information to price new items; existing item used as a proxy
77290	Set radiation therapy field	E	Virtual Simulation Package	NF		50	0	CMS clinical review
		ER057	radiation virtual simulation system	NF		0	50	CMS clinical review; inadequate information to price new items; existing item used as a proxy
77293	Respirator motion mgmt simul	E	Virtual Simulation Package	NF		40	0	CMS clinical review
		E	4D Simulation Package	NF		40	0	CMS clinical review

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		ER057	radiation virtual simulation system	NF		0	40	CMS clinical review; inadequate information to price new items; existing item used as a proxy
77373	Sbrt delivery	EQ211	pulse oximeter w-printer	NF		104	86	Refined equipment time to conform to established policies for technical equipment
		ER056	radiation treatment vault	NF		0	86	See discussion in section II.D.3.b. of this final rule
		ER083	SRS system, SBRT, six systems, average	NF		104	86	Refined equipment time to conform to established policies for technical equipment
77600	Hyperthermia treatment	EF015	mayo stand	NF		123	105	Refined equipment time to conform to established policies for technical equipment
		ER035	hyperthermia system, ultrasound, external	NF		123	105	Refined equipment time to conform to established policies for technical equipment

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		L037D	RN/LPN/MTA	NF	Clean Scope	10	0	CMS clinical review; catheters included are disposable supplies and time is already included for cleaning equipment
77785	Hdr brachytx 1 channel	E	Emergency service container-safety kit	NF		46	0	Indirect practice expense
		EF021	table, brachytherapy treatment	NF		46	42	Refined equipment time to conform to established policies for technical equipment
		EQ292	Applicator Base Plate	NF		46	42	Refined equipment time to conform to established policies for technical equipment
		ER003	HDR Afterload System, Nucletron - Oldelft	NF		46	42	Refined equipment time to conform to established policies for technical equipment

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		ER028	electrometer, PC-based, dual channel	NF		46	42	Refined equipment time to conform to established policies for technical equipment
		ER054	radiation survey meter	NF		46	42	Refined equipment time to conform to established policies for technical equipment
		ER060	source, 10 Ci Ir 192	NF		46	42	Refined equipment time to conform to established policies for technical equipment
		ER062	stirrups (for brachytherapy table)	NF		46	42	Refined equipment time to conform to established policies for technical equipment
		ER073	Area Radiation Monitor	NF		46	42	Refined equipment time to conform to established policies for technical equipment
77786	Hdr brachytx 2-12 channel	E	Emergency service container-safety kit	NF		100	0	Indirect practice expense

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		EF021	table, brachytherapy treatment	NF		100	86	Refined equipment time to conform to established policies for technical equipment
		EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	NF		100	86	Refined equipment time to conform to established policies for technical equipment
		EQ292	Applicator Base Plate	NF		100	86	Refined equipment time to conform to established policies for technical equipment
		ER003	HDR Afterload System, Nucletron - Oldelft	NF		100	86	Refined equipment time to conform to established policies for technical equipment
		ER028	electrometer, PC-based, dual channel	NF		100	86	Refined equipment time to conform to established policies for technical equipment
		ER054	radiation survey meter	NF		100	86	Refined equipment time to conform to established policies for technical equipment

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		ER060	source, 10 Ci Ir 192	NF		100	86	Refined equipment time to conform to established policies for technical equipment
		ER073	Area Radiation Monitor	NF		100	86	Refined equipment time to conform to established policies for technical equipment
77787	Hdr brachytx over 12 chan	E	Emergency service container-safety kit	NF		162	0	Indirect practice expense
		EF021	table, brachytherapy treatment	NF		162	137	Refined equipment time to conform to established policies for technical equipment
		EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	NF		162	137	Refined equipment time to conform to established policies for technical equipment
		EQ292	Applicator Base Plate	NF		162	137	Refined equipment time to conform to established policies for technical equipment

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		ER003	HDR Afterload System, Nucletron - Oldelft	NF		162	137	Refined equipment time to conform to established policies for technical equipment
		ER028	electrometer, PC-based, dual channel	NF		162	137	Refined equipment time to conform to established policies for technical equipment
		ER054	radiation survey meter	NF		162	137	Refined equipment time to conform to established policies for technical equipment
		ER060	source, 10 Ci Ir 192	NF		162	137	Refined equipment time to conform to established policies for technical equipment
		ER062	stirrups (for brachytherapy table)	NF		162	137	Refined equipment time to conform to established policies for technical equipment
		ER073	Area Radiation Monitor	NF		162	137	Refined equipment time to conform to established policies for technical equipment

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
88112	Cytopath cell enhance tech	E	Laboratory Information System with maintenance contract	NF		2	0	Included in equipment cost per minute calculation
		E	Copath System Software	NF		2	0	Indirect practice expense
		L035A	Lab Tech/Histotechnologist	NF	Order, restock, and distribute specimen containers with requisition forms.	0.5	0	CMS clinical review
		L045A	Cytotechnologist	NF	Perform screening function (where applicable)	8	0	CMS clinical review
		L045A	Cytotechnologist	NF	A. Confirm patient ID, organize work, verify and review history	2	0	CMS clinical review

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		L045A	Cytotechnologist	NF	B: Enter screening diagnosis in laboratory information system, complete workload recording logs, manage any relevant utilization review/quality assurance activities and regulatory compliance documentation and assemble and deliver slides with paperwork to pathologist	2	0	CMS clinical review
		S	Courier transportation costs	NF		2.02	0	Indirect practice expense
		S	Specimen, solvent, and formalin disposal cost	NF		0.18	0	Indirect practice expense

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
93880	Extracranial bilat study	ED021	computer, desktop, w-monitor	NF		68	51	Refined equipment time to conform to established policies for technical equipment
		ED034	video SVHS VCR (medical grade)	NF		68	0	CMS clinical review; functionality of items redundant with other direct PE inputs
		ED036	video printer, color (Sony medical grade)	NF		10	0	CMS clinical review; functionality of items redundant with other direct PE inputs
		EL016	room, ultrasound, vascular	NF		68	51	Refined equipment time to conform to established policies for technical equipment
93882	Extracranial uni/ltd study	ED021	computer, desktop, w-monitor	NF		44	29	Refined equipment time to conform to established policies for technical equipment

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		ED034	video SVHS VCR (medical grade)	NF		44	0	CMS clinical review; functionality of items redundant with other direct PE inputs
		ED036	video printer, color (Sony medical grade)	NF		10	0	CMS clinical review; functionality of items redundant with other direct PE inputs
		EL016	room, ultrasound, vascular	NF		44	29	Refined equipment time to conform to established policies for technical equipment
94667	Chest wall manipulation	EF023	table, exam	NF		1	35	Refined equipment time to conform to changes in clinical labor time
94668	Chest wall manipulation	EF023	table, exam	NF		1	33	Refined equipment time to conform to changes in clinical labor time
94669	Mechanical chest wall oscill	EF023	table, exam	NF		1	45	Refined equipment time to conform to changes in clinical labor time

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
95816	Eeg awake and drowsy	EQ330	EEG, digital, testing system (computer hardware, software & camera)	NF		116	107	Refined equipment time to conform to established policies for technical equipment
95819	Eeg awake and asleep	EQ330	EEG, digital, testing system (computer hardware, software & camera)	NF		148	139	Refined equipment time to conform to established policies for technical equipment
95822	Eeg coma or sleep only	EQ330	EEG, digital, testing system (computer hardware, software & camera)	NF		123	114	Refined equipment time to conform to established policies for technical equipment
99170	Anogenital exam child w imag	ED005	camera, digital system, 12 megapixel (medical grade)	NF		50	60	Refined equipment time to conform to established policies for technical equipment
		ED021	computer, desktop, w-monitor	NF		50	0	Indirect practice expense
		EF015	mayo stand	NF		50	60	Refined equipment time to conform to established policies for technical equipment

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		EF031	table, power	NF		50	60	Refined equipment time to conform to established policies for technical equipment
		EQ170	light, fiberoptic headlight w-source	NF		50	60	Refined equipment time to conform to established policies for technical equipment
		ES004	colposcope	NF		50	67	Refined equipment time to conform to established policies for technical equipment
		L051A	RN	NF	Coordinate pre-surgery services	0	3	CMS clinical review
		L051A	RN	NF	Other Clinical Activity (Preservice)	5	0	CMS clinical review
		L051A	RN	NF	Other Clinical Activity (Post Service)	15	3	CMS clinical review
		SA048	pack, minimum multi-specialty visit	F		1	0	Service period supplies are not included in the facility setting

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		SB006	drape, non-sterile, sheet 40in x 60in	F		1	0	Service period supplies are not included in the facility setting
		SB022	gloves, non-sterile	F		1	0	Service period supplies are not included in the facility setting
		SD118	specula, vaginal	F		1	0	Service period supplies are not included in the facility setting
		SG008	applicator, cotton-tipped, non-sterile 6in	F		2	0	Service period supplies are not included in the facility setting
		SJ033	lubricating jelly (Surgilube)	F		1	0	Service period supplies are not included in the facility setting
		SL146	tubed culture media	F		2	0	Service period supplies are not included in the facility setting

HCPCS Code	HCPCS Code Description	Input Code	Input Code Description	Non-Fac/ Fac	Labor Activity (if applicable)	RUC Recommendation or Current Value (min or qty)	CMS Refinement (min or qty)	Comment
		SL157	cup, sterile, 8 oz	F		1	0	Service period supplies are not included in the facility setting
G0461	Immunohistochemistry, initial antibody	E	Specimen, solvent, and formalin disposal cost	NF		0.35	0	Indirect practice expense
		E	Laboratory Information System with maintenance contract	NF		2	0	Included in equipment cost per minute calculation
		E	Copath System Software	NF		2	0	Indirect practice expense
		EP043	water bath, general purpose (lab)	NF		8	5	CMS clinical review
		ER041	microtome	NF		8	5	CMS clinical review
G0462	Immunohistochemistry, subsequent antibody	EP112	Benchmark ULTRA automated slide preparation system	NF		33	15	CMS clinical review
		SL489	UltraView Universal Alkaline Phosphatase Red Detection Kit	NF		0.2	2	CMS clinical review

**TABLE 30: Crosswalk for Establishing CY 2014 New/Revised/Potentially Misvalued Codes
Malpractice RVUs**

CY 2014 New, Revised, or Potentially Misvalued HCPCS Code		Malpractice Risk Factor Crosswalk HCPCS Code	
10030	Guide cathet fluid drainage	37200	transcatheter biopsy
13152	Cmplx rpr e/n/e/1 2.6-7.5 cm	13152	cmplx rpr e/n/e/1 2.6-7.5 cm

CY 2014 New, Revised, or Potentially Misvalued HCPCS Code		Malpractice Risk Factor Crosswalk HCPCS Code	
17000	Destruct premalg lesion	17000	destruct premalg lesion
17003	Destruct premalg les 2-14	17003	destruct premalg les 2-14
17004	Destroy premal lesions 15/>	17004	destroy premal lesions 15/>
17311	Mohs 1 stage h/n/hf/g	17311	mohs 1 stage h/n/hf/g
17312	Mohs addl stage	17312	mohs addl stage
17313	Mohs 1 stage t/a/l	17313	mohs 1 stage t/a/l
17314	Mohs addl stage t/a/l	17314	mohs addl stage t/a/l
17315	Mohs surg addl block	17315	mohs surg addl block
19081	Bx breast 1st Lesion strtctc	32553	ins mark thor for rt perq
19082	Bx breast add Lesion strtctc	64480	inj foramen epidural add-on
19083	Bx breast 1st Lesion US imag	32551	insertion of chest tube
19084	Bx breast add Lesion US imag	64480	inj foramen epidural add-on
19085	Bx breast 1st lesion mr imag	36565	insert tunneled cv cath
19086	Bx breast add lesion mr imag	76812	ob us detailed addl fetus
19281	Perq device breast 1st imag	50387	change ext/int ureter stent
19282	Perq device breast ea imag	76812	ob us detailed addl fetus
19283	Perq dev breast 1st strtctc	50387	change ext/int ureter stent
19284	Perq dev breast add strtctc	76812	ob us detailed addl fetus
19285	Perq dev breast 1st us imag	36569	insert picc cath
19286	Perq dev breast add us imag	76812	ob us detailed addl fetus
19287	Perq dev breast 1st mr guide	32551	insertion of chest tube
19288	Perq dev breast add mr guide	76812	ob us detailed addl fetus
23333	Remove shoulder fb deep	23472	reconstruct shoulder joint
23334	Shoulder prosthesis removal	23472	reconstruct shoulder joint
23335	Shoulder prosthesis removal	23472	reconstruct shoulder joint
24160	Remove elbow joint implant	24363	replace elbow joint
24164	Remove radius head implant	23430	repair biceps tendon
27130	Total hip arthroplasty	27130	total hip arthroplasty
27236	Treat thigh fracture	27236	treat thigh fracture
27446	Revision of knee joint	27446	revision of knee joint
27447	Total knee arthroplasty	27447	total knee arthroplasty
31237	Nasal/sinus endoscopy surg	31237	nasal/sinus endoscopy surg
31238	Nasal/sinus endoscopy surg	31238	nasal/sinus endoscopy surg
31239	Nasal/sinus endoscopy surg	31239	nasal/sinus endoscopy surg
31240	Nasal/sinus endoscopy surg	31240	nasal/sinus endoscopy surg
33282	Implant pat-active ht record	33282	implant pat-active ht record

CY 2014 New, Revised, or Potentially Misvalued HCPCS Code		Malpractice Risk Factor Crosswalk HCPCS Code	
33284	Remove pat-active ht record	33284	remove pat-active ht record
33366	Trcath replace aortic valve	33979	insert intracorporeal device
35301	Rechanneling of artery	35301	rechanneling of artery
35475	Repair arterial blockage	35475	repair arterial blockage
35476	Repair venous blockage	35476	repair venous blockage
36245	Ins cath abd/l-ext art 1st	36245	ins cath abd/l-ext art 1st
37217	Stent placemt retro carotid	37660	revision of major vein
37236	Open/perq place stent 1st	36247	ins cath abd/l-ext art 3rd
37237	Open/perq place stent ea add	37223	iliac revasc w/stent add-on
37238	Open/perq place stent same	36247	ins cath abd/l-ext art 3rd
37239	Open/perq place stent ea add	37223	iliac revasc w/stent add-on
37241	Vasc embolize/occlude venous	37204	transcatheter occlusion
37242	Vasc embolize/occlude artery	37204	transcatheter occlusion
37243	Vasc embolize/occlude organ	37204	transcatheter occlusion
37244	Vasc embolize/occlude bleed	37204	transcatheter occlusion
38240	Transplt allo hct/donor	38240	transplt allo hct/donor
43191	Esophagoscopy rigid trnso dx	31575	diagnostic laryngoscopy
43192	Esophagosc rig trnso inject	31575	diagnostic laryngoscopy
43193	Esophagosc rig trnso biopsy	31575	diagnostic laryngoscopy
43194	Esophagosc rig trnso rem fb	31575	diagnostic laryngoscopy
43195	Esophagoscopy rigid balloon	31575	diagnostic laryngoscopy
43196	Esophagosc guide wire dilat	31638	bronchoscopy revise stent
43197	Esophagoscopy flex dx brush	31575	diagnostic laryngoscopy
43198	Esophagosc flex trnsn biopsy	31575	diagnostic laryngoscopy
43200	Esophagoscopy flexible brush	43200	esophagoscopy flexible brush
43201	Esoph scope w/submucous inj	43201	esoph scope w/submucous inj
43202	Esophagoscopy flex biopsy	43202	esophagoscopy flex biopsy
43204	Esoph scope w/sclerosis inj	43204	esoph scope w/sclerosis inj
43205	Esophagus endoscopy/ligation	43205	esophagus endoscopy/ligation
43206	Esoph optical endomicroscopy	43200	esophagoscopy flexible brush
43211	Esophagosc mucosal resect	43201	esoph scope w/submucous inj
43212	Esophagosc stent placement	43219	esophagus endoscopy
43213	Esophagoscopy retro balloon	43456	dilate esophagus
43214	Esophagosc dilate balloon 30	43458	dilate esophagus
43215	Esophagoscopy flex remove fb	43215	esophagoscopy flex remove fb
43216	Esophagoscopy lesion removal	43216	esophagoscopy lesion removal

CY 2014 New, Revised, or Potentially Misvalued HCPCS Code		Malpractice Risk Factor Crosswalk HCPCS Code	
43217	Esophagoscopy snare les remv	43217	esophagoscopy snare les remv
43220	Esophagoscopy balloon <30mm	43220	esophagoscopy balloon <30mm
43226	Esoph endoscopy dilation	43226	esoph endoscopy dilation
43227	Esophagoscopy control bleed	43227	esophagoscopy control bleed
43229	Esophagoscopy lesion ablate	43228	esoph endoscopy ablation
43231	Esophagoscop ultrasound exam	43231	esophagoscop ultrasound exam
43232	Esophagoscopy w/us needle bx	43232	esophagoscopy w/us needle bx
43233	Egd balloon dil esoph30 mm/>	43271	endo cholangiopancreatograph
43235	Egd diagnostic brush wash	43235	egd diagnostic brush wash
43236	Uppr gi scope w/submuc inj	43236	uppr gi scope w/submuc inj
43237	Endoscopic us exam esoph	43237	endoscopic us exam esoph
43238	Egd us fine needle bx/aspir	43238	egd us fine needle bx/aspir
43239	Egd biopsy single/multiple	43239	egd biopsy single/multiple
43240	Egd w/transmural drain cyst	43240	egd w/transmural drain cyst
43241	Egd tube/cath insertion	43241	egd tube/cath insertion
43242	Egd us fine needle bx/aspir	43242	egd us fine needle bx/aspir
43243	Egd injection varices	43243	egd injection varices
43244	Egd varices ligation	43244	egd varices ligation
43245	Egd dilate stricture	43245	egd dilate stricture
43246	Egd place gastrostomy tube	43246	egd place gastrostomy tube
43247	Egd remove foreign body	43247	egd remove foreign body
43248	Egd guide wire insertion	43248	egd guide wire insertion
43249	Esoph egd dilation <30 mm	43249	esoph egd dilation <30 mm
43250	Egd cautery tumor polyp	43250	egd cautery tumor polyp
43251	Egd remove lesion snare	43251	egd remove lesion snare
43252	Egd optical endomicroscopy	43200	esophagoscopy flexible brush
43253	Egd us transmural injxn/mark	43242	egd us fine needle bx/aspir
43254	Egd endo mucosal resection	43251	egd remove lesion snare
43255	Egd control bleeding any	43255	egd control bleeding any
43257	Egd w/thrml txmnt gerd	43257	egd w/thrml txmnt gerd
43259	Egd us exam duodenum/jejunum	43259	egd us exam duodenum/jejunum
43260	Ercp w/specimen collection	43260	ercp w/specimen collection
43261	Endo cholangiopancreatograph	43261	endo cholangiopancreatograph
43262	Endo cholangiopancreatograph	43262	endo cholangiopancreatograph
43263	Ercp sphincter pressure meas	43263	ercp sphincter pressure meas
43264	Ercp remove duct calculi	43264	ercp remove duct calculi

CY 2014 New, Revised, or Potentially Misvalued HCPCS Code		Malpractice Risk Factor Crosswalk HCPCS Code	
43265	Ercp lithotripsy calculi	43265	ercp lithotripsy calculi
43266	Egd endoscopic stent place	43256	uppr gi endoscopy w/stent
43270	Egd lesion ablation	43258	operative upper gi endoscopy
43273	Endoscopic pancreatoscopy	43273	endoscopic pancreatoscopy
43274	Ercp duct stent placement	43268	endo cholangiopancreatograph
43275	Ercp remove forgn body duct	43269	endo cholangiopancreatograph
43276	Ercp stent exchange w/dilate	43269	endo cholangiopancreatograph
43277	Ercp ea duct/ampulla dilate	43271	endo cholangiopancreatograph
43278	Ercp lesion ablate w/dilate	43272	endo cholangiopancreatograph
43450	Dilate esophagus 1/mult pass	43450	dilate esophagus 1/mult pass
43453	Dilate esophagus	43453	dilate esophagus
49405	Image cath fluid colxn visc	37200	transcatheter biopsy
49406	Image cath fluid peri/retro	37200	transcatheter biopsy
49407	Image cath fluid trns/vgnl	37200	transcatheter biopsy
50360	Transplantation of kidney	50360	transplantation of kidney
52332	Cystoscopy and treatment	52332	cystoscopy and treatment
52353	Cystouretero w/lithotripsy	52353	cystouretero w/lithotripsy
52356	Cysto/uretero w/lithotripsy	52353	cystouretero w/lithotripsy
62310	Inject spine cerv/thoracic	62310	inject spine cerv/thoracic
62311	Inject spine lumbar/sacral	62311	inject spine lumbar/sacral
62318	Inject spine w/cath crv/thrc	62318	inject spine w/cath crv/thrc
62319	Inject spine w/cath lmb/scrl	62319	inject spine w/cath lmb/scrl
63047	Remove spine lamina 1 lmb	63047	remove spine lamina 1 lmb
63048	Remove spinal lamina add-on	63048	remove spinal lamina add-on
63650	Implant neuroelectrodes	63650	implant neuroelectrodes
64613	Destroy nerve neck muscle	64613	destroy nerve neck muscle
64614	Destroy nerve extrem musc	64614	destroy nerve extrem musc
64616	Chemodenerv musc neck dyston	64613	destroy nerve neck muscle
64617	Chemodener muscle larynx emg	31513	injection into vocal cord
64642	Chemodenerv 1 extremity 1-4	64614	destroy nerve extrem musc
64643	Chemodenerv 1 extrem 1-4 ea	64614	destroy nerve extrem musc
64644	Chemodenerv 1 extrem 5/> mus	64614	destroy nerve extrem musc
64645	Chemodenerv 1 extrem 5/> ea	64614	destroy nerve extrem musc
64646	Chemodenerv trunk musc 1-5	64614	destroy nerve extrem musc
64647	Chemodenerv trunk musc 6/>	64614	destroy nerve extrem musc
66180	Implant eye shunt	66180	implant eye shunt

CY 2014 New, Revised, or Potentially Misvalued HCPCS Code		Malpractice Risk Factor Crosswalk HCPCS Code	
66183	Insert ant drainage device	65850	incision of eye
66185	Revise eye shunt	66185	revise eye shunt
67255	Reinforce/graft eye wall	67255	reinforce/graft eye wall
67914	Repair eyelid defect	67914	repair eyelid defect
67915	Repair eyelid defect	67915	repair eyelid defect
67916	Repair eyelid defect	67916	repair eyelid defect
67917	Repair eyelid defect	67917	repair eyelid defect
67921	Repair eyelid defect	67921	repair eyelid defect
67922	Repair eyelid defect	67922	repair eyelid defect
67923	Repair eyelid defect	67923	repair eyelid defect
67924	Repair eyelid defect	67924	repair eyelid defect
69210	Remove impacted ear wax uni	69210	remove impacted ear wax uni
70450	Ct head/brain w/o dye	70450	ct head/brain w/o dye
70460	Ct head/brain w/dye	70460	ct head/brain w/dye
70551	Mri brain stem w/o dye	70551	mri brain stem w/o dye
70552	Mri brain stem w/dye	70552	mri brain stem w/dye
70553	Mri brain stem w/o & w/dye	70553	mri brain stem w/o & w/dye
72141	Mri neck spine w/o dye	72141	mri neck spine w/o dye
72142	Mri neck spine w/dye	72142	mri neck spine w/dye
72146	Mri chest spine w/o dye	72146	mri chest spine w/o dye
72147	Mri chest spine w/dye	72147	mri chest spine w/dye
72148	Mri lumbar spine w/o dye	72148	mri lumbar spine w/o dye
72149	Mri lumbar spine w/dye	72149	mri lumbar spine w/dye
72156	Mri neck spine w/o & w/dye	72156	mri neck spine w/o & w/dye
72157	Mri chest spine w/o & w/dye	72157	mri chest spine w/o & w/dye
72158	Mri lumbar spine w/o & w/dye	72158	mri lumbar spine w/o & w/dye
72191	Ct angiograph pelv w/o&w/dye	72191	ct angiograph pelv w/o&w/dye
74174	Ct angio abd&pelv w/o&w/dye	74174	ct angio abd&pelv w/o&w/dye
74175	Ct angio abdom w/o & w/dye	74175	ct angio abdom w/o & w/dye
77001	Fluoroguide for vein device	77001	fluoroguide for vein device
77002	Needle localization by xray	77002	needle localization by xray
77003	Fluoroguide for spine inject	77003	fluoroguide for spine inject
77280	Set radiation therapy field	77280	set radiation therapy field
77285	Set radiation therapy field	77285	set radiation therapy field
77290	Set radiation therapy field	77290	set radiation therapy field
77293	Respirator motion mgmt simul	77470	special radiation treatment

CY 2014 New, Revised, or Potentially Misvalued HCPCS Code		Malpractice Risk Factor Crosswalk HCPCS Code	
77295	3-d radiotherapy plan	77295	3-d radiotherapy plan
77301	Radiotherapy dose plan imrt	77301	radiotherapy dose plan imrt
77336	Radiation physics consult	77336	radiation physics consult
77338	Design mlc device for imrt	77338	design mlc device for imrt
77372	Srs linear based	77372	srs linear based
77373	Sbrt delivery	77373	sbrt delivery
77402	Radiation treatment delivery	77402	radiation treatment delivery
77403	Radiation treatment delivery	77403	radiation treatment delivery
77404	Radiation treatment delivery	77404	radiation treatment delivery
77406	Radiation treatment delivery	77406	radiation treatment delivery
77407	Radiation treatment delivery	77407	radiation treatment delivery
77408	Radiation treatment delivery	77408	radiation treatment delivery
77409	Radiation treatment delivery	77409	radiation treatment delivery
77411	Radiation treatment delivery	77411	radiation treatment delivery
77412	Radiation treatment delivery	77412	radiation treatment delivery
77413	Radiation treatment delivery	77413	radiation treatment delivery
77414	Radiation treatment delivery	77414	radiation treatment delivery
77416	Radiation treatment delivery	77416	radiation treatment delivery
77417	Radiology port film(s)	77417	radiology port film(s)
77600	Hyperthermia treatment	77600	hyperthermia treatment
77785	Hdr brachytx 1 channel	77785	hdr brachytx 1 channel
77786	Hdr brachytx 2-12 channel	77786	hdr brachytx 2-12 channel
77787	Hdr brachytx over 12 chan	77787	hdr brachytx over 12 chan
78072	Parathyrd planar w/spect&ct	78452	ht muscle image spect mult
88112	Cytopath cell enhance tech	88112	cytopath cell enhance tech
88365	Insitu hybridization (fish)	88365	insitu hybridization (fish)
88367	Insitu hybridization auto	88367	insitu hybridization auto
88368	Insitu hybridization manual	88368	insitu hybridization manual
90785	Psytx complex interactive	90836	psytx pt&/fam w/e&m 45 min
90791	Psych diagnostic evaluation	90846	family psytx w/o patient
90792	Psych diag eval w/med srvc	90846	family psytx w/o patient
90832	Psytx pt&/family 30 minutes	90846	family psytx w/o patient
90833	Psytx pt&/fam w/e&m 30 min	90846	family psytx w/o patient
90834	Psytx pt&/family 45 minutes	90846	family psytx w/o patient
90836	Psytx pt&/fam w/e&m 45 min	90846	family psytx w/o patient
90837	Psytx pt&/family 60 minutes	90846	family psytx w/o patient

CY 2014 New, Revised, or Potentially Misvalued HCPCS Code		Malpractice Risk Factor Crosswalk HCPCS Code	
90838	Psytx pt&/fam w/e&m 60 min	90846	family psytx w/o patient
90839	Psytx crisis initial 60 min	90837	psytx pt&/family 60 minutes
90840	Psytx crisis ea addl 30 min	90833	psytx pt&/fam w/e&m 30 min
90845	Psychoanalysis	90845	psychoanalysis
90846	Family psytx w/o patient	90846	family psytx w/o patient
90847	Family psytx w/patient	90847	family psytx w/patient
90853	Group psychotherapy	90853	group psychotherapy
91065	Breath hydrogen/methane test	91065	breath hydrogen/methane test
92521	Evaluation of speech fluency	96105	assessment of aphasia
92522	Evaluate speech production	96105	assessment of aphasia
92523	Speech sound lang comprehen	96105	assessment of aphasia
92524	Behavral qualit analys voice	92520	laryngeal function studies
93000	Electrocardiogram complete	93000	electrocardiogram complete
93005	Electrocardiogram tracing	93005	electrocardiogram tracing
93010	Electrocardiogram report	93010	electrocardiogram report
93582	Perq transcath closure pda	93580	transcath closure of asd
93583	Perq transcath septal reduxn	93580	transcath closure of asd
93880	Extracranial bilat study	93880	extracranial bilat study
93882	Extracranial uni/ltd study	93882	extracranial uni/ltd study
94667	Chest wall manipulation	94667	chest wall manipulation
94668	Chest wall manipulation	94668	chest wall manipulation
94669	Mechanical chest wall oscill	94668	chest wall manipulation
95816	Eeg awake and drowsy	95816	eeg awake and drowsy
95819	Eeg awake and asleep	95819	eeg awake and asleep
95822	Eeg coma or sleep only	95822	eeg coma or sleep only
95886	Musc test done w/n test comp	95886	musc test done w/n test comp
95887	Musc tst done w/n tst nonext	95887	musc tst done w/n tst nonext
95928	C motor evoked uppr limbs	95928	c motor evoked uppr limbs
95929	C motor evoked lwr limbs	95929	c motor evoked lwr limbs
96365	Ther/proph/diag iv inf init	96365	ther/proph/diag iv inf init
96366	Ther/proph/diag iv inf addon	96366	ther/proph/diag iv inf addon
96367	Tx/proph/dg addl seq iv inf	96367	tx/proph/dg addl seq iv inf
96368	Ther/diag concurrent inf	96368	ther/diag concurrent inf
96413	Chemo iv infusion 1 hr	96413	chemo iv infusion 1 hr
96415	Chemo iv infusion addl hr	96415	chemo iv infusion addl hr
96417	Chemo iv infus each addl seq	96417	chemo iv infus each addl seq

CY 2014 New, Revised, or Potentially Misvalued HCPCS Code		Malpractice Risk Factor Crosswalk HCPCS Code	
98940	Chiropract manj 1-2 regions	98940	chiropract manj 1-2 regions
98941	Chiropract manj 3-4 regions	98941	chiropract manj 3-4 regions
98942	Chiropractic manj 5 regions	98942	chiropractic manj 5 regions
98943	Chiropract manj xtrspinal 1/>	98943	chiropract manj xtrspinal 1/>
99170	Anogenital exam child w imag	99170	anogenital exam child w imag
70450 26	Ct head/brain w/o dye	70450 26	ct head/brain w/o dye
70450 TC	Ct head/brain w/o dye	70450 TC	ct head/brain w/o dye
70460 26	Ct head/brain w/dye	70460 26	ct head/brain w/dye
70460 TC	Ct head/brain w/dye	70460 TC	ct head/brain w/dye
70551 26	Mri brain stem w/o dye	70551 26	mri brain stem w/o dye
70551 TC	Mri brain stem w/o dye	70551 TC	mri brain stem w/o dye
70552 26	Mri brain stem w/dye	70552 26	mri brain stem w/dye
70552 TC	Mri brain stem w/dye	70552 TC	mri brain stem w/dye
70553 26	Mri brain stem w/o & w/dye	70553 26	mri brain stem w/o & w/dye
70553 TC	Mri brain stem w/o & w/dye	70553 tc	mri brain stem w/o & w/dye
72141 26	Mri neck spine w/o dye	72141 26	mri neck spine w/o dye
72141 TC	Mri neck spine w/o dye	72141 TC	mri neck spine w/o dye
72142 26	Mri neck spine w/dye	72142 26	mri neck spine w/dye
72142 TC	Mri neck spine w/dye	72142 TC	mri neck spine w/dye
72146 26	Mri chest spine w/o dye	72146 26	mri chest spine w/o dye
72146 TC	Mri chest spine w/o dye	72146 TC	mri chest spine w/o dye
72147 26	Mri chest spine w/dye	72147 26	mri chest spine w/dye
72147 TC	Mri chest spine w/dye	72147 TC	mri chest spine w/dye
72148 26	Mri lumbar spine w/o dye	72148 26	mri lumbar spine w/o dye
72148 TC	Mri lumbar spine w/o dye	72148 TC	mri lumbar spine w/o dye
72149 26	Mri lumbar spine w/dye	72149 26	mri lumbar spine w/dye
72149 TC	Mri lumbar spine w/dye	72149 TC	mri lumbar spine w/dye
72156 26	Mri neck spine w/o & w/dye	72156 26	mri neck spine w/o & w/dye
72156 TC	Mri neck spine w/o & w/dye	72156 TC	mri neck spine w/o & w/dye
72157 26	Mri chest spine w/o & w/dye	72157 26	mri chest spine w/o & w/dye
72157 TC	Mri chest spine w/o & w/dye	72157 TC	mri chest spine w/o & w/dye
72158 26	Mri lumbar spine w/o & w/dye	72158 26	mri lumbar spine w/o & w/dye
72158 TC	Mri lumbar spine w/o & w/dye	72158 TC	mri lumbar spine w/o & w/dye
72191 26	Ct angiograph pelv w/o&w/dye	72191 26	ct angiograph pelv w/o&w/dye
72191 TC	Ct angiograph pelv w/o&w/dye	72191 TC	ct angiograph pelv w/o&w/dye
74174 26	Ct angio abd&pelv w/o&w/dye	74174 26	ct angio abd&pelv w/o&w/dye

CY 2014 New, Revised, or Potentially Misvalued HCPCS Code		Malpractice Risk Factor Crosswalk HCPCS Code	
74174 TC	Ct angio abd&pelv w/o&w/dye	74174 TC	ct angio abd&pelv w/o&w/dye
74175 26	Ct angio abdom w/o & w/dye	74175 26	ct angio abdom w/o & w/dye
74175 TC	Ct angio abdom w/o & w/dye	74175 TC	ct angio abdom w/o & w/dye
77001 26	Fluoroguide for vein device	77001 26	fluoroguide for vein device
77001 TC	Fluoroguide for vein device	77001 TC	fluoroguide for vein device
77002 26	Needle localization by xray	77002 26	needle localization by xray
77002 TC	Needle localization by xray	77002 TC	needle localization by xray
77003 26	Fluoroguide for spine inject	77003 26	fluoroguide for spine inject
77003 TC	Fluoroguide for spine inject	77003 TC	fluoroguide for spine inject
77280 26	Set radiation therapy field	77280 26	set radiation therapy field
77280 TC	Set radiation therapy field	77280 TC	set radiation therapy field
77285 26	Set radiation therapy field	77285 26	set radiation therapy field
77285 TC	Set radiation therapy field	77285 TC	set radiation therapy field
77290 26	Set radiation therapy field	77290 26	set radiation therapy field
77290 TC	Set radiation therapy field	77290 TC	set radiation therapy field
77293 26	Respirator motion mgmt simul	77470 26	special radiation treatment
77293 TC	Respirator motion mgmt simul	77470 TC	special radiation treatment
77295 26	3-d radiotherapy plan	77295 26	3-d radiotherapy plan
77295 TC	3-d radiotherapy plan	77295 TC	3-d radiotherapy plan
77301 26	Radiotherapy dose plan imrt	77301 26	radiotherapy dose plan imrt
77301 TC	Radiotherapy dose plan imrt	77301 TC	radiotherapy dose plan imrt
77338 26	Design mlc device for imrt	77338 26	design mlc device for imrt
77338 TC	Design mlc device for imrt	77338 TC	design mlc device for imrt
77600 26	Hyperthermia treatment	77600 26	hyperthermia treatment
77600 TC	Hyperthermia treatment	77600 TC	hyperthermia treatment
77785 26	Hdr brachytx 1 channel	77785 26	hdr brachytx 1 channel
77785 TC	Hdr brachytx 1 channel	77785 TC	hdr brachytx 1 channel
77786 26	Hdr brachytx 2-12 channel	77786 26	hdr brachytx 2-12 channel
77786 TC	Hdr brachytx 2-12 channel	77786 TC	hdr brachytx 2-12 channel
77787 26	Hdr brachytx over 12 chan	77787 26	hdr brachytx over 12 chan
77787 TC	Hdr brachytx over 12 chan	77787 TC	hdr brachytx over 12 chan
88112 26	Cytopath cell enhance tech	88112 26	cytopath cell enhance tech
88112 TC	Cytopath cell enhance tech	88112 TC	cytopath cell enhance tech
88365 26	Insitu hybridization (fish)	88365 26	insitu hybridization (fish)
88365 TC	Insitu hybridization (fish)	88365 TC	insitu hybridization (fish)
88367 26	Insitu hybridization auto	88367 26	insitu hybridization auto

CY 2014 New, Revised, or Potentially Misvalued HCPCS Code		Malpractice Risk Factor Crosswalk HCPCS Code	
88367 TC	Insitu hybridization auto	88367 TC	insitu hybridization auto
88368 26	Insitu hybridization manual	88368 26	insitu hybridization manual
88368 TC	Insitu hybridization manual	88368 TC	insitu hybridization manual
91065 26	Breath hydrogen/methane test	91065 26	breath hydrogen/methane test
91065 TC	Breath hydrogen/methane test	91065 TC	breath hydrogen/methane test
93880 26	Extracranial bilat study	93880 26	extracranial bilat study
93880 TC	Extracranial bilat study	93880 TC	extracranial bilat study
93882 26	Extracranial uni/ltd study	93882 26	extracranial uni/ltd study
93882 TC	Extracranial uni/ltd study	93882 TC	extracranial uni/ltd study
95816 26	Eeg awake and drowsy	95816 26	eeg awake and drowsy
95816 TC	Eeg awake and drowsy	95816 TC	eeg awake and drowsy
95819 26	Eeg awake and asleep	95819 26	eeg awake and asleep
95819 TC	Eeg awake and asleep	95819 TC	eeg awake and asleep
95822 26	Eeg coma or sleep only	95822 26	eeg coma or sleep only
95822 TC	Eeg coma or sleep only	95822 TC	eeg coma or sleep only
95928 26	C motor evoked uppr limbs	95928 26	c motor evoked uppr limbs
95928 TC	C motor evoked uppr limbs	95928 TC	c motor evoked uppr limbs
95929 26	C motor evoked lwr limbs	95929 26	c motor evoked lwr limbs
95929 TC	C motor evoked lwr limbs	95929 TC	c motor evoked lwr limbs
G0453	Cont intraop neuro monitor	95920	intraop nerve test add-on
G0455	Fecal microbiota prep instil	91065	breath hydrogen/methane test
G0461	Immunohistochemistry, init	88342	immunohisto antibody slide
G0462	Immunohistochemistry, addl	88342	immunohisto antibody slide

TABLE 31: Proposed Cost Share Weights for CY 2014 GPCI Update

Expense Category	Current Cost Share Weight	Proposed CY 2014 Cost Share Weight
Work	48.266%	50.866%
Practice Expense (less PLI)	47.439%	44.839%
- Employee Compensation	19.153%	16.553%
- Office Rent	10.223%	10.223%
- Purchased Services	8.095%	8.095%
- Equipment, Supplies, Other	9.968%	9.968%
Malpractice Insurance	4.295%	4.295%
Total	100.000%	100.000%

**TABLE 32: Frontier States under Section 1848(E)(1)(I) of the Act
(As added by section 10324(c) of the Affordable Care Act)**

State	Total Counties	Frontier Counties	Percent Frontier Counties (relative to counties in the State)
Montana	56	45	80%
Wyoming	23	17	74%
North Dakota	53	36	68%
Nevada	17	11	65%
South Dakota	66	34	52%

TABLE 33: CY 2014 SGR Calculation

Statutory Factors	March Estimate	Current Estimate
Fees	0.5 percent (1.005)	0.6 percent (1.006)
Enrollment	4.5 percent (1.045)	2.2 percent (1.022)
Real Per Capita GDP	0.6 percent (1.006)	0.8 percent (1.008)
Law and Regulation	-19.7 percent (0.803)	-19.6 percent (0.804)
Total	-15.2 percent (0.848)	-16.7 percent (0.833)

Note: Consistent with section 1848(f)(2) of the Act, the statutory factors are multiplied, not added, to produce the total (that is, $1.006 \times 1.022 \times 1.008 \times 0.804 = 0.833$). A more detailed explanation of each figure is provided in section II.G.1.e. of this final rule with comment period.

TABLE 34: CY 2013 SGR Calculation

Statutory Factors	Estimate from CY 2013 Final Rule	Current Estimate
Fees	0.3 percent (1.003)	0.4 Percent (1.004)
Enrollment	3.6 percent (1.036)	1.0 Percent (1.01)
Real Per Capita GDP	0.7 percent (1.007)	0.9 Percent (1.009)
Law and Regulation	-23.3 percent (0.767)	-0.5 Percent (0.995)
Total	-19.7 percent (0.803)	1.8 Percent (1.018)

Note: Consistent with section 1848(f)(2) of the Act, the statutory factors are multiplied, not added, to produce the total (that is, $1.004 \times 1.01 \times 1.009 \times 0.995 = 1.018$). A more detailed explanation of each figure is provided in section II.G.1.e. of this final rule with comment period.

TABLE 35: CY 2012 SGR Calculation

Statutory Factors	Estimate from CY 2012 Final Rule	Estimate from CY 2013 Final Rule	Final
Fees	0.6 percent (1.006)	0.6 percent (1.006)	0.6 Percent (1.006)
Enrollment	3.5 percent (1.035)	1.6 percent (1.016)	0.9 Percent (1.009)
Real Per Capita GDP	0.6 percent (1.006)	0.7 percent (1.007)	0.9 Percent (1.009)
Law and Regulation	-20.7 percent (0.793)	0.0 percent (1.000)	2.6 Percent (1.026)
Total	-16.9 percent (0.831)	2.3 percent (1.023)	5.1 Percent (1.051)

Note: Consistent with section 1848(f)(2) of the Act, the statutory factors are multiplied, not added, to produce the total (that is, $1.006 \times 1.009 \times 1.009 \times 1.026 = 1.051$). A more detailed explanation of each figure is provided in section II.G.1.e. of this final rule with comment period.

TABLE 36: Weighted-Average of the MEI and Laboratory Price Changes for CY 2014

	Weight	Update
Physician	0.877	0.8%
Laboratory	0.123	-0.8%
Weighted-average	1.000	0.6%

TABLE 37: Average Number of Medicare Part B Fee-For-Service Enrollees from CY 2013 to CY 2014 (Excluding Beneficiaries Enrolled in MA Plans)

	CY 2013	CY 2014
Overall	47.982 million	49.459 million
Medicare Advantage (MA)	14.837 million	15.569 million
Net	33.144 million	33.890 million
Percent Increase	1 percent	2.2 percent

TABLE 38: Weighted-Average of the MEI, and Laboratory Price Changes for CY 2013

	Weight	Update
Physician	0.901	0.8
Laboratory	0.099	-3.0
Weighted-average	1.000	0.4

TABLE 39: Average Number of Medicare Part B Fee-For-Service Enrollees from CY 2012 to CY 2013 (Excluding Beneficiaries Enrolled in MA Plans)

	CY 2012	CY 2013
Overall	46.405 million	47.982 million
Medicare Advantage (MA)	13.586 million	14.837 million
Net	32.818 million	33.144 million
Percent Increase	0.9 percent	1.0 percent

TABLE 40: Weighted-Average of the MEI, Laboratory, and Drug Price Changes for 2012

	Weight	Update
Physician	0.900	0.6
Laboratory	0.100	0.7
Weighted-average	1.00	0.6

TABLE 41: Average Number of Medicare Part B Fee-For-Service Enrollees from CY 2011 to CY 2012 (Excluding Beneficiaries Enrolled in MA Plans)

	CY 2011	CY 2012
Overall	44.906	46.405
Medicare Advantage (MA)	12.382	13.586
Net	32.524	32.818
Percent Change	0.9%

TABLE 42: Annual and Cumulative Allowed and Actual Expenditures for Physicians' Services from April 1, 1996 through the End of the Upcoming Calendar Year

Period	Annual Allowed Expenditures (\$ in billions)	Annual Actual Expenditures (\$ in billions)	Cumulative Allowed Expenditures (\$ in billions)	Cumulative Actual Expenditures (\$ in billions)	FY/CY SGR
4/1/96-3/31/97	47.0	47.0	47.0	47.0
4/1/97-3/31/98	48.5	47.2	95.6	94.3	3.2
4/1/98-3/31/99	50.6	48.1	146.2	142.4	4.2
1/1/99-3/31/99	12.7	12.5	146.2	142.4
4/1/99-12/31/99	40.5	37.2	186.7	179.6	6.9
1/1/99-12/31/99	53.2	49.7	186.7	179.6
1/1/00-12/31/00	57.1	54.4	243.7	234.0	7.3
1/1/01-12/31/01	59.7	61.5	303.4	295.5	4.5
1/1/02-12/31/02	64.6	64.8	368.0	360.3	8.3
1/1/03-12/31/03	69.3	70.4	437.3	430.7	7.3
1/1/04-12/31/04	73.9	78.5	511.2	509.1	6.6
1/1/05-12/31/05	77.0	83.8	588.2	593.0	4.2
1/1/06-12/31/06	78.2	85.1	666.4	678.1	1.5
1/1/07-12/31/07	80.9	85.1	747.2	763.1	3.5
1/1/08-12/31/08	84.5	87.3	831.8	850.4	4.5
1/1/09-12/31/09	89.9	91.1	921.7	941.5	6.4
1/1/10-12/31/10	97.9	96	1,019.60	1,037.40	8.9
1/1/11-12/31/11	102.5	99.6	1,122.20	1,137.10	4.7
1/1/12-12/31/12	107.8	99.5	1,230.00	1,236.60	5.1
1/1/13-12/31/13	109.7	102.2	1,339.70	1,338.80	1.8
1/1/14-12/31/14	91.4	N/A	1,431.10	N/A	-16.7

⁽¹⁾ Allowed expenditures in the first year (April 1, 1996-March 31, 1997) are equal to actual expenditures. All subsequent figures are equal to quarterly allowed expenditure figures increased by the applicable SGR. Cumulative allowed expenditures are equal to the sum of annual allowed expenditures. We provide more detailed quarterly allowed and actual expenditure data on our website at the following address: <http://www.cms.hhs.gov/SustainableGRatesConFact/>. We expect to update the website with the most current information later this month.

⁽²⁾ Allowed expenditures for the first quarter of 1999 are based on the FY 1999 SGR.

⁽³⁾ Allowed expenditures for the last three quarters of 1999 are based on the FY 2000 SGR.

TABLE 43: Increase in the Medicare Economic Index Update for CY 2014¹

Revised Cost Category	2006 Revised Cost Weight ²	CY14 Update (percent)
MEI Total, productivity adjusted	100.000%	0.8
Productivity: 10-year moving average of MFP ¹	N/A ⁵	0.9
MEI Total, without productivity adjustment	100.000%	1.7
Physician Compensation ³	50.866%	1.9
Wages and Salaries	43.641%	1.9
Benefits	7.225%	2.2
Practice Expense	49.134%	1.4

Revised Cost Category	2006 Revised Cost Weight²	CY14 Update (percent)
Non-physician compensation	16.553%	1.7
Non-physician wages	11.885%	1.7
Non-health, non-physician wages	7.249%	1.8
Professional & Related	0.800%	1.9
Management	1.529%	1.8
Clerical	4.720%	1.8
Services	0.200%	1.5
Health related, non-physician wages	4.636%	1.4
Non-physician benefits	4.668%	1.9
Other Practice Expense	32.581%	1.2
Utilities	1.266%	0.7
Miscellaneous Office Expenses	2.478%	0.3
Chemicals	0.723%	-1.2
Paper	0.656%	1.1
Rubber & Plastics	0.598%	0.5
All other products	0.500%	1.9
Telephone	1.501%	0.0
Postage	0.898%	4.9
All Other Professional Services	8.095%	1.8
Professional, Scientific, and Tech. Services	2.592%	1.7
Administrative and support & waste	3.052%	1.9
All Other Services	2.451%	1.6
Capital	10.310%	0.7
Fixed	8.957%	0.7
Moveable	1.353%	0.7
Professional Liability Insurance ⁴	4.295%	1.5
Medical Equipment	1.978%	1.2
Medical supplies	1.760%	1.0

¹ The forecasts are based upon the latest available Bureau of Labor Statistics data on the 10-year average of BLS private nonfarm business multifactor productivity published on June 28, 2013.

(<http://www.bls.gov/news.release/prod3.nr0.htm>)

² The weights shown for the MEI components are the 2006 base-year weights, which may not sum to subtotals or totals because of rounding. The MEI is a fixed-weight, Laspeyres-type input price index whose category weights indicate the distribution of expenditures among the inputs to physicians' services for CY 2006. To determine the MEI level for a given year, the price proxy level for each component is multiplied by its 2006 weight. The sum of these products (weights multiplied by the price index levels) overall cost categories yields the composite MEI level for a given year. The annual percent change in the MEI levels is an estimate of price change over time for a fixed market basket of inputs to physicians' services.

³ The measures of productivity, average hourly earnings, Employment Cost Indexes, as well as the various Producer and Consumer Price Indexes can be found on the Bureau of Labor Statistics Web site at <http://stats.bls.gov>.

⁴ Derived from a CMS survey of several major commercial insurers.

⁵ Productivity is factored into the MEI categories as an adjustment; therefore, no explicit weight exists for productivity in the MEI.

TABLE 44: Calculation of the CY 2014 PFS CF

Conversion Factor in effect in CY 2013		\$34.0230
CY 2013 Conversion Factor had statutory increases not applied		\$25.0070
CY 2014 Medicare Economic Index	0.8 percent (1.008)	
CY 2014 Update Adjustment Factor	3.0 percent (1.03)	
CY 2014 RVU Budget Neutrality Adjustment	0.046 percent (1.00046)	
CY 2014 Rescaling to Match MEI Weights Budget Neutrality Adjustment	4.718 percent (1.04718)	
CY 2014 Conversion Factor		\$27.2006
Percent Change from Conversion Factor in effect in CY 2013 to CY 2014 Conversion Factor		-20.1%

TABLE 45: Calculation of the CY 2014 Anesthesia CF

2013 National Average Anesthesia Conversion Factor in effect in CY 2013		\$21.9243
2013 National Anesthesia Conversion Factor had Statutory Increases Not Applied		\$16.1236
CY 2014 Medicare Economic Index	0.8 (1.008)	
CY 2014 Update Adjustment Factor	3.0 (1.003)	
CY 2014 Budget Neutrality Work and Malpractice Adjustment	0.046 (1.00046)	
CY 2014 Rescaling to Match MEI Weights Budget Neutrality Adjustment	4.718 percent (1.4718)	
CY 2014 Anesthesia Fee Schedule Practice Expense Adjustment	.9823 (.9823)	
CY 2014 Anesthesia Conversion Factor		\$17.2283
Percent Change from 2013 to 2014		-21.4%

TABLE 46: The Medicare Telehealth Originating Site Facility Fee and MEI Increase by the Applicable Time Period

Facility Fee	MEI Increase	Period
\$20.00	N/A	10/01/2001 – 12/31/2002
\$20.60	3.0%	01/01/2003 – 12/31/2003
\$21.20	2.9%	01/01/2004 – 12/31/2004
\$21.86	3.1%	01/01/2005 – 12/31/2005
\$22.47	2.8%	01/01/2006 – 12/31/2006
\$22.94	2.1%	01/01/2007 – 12/31/2007
\$23.35	1.8%	01/01/2008 – 12/31/2008
\$23.72	1.6%	01/01/2009 – 12/31/2009
\$24.00	1.2%	01/01/2010 – 12/31/2010
\$24.10	0.4%	01/01/2011 – 12/31/2011
\$24.24	0.6%	01/01/2012 – 12/31/2012
\$24.43	0.8%	01/01/2013 – 12/31/2013
\$24.63	0.8%	01/01/2014 – 12/31/2014

TABLE 47: Summary of Requirements for the 2014 PQRS Incentive: Individual Reporting Criteria for Satisfactory Reporting of Individual Quality Measures via Claims, Qualified Registries, and EHRs and Satisfactory Participation Criterion in Qualified Clinical Data Registries

Reporting Period	Measure Type	Reporting Mechanism	Satisfactory Reporting Criteria/Satisfactory Participation Criterion
12-month (Jan 1 — Dec 31)	Individual Measures	Claims	<p>Report at least 9 measures covering at least 3 NQS domains, OR, if less than 9 measures covering at least 3 NQS domains apply to the eligible professional, report 1—8 measures covering 1—3 NQS domains, AND report each measure for at least 50 percent of the Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate would not be counted.</p> <p>* For an eligible professional who reports fewer than 9 measures covering 3 NQS domains via the claims-based reporting mechanism, the eligible professional will be subject to the MAV process, which would allow us to determine whether an eligible professional should have reported quality data codes for additional measures and/or covering additional NQS domains.</p>
12-month (Jan 1 — Dec 31)	Individual Measures	Qualified Registry	<p>Report at least 9 measures covering at least 3 of the NQS domains, OR, if less than 9 measures covering at least 3 NQS domains apply to the eligible professional, report 1—8 measures covering 1-3 NQS domains for which there is Medicare patient data, AND report each measure for at least 50 percent of the eligible professional's Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate would not be counted.</p> <p>* For an eligible professional who reports fewer than 9 measures covering 3 NQS domains via the registry-based reporting mechanism, the eligible professional will be subject to the MAV process, which would allow us to determine whether an eligible professional should have reported on additional measures and/or measures covering additional NQS domains.</p>
** 12-month (Jan 1 — Dec 31)	Individual Measures	Direct EHR product that is CEHRT and EHR data submission vendor that is CEHRT	<p>Report 9 measures covering at least 3 of the NQS domains. If an eligible professional's CEHRT does not contain patient data for at least 9 measures covering at least 3 domains, then the eligible professional must report the measures for which there is Medicare patient data.</p> <p>An eligible professional must report on at least 1 measure for which there is Medicare patient data.</p>
** 12-month (Jan 1 — Dec 31)	Measures Groups	Qualified Registry	Report at least 1 measures group, AND report each measures group for at least 20 patients, a majority of which must be Medicare Part B FFS patients.
** 6-month	Measures	Qualified	Report at least 1 measures group, AND report each measures group

Reporting Period	Measure Type	Reporting Mechanism	Satisfactory Reporting Criteria/Satisfactory Participation Criterion
(Jul 1 – Dec 31)	Groups	Registry	for at least 20 patients, a majority of which must be Medicare Part B FFS patients.
12-month (Jan 1 — Dec 31)	Measures selected by Qualified Clinical Data Registry	Qualified Clinical Data Registry	Report at least 9 measures covering at least 3 NQS domains AND report each measure for at least 50 percent of the eligible professional's applicable patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate would not be counted. Of the measures reported via a qualified clinical data registry, the eligible professional must report on at least 1 outcome measure.

*Subject to the MAV process.

** Finalized in the CY 2013 PFS final rule (see Table 91 at 77 FR 69194).

TABLE 48: Summary of Requirements for the 2016 PQRS Payment Adjustment: Individual Reporting Criteria for Satisfactory Reporting of Individual Quality Measures via Claims, Registries, and EHRs and Satisfactory Participation Criterion in Qualified Clinical Data Registries

Reporting Period	Measure Type	Reporting Mechanism	Satisfactory Reporting Criteria/Satisfactory Participation Criterion
12-month (Jan 1 — Dec 31)	Individual Measures	Claims	Report at least 9 measures covering at least 3 NQS domains, OR, if less than 9 measures covering at least 3 NQS domains apply to the eligible professional, report 1—8 measures covering 1—3 NQS domains, AND report each measure for at least 50 percent of the Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate would not be counted. * For an eligible professional who reports fewer than 9 measures covering 3 NQS domains via the claims-based reporting mechanism, the eligible professional will be subject to the MAV process, which would allow us to determine whether an eligible professional should have reported quality data codes for additional measures and/or covering additional NQS domains.
** 12-month (Jan 1 — Dec 31)	Individual Measures	Claims	Report at least 3 measures, OR, If less than 3 measures apply to the eligible professional, report 1—2 measures*; AND Report each measure for at least 50 percent of the eligible professional's Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate will not be counted.
12-month (Jan 1 — Dec 31)	Individual Measures	Qualified Registry	Report at least 9 measures covering at least 3 of the NQS domains, OR, if less than 9 measures covering at least 3 NQS domains apply to the eligible professional, report 1—8 measures covering 1-3 NQS domains for which there is Medicare patient data, AND report each

Reporting Period	Measure Type	Reporting Mechanism	Satisfactory Reporting Criteria/Satisfactory Participation Criterion
			<p>measure for at least 50 percent of the eligible professional's Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate would not be counted.</p> <p>* For an eligible professional who reports fewer than 9 measures covering at least 3 NQS domains via the registry-based reporting mechanism, the eligible professional will be subject to the MAV process, which would allow us to determine whether an eligible professional should have reported on additional measures and/or measures covering additional NQS domains.</p>
12-month (Jan 1 — Dec 31)	Individual Measures	Qualified Registry	<p>Report at least 3 measures covering at least 1 of the NQS domains, OR, if less than 3 measures apply to the eligible professional, report 1—2 measures covering at least 1 NQS domain for which there is Medicare patient data, AND report each measure for at least 50 percent of the eligible professional's Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate would not be counted.</p> <p>* For an eligible professional who reports fewer than 3 measures covering 1 NQS domain via the registry-based reporting mechanism, the eligible professional will be subject to the MAV process, which would allow us to determine whether an eligible professional should have reported on additional measures.</p>
** 12-month (Jan 1 — Dec 31)	Individual Measures	Direct EHR product that is CEHRT and EHR data submission vendor that is CEHRT	<p>Report 9 measures covering at least 3 of the NQS domains. If an eligible professional's CEHRT does not contain patient data for at least 9 measures covering at least 3 domains, then the eligible professional must report the measures for which there is Medicare patient data.</p> <p>An eligible professional must report on at least 1 measure for which there is Medicare patient data.</p>
** 12-month (Jan 1 — Dec 31)	Measures Groups	Qualified Registry	Report at least 1 measures group, AND report each measures group for at least 20 patients, a majority of which must be Medicare Part B FFS patients.
** 6-month (Jul 1 – Dec 31)	Measures Groups	Qualified Registry	Report at least 1 measures group, AND report each measures group for at least 20 patients, a majority of which must be Medicare Part B FFS patients.
12-month (Jan 1 — Dec 31)	Measures selected by Qualified Clinical Data Registry	Qualified Clinical Data Registry	<p>Report at least 9 measures covering at least 3 NQS domains AND report each measure for at least 50 percent of the eligible professional's applicable patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate would not be counted.</p> <p>Of the measures reported via a qualified clinical data registry, the</p>

Reporting Period	Measure Type	Reporting Mechanism	Satisfactory Reporting Criteria/Satisfactory Participation Criterion
			eligible professional must report on at least 1 outcome measure.
12-month (Jan 1 — Dec 31)	Measures selected by Qualified Clinical Data Registry	Qualified Clinical Data Registry	Report at least 3 measures covering at least 1 NQS domain AND report each measure for at least 50 percent of the eligible professional's applicable patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate would not be counted.

*Subject to the MAV process.

** Finalized in the CY 2013 PFS final rule (see Table 91 at 77 FR 69194).

TABLE 49: Summary of Final Requirements for the 2014 PQRS Incentive: Criteria for Satisfactory Reporting of Data on PQRS Quality Measures via the GPRO

Reporting Period	Reporting Mechanism	Group Practice Size	Proposed Reporting Criterion
** 12-month (Jan 1 — Dec 31)	GPRO Web interface	25-99 eligible professionals	Report on all measures included in the web interface; AND Populate data fields for the first 218 consecutively ranked and assigned beneficiaries in the order in which they appear in the group's sample for each module or preventive care measure. If the pool of eligible assigned beneficiaries is less than 218, then report on 100 percent of assigned beneficiaries.
** 12-month (Jan 1 — Dec 31)	GPRO Web interface	100+ eligible professionals	Report on all measures included in the web interface; AND Populate data fields for the first 411 consecutively ranked and assigned beneficiaries in the order in which they appear in the group's sample for each module or preventive care measure. If the pool of eligible assigned beneficiaries is less than 411, then report on 100 percent of assigned beneficiaries. In addition, the group practice must also report all CG CAHPS survey measures via certified survey vendor.
12-month (Jan 1 — Dec 31)	Qualified Registry	2 + eligible professionals	Report at least 9 measures covering at least 3 of the NQS domains, OR, if less than 9 measures covering at least 3 NQS domains apply to the group practice, report 1—8 measures covering 1-3 NQS domains for which there is Medicare patient data, AND report each measure for at least 50 percent of the group practice's Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate would not be counted. For a group practice who reports fewer than 9 measures covering at least 3 NQS domains via the registry-based reporting mechanism, the group practice will be subject to the MAV process, which would allow us to determine whether a group practice should have reported on additional measures and/or measures covering additional NQS domains.

** 12-month (Jan 1 — Dec 31)	Direct EHR product that is CEHRT/ EHR data submission vendor that is CEHRT	2+ eligible professiona ls	Report 9 measures covering at least 3 of the NQS domains. If a group practice's CEHRT does not contain patient data for at least 9 measures covering at least 3 domains, then the group practice must report the measures for which there is Medicare patient data. A group practice must report on at least 1 measure for which there is Medicare patient data.
12-month (Jan 1 — Dec 31)	CMS-certified survey vendor + qualified registry, direct EHR product, EHR data submission vendor, or GPRO web interface	25+ eligible professiona ls	Report all CG CAHPS survey measures via a CMS-certified survey vendor, AND report at least 6 measures covering at least 2 of the NQS domains using a qualified registry, direct EHR product, EHR data submission vendor, or GPRO web interface.

*Subject to the Measure Application Validity (MAV) process.

** Criteria finalized in the CY 2013 PFS final rule (77 FR 69200).

TABLE 50: Summary of Final Requirements for the 2016 PQRS Payment Adjustment: Criteria for Satisfactory Reporting of Data on PQRS Quality Measures via the GPRO

Reporting Period	Reporting Mechanism	Group Practice Size	Proposed Reporting Criterion
** 12-month (Jan 1 — Dec 31)	GPRO Web interface	25-99 eligible professiona ls	Report on all measures included in the web interface; AND Populate data fields for the first 218 consecutively ranked and assigned beneficiaries in the order in which they appear in the group's sample for each module or preventive care measure. If the pool of eligible assigned beneficiaries is less than 218, then report on 100 percent of assigned beneficiaries.
** 12-month (Jan 1 — Dec 31)	GPRO Web interface	100+ eligible professiona ls	Report on all measures included in the web interface; AND Populate data fields for the first 411 consecutively ranked and assigned beneficiaries in the order in which they appear in the group's sample for each module or preventive care measure. If the pool of eligible assigned beneficiaries is less than 411, then report on 100 percent of assigned beneficiaries. In addition, the group practice must report all CG CAHPS survey measures via certified survey vendor.

12-month (Jan 1 — Dec 31)	Qualified Registry	2 + eligible professiona ls	<p>Report at least 9 measures covering at least 3 of the NQS domains, OR, if less than 9 measures covering at least 3 NQS domains apply to the group practice, report 1—8 measures covering 1-3 NQS domains for which there is Medicare patient data, AND report each measure for at least 50 percent of the group practice's Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate would not be counted.</p> <p>For a group practice who reports fewer than 9 measures via the registry-based reporting mechanism, the group practice would be subject to the MAV process, which would allow us to determine whether a group practice should have reported on additional measures and/or measures covering additional NQS domains.</p>
12-month (Jan 1 — Dec 31)	Qualified Registry	2 + eligible professiona ls	<p>Report at least 3 measures covering at least 1 of the NQS domains, OR, if less than 3 measures covering 1 NQS domain apply to the group practice, report 1—2 measures covering 1 NQS domain for which there is Medicare patient data, AND report each measure for at least 50 percent of the group practice's Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate would not be counted.</p> <p>For a group practice who reports fewer than 3 measures covering 1 NQS domain via the registry-based reporting mechanism, the group practice would be subject to the MAV process, which would allow us to determine whether a group practice should have reported on additional measures.</p>
** 12-month (Jan 1 — Dec 31)	Direct EHR product that is CEHRT/ EHR data submission vendor that is CEHRT	2+ eligible professiona ls	<p>Report 9 measures covering at least 3 of the NQS domains. If a group practice's CEHRT does not contain patient data for at least 9 measures covering at least 3 domains, then the group practice must report the measures for which there is Medicare patient data.</p> <p>A group practice must report on at least 1 measure for which there is Medicare patient data.</p>
12-month (Jan 1 — Dec 31)	CMS-certified survey vendor + qualified registry, direct EHR product, EHR data submission vendor, or GPRO web interface	25+ eligible professiona ls	<p>Report all CG CAHPS survey measures via a CMS-certified survey vendor, AND report at least 6 measures covering at least 2 of the NQS domains using a qualified registry, direct EHR product, EHR data submission vendor, or GPRO web interface.</p>

*Subject to the Measure Application Validity (MAV) process.

** Criteria finalized in the CY 2013 PFS final rule (77 FR 69200).

TABLE 51: Physician Quality Reporting System Recommended Core Measures for 2014 and Beyond

NQF/ PQRS	CMS E-Measure ID	NQS Domain	Measure Title and Description[¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
0002/ 66 **	146v2	Efficiency and Cost Reduction	Appropriate Testing for Children with Pharyngitis: Percentage of children 2-18 years of age who were diagnosed with pharyngitis, ordered an antibiotic and received a group A streptococcus (strep) test for the episode	NCQA		X	X			MU2
0018/ 236 *	165v2	Effective Clinical Care	Controlling High Blood Pressure: Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mmHg) during the measurement period.	NCQA	X	X	X	X	X	MU2 ACO Million Hearts
0022/ 238 *	156v2	Patient Safety	Use of High-Risk Medications in the Elderly: Percentage of patients 66 years of age and older who were ordered high-risk medications. Two rates are reported. a. Percentage of patients who were ordered at least one high-risk medication. b. Percentage of patients who were ordered at least two different high-risk medications.	NCQA			X			MU2

NQF/ PQRS	CMS E-Measure ID	NQS Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
0024/ 239 **	155v2	Community/Population Health	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents: Percentage of patients 3-17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or Obstetrician/Gynecologist (OB/GYN) and who had evidence of the following during the measurement period. Three rates are reported. - Percentage of patients with height, weight, and body mass index (BMI) percentile documentation - Percentage of patients with counseling for nutrition - Percentage of patients with counseling for physical activity	NCQA			X			MU2
0028/ 226 *	138v2	Community/Population Health	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention: Percentage of patients 18 years and older who were screened for tobacco use one or more times within 24 months <u>AND</u> who received cessation counseling intervention if identified as a tobacco user	AMA-PCPI	X	X	X	X	X	MU2 ACO Million Hearts
0033/ 310 **	153v2	Community/ Population Health	Chlamydia Screening for Women: Percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement period	NCQA			X			MU2
0036/ 311 **	126v2	Effective Clinical Care	Use of Appropriate Medications for Asthma: Percentage of patients 5-64 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement period	NCQA			X			MU2

NQF/ PQRS	CMS E-Measure ID	NQS Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
0038/ 240 **	117v2	Community/Population Health	Childhood Immunization Status: Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday	NCQA			X			MU2
0052/ 312 *	166v3	Efficiency and Cost Reduction	Use of Imaging Studies for Low Back Pain: Percentage of patients 18-50 years of age with a diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.	NCQA			X			MU2
0069/ 65 **	154v2	Efficiency and Cost Reduction	Appropriate Treatment for Children with Upper Respiratory Infection (URI): Percentage of children 3 months-18 years of age who were diagnosed with upper respiratory infection (URI) and were not dispensed an antibiotic prescription on or three days after the episode	NCQA		X	X			MU2

NQF/ PQRS	CMS E-Measure ID	NQS Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
0108/ N/A **	136v3	Effective Clinical Care	ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication: Percentage of children 6-12 years of age and newly dispensed a medication for attention-deficit/hyperactivity disorder (ADHD) who had appropriate follow-up care. Two rates are reported. a. Percentage of children who had one follow-up visit with a practitioner with prescribing authority during the 30-Day Initiation Phase. b. Percentage of children who remained on ADHD medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two additional follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.	NCQA			X			MU2
0418/ 134 * **	2v3	Community/Population Health	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan: Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.	CMS	X	X	X	X		MU2 ACO

NQF/ PQRS	CMS E-Measure ID	NQS Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPPO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
0419/ 130 *	68v3	Patient Safety	Documentation of Current Medications in the Medical Record: Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list <u>must</u> include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND <u>must</u> contain the medications' name, dosage, frequency and route of administration.	CMS	X	X	X		X	MU2
0421/ 128 *	69v2	Community/Population Health	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up: Percentage of patients aged 18 years and older with a documented BMI during the current encounter or during the previous 6 months AND when the BMI is <u>outside of normal parameters</u> , a follow-up plan is documented during the encounter or during the previous 6 months of the encounter Normal Parameters: Age 65 years and older BMI ≥ 23 and < 30; Age 18 – 64 years BMI ≥ 18.5 and < 25	CMS	X	X	X	X	X	MU2 ACO
N/A/ N/A **	75v2	Effective Clinical Care	Children Who Have Dental Decay or Cavities: Percentage of children, age 0-20 years, who have had tooth decay or cavities during the measurement period	CMS			X			MU2
N/A/ N/A *	50v2	Communication and Care Coordination	Closing the referral loop: receipt of specialist report: Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred	CMS			X			MU2

NQF/ PQRS	CMS E-Measure ID	NQS Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
N/A/ N/A *	90v3	Person and Caregiver- Centered Experience and Outcomes	Functional Status Assessment for Complex Chronic Conditions: Percentage of patients aged 65 years and older with heart failure who completed initial and follow-up patient-reported functional status assessments	CMS			X			MU2

* Recommended Adult Core CQMs for eligible professionals

** Recommended Pediatric Core CQMs for eligible professionals

¥ Titles and descriptions in this table are aligned with the 2014 Physician Quality Reporting System Claims and Qualified Registry measure titles and descriptions, and may differ based on reporting mechanism within PQRS. Additionally, there may be title and description variations for the same measure across other quality reporting programs. Please reference the National Quality Forum (NQF) and Physician Quality Reporting System numbers for clarification.

TABLE 52: Final Individual Quality Measures and Those Included in Measures Groups for the Physician Quality Reporting System to be Available for Satisfactory Reporting via Claims, Registry, or EHR Beginning in 2014

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
0059/ 1	122v2	Effective Clinical Care	<p>Diabetes: Hemoglobin A1c Poor Control: Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period.</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	NCQA	X	X	X	X	X	MU2 ACO
0064/ 2	163v2	Effective Clinical Care	<p>Diabetes: Low Density Lipoprotein (LDL) Management: Percentage of patients 18–75 years of age with diabetes whose LDL-C was adequately controlled (<100 mg/dL) during the measurement period.</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	NCQA	X	X	X		X	MU2 Millio n Hearts
0081/ 5	135v2	Effective Clinical Care	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker	AMA- PCPI/ACCF/AH A		X	X		X	MU2

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>(ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD): Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed ACE inhibitor or ARB therapy either within a 12 month period when seen in the outpatient setting OR at <u>each</u> hospital discharge</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0067/ 6		Effective Clinical Care	<p>Coronary Artery Disease (CAD): Antiplatelet Therapy: Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who were prescribed aspirin or clopidogrel</p> <p>*The EHR-based reporting mechanism is no longer available for reporting this measure for 2014 and beyond.*</p>	AMA-PCPI/ACCF/AHA	X	X			X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			We solicited but received no public comment on this proposed measure. In an effort to align with the EHR Incentive Program, this measure will no longer be reportable via EHR beginning in 2014. The alignment of measures contained within multiple CMS reporting programs eases the burden of reporting and encourages eligible professionals to submit quality clinical data on care provided for Medicare beneficiaries. Alignment also promotes a robust data source and consistency in analysis, which supports other quality programs within CMS. For the reasons previously stated, we are finalizing the removal of the EHR-based option beginning in 2014.							
0070/ 7	145v2	Effective Clinical Care	Coronary Artery Disease (CAD): Beta-Blocker Therapy – Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF < 40%): Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease	AMA- PCPI/ ACCF/AHA		X	X			MU2

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPPO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>seen within a 12 month period who also have prior MI OR a current or LVEF < 40% who were prescribed beta-blocker therapy</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0083/ 8	144v2	Effective Clinical Care	<p>Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD): Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed beta-blocker therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA- PCPI/ ACCF/AHA		X	X	X	X	MU2 ACO
0105/	128v2	Effective Clinical	<p>Anti-depressant Medication Management: Percentage of patients 18</p>	NCQA		X	X			MU2

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
9		Care	<p>years of age and older who were diagnosed with major depression and treated with antidepressant medication, and who remained on antidepressant medication treatment. Two rates are reported</p> <ol style="list-style-type: none"> Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks). Percentage of patients who remained on an antidepressant medication for at least 180 days (6 months). <p>*The claims-based reporting option is no longer available for reporting this measure for 2014 and beyond, additionally, the EHR-based reporting option is available for reporting this measure beginning in 2014.*</p> <p>Several commenters were concerned with CMS' proposal to eliminate the claims-based reporting option for this measure, stating eligible professionals who may have reported this measure will no longer be able to participate in PQRS. CMS appreciates the commenters' concerns but notes that this measure will still be available for registry-based reporting, along with</p>							

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>additional clinically-related measures. Eligible professionals who report this measure will still have an opportunity to participate in PQRS using the registry-based reporting option. As stated in the proposed rule, 2012 claims data indicates a low threshold of eligible professionals reporting this measure via claims. CMS intends to streamline the reporting options available under the PQRS and to eliminate reporting options that are not widely used.</p> <p>Additionally, in an effort to align with the EHR Incentive Program, this measure will be reportable via EHR beginning in 2014. The alignment of measures contained within multiple CMS reporting programs eases the burden of reporting and encourages eligible professionals to submit quality clinical data on care provided for Medicare beneficiaries. Alignment also promotes a robust data source and consistency in analysis, which supports other quality programs within CMS. For the reasons previously stated, we are finalizing the removal of the claims-based option and the addition of the EHR-based reporting option for this measure beginning in 2014.</p>							
0086/	143v2	Effective Clinical	Primary Open-Angle Glaucoma	AMA- PCPI/	X	X	X			MU2

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
12		Care	<p>(POAG): Optic Nerve Evaluation: Percentage of patients aged 18 years and older with a diagnosis of primary open-angle glaucoma (POAG) who have an optic nerve head evaluation during one or more office visits within 12 months</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	NCQA						
0087/ 14		Effective Clinical Care	<p>Age-Related Macular Degeneration (AMD): Dilated Macular Examination: Percentage of patients aged 50 years and older with a diagnosis of age-related macular degeneration (AMD) who had a dilated macular examination performed which included documentation of the presence or absence of macular thickening or hemorrhage AND the level of macular degeneration severity during one or more office visits within 12 months</p>	AMA- PCPI/ NCQA	X	X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
0088/ 18	167v2	Effective Clinical Care	<p>Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy: Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA- PCPI/ NCQA	X	X	X			MU2
0089/ 19	142v2	Effective Clinical Care	<p>Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care: Percentage of patients aged 18 years</p>	AMA- PCPI/ NCQA	X	X	X			MU2

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p> <p>However, please note that we are updating the domain for this measure from the Communication Care Coordination domain. We are making this change to align with the domains indicated in the EHR Incentive Program final rule for 2014. It is necessary for the domains for EHR measures within the EHR Incentive Program and the PQRS to create consistency for the EHR systems used</p>							

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			to report these measures have one set of logic.							
0270/ 20		Patient Safety	<p>Perioperative Care: Timing of Prophylactic Parenteral Antibiotic – Ordering Physician: Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic parenteral antibiotics, who have an order for prophylactic parenteral antibiotic to be given within one hour (if fluoroquinolone or vancomycin, two hours), prior to the surgical incision (or start of procedure when no incision is required)</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA- PCPI/ NCQA	X	X			X	
0268/ 21		Patient Safety	<p>Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin: Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for a first OR</p>	AMA- PCPI/ NCQA	X	X			X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPPO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>second generation cephalosporin prophylactic antibiotic, who had an order for a first OR second generation cephalosporin for antimicrobial prophylaxis</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0271/ 22		Patient Safety	<p>Perioperative Care: Discontinuation of Prophylactic Parenteral Antibiotics (Non-Cardiac Procedures): Percentage of non-cardiac surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic parenteral antibiotics AND who received a prophylactic parenteral antibiotic, who have an order for discontinuation of prophylactic parenteral antibiotics within 24 hours of surgical end time</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY</p>	AMA- PCPI/ NCQA	X	X			X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPPO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
0239/ 23		Patient Safety	<p>Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients): Percentage of surgical patients aged 18 years and older undergoing procedures for which VTE prophylaxis is indicated in all patients, who had an order for Low Molecular Weight Heparin (LMWH), Low-Dose Unfractionated Heparin (LDUH), adjusted-dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end time</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA- PCPI/ NCQA	X	X			X	
0045/ 24		Communication and Care Coordination	Osteoporosis: Communication with the Physician Managing On-going Care Post-Fracture of Hip, Spine or Distal Radius for Men and Women	AMA- PCPI/ NCQA	X	X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>Aged 50 Years and Older: Percentage of patients aged 50 years and older treated for a hip, spine or distal radial fracture with documentation of communication with the physician managing the patient's on-going care that a fracture occurred and that the patient was or should be tested or treated for osteoporosis</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0092/ 28		Effective Clinical Care	<p>Aspirin at Arrival for Acute Myocardial Infarction (AMI): Percentage of patients, regardless of age, with an emergency department discharge diagnosis of acute myocardial infarction (AMI) who had documentation of receiving aspirin within 24 hours before emergency department arrival or during emergency department stay</p> <p>This measure was finalized for</p>	AMA- PCPI/ NCQA	X	X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
0269/ 30		Patient Safety	<p>Perioperative Care: Timing of Prophylactic Antibiotic—Administering Physician: Percentage of surgical patients aged 18 years and older who receive an anesthetic when undergoing procedures with the indications for prophylactic parenteral antibiotics for whom administration of a prophylactic parenteral antibiotic ordered has been initiated within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required)</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA- PCPI/ NCQA	X	X				
0240/ 31		Effective Clinical Care	<p>Stroke and Stroke Rehabilitation: Venous Thromboembolism (VTE) Prophylaxis for Ischemic Stroke or Intracranial Hemorrhage:</p>	AMA- PCPI/ NCQA	X	X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPOR (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or intracranial hemorrhage who were administered venous thromboembolism (VTE) prophylaxis the day of or the day after hospital admission</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0325/ 32		Effective Clinical Care	<p>Stroke and Stroke Rehabilitation: Discharged on Antithrombotic Therapy: Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or transient ischemic attack (TIA) who were prescribed antithrombotic therapy at discharge</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA- PCPI/ NCQA	X	X				
0241/ 33		Effective Clinical Care	<p>Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed</p>	AMA- PCPI/ NCQA		X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>for Atrial Fibrillation (AF) at Discharge: Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or transient ischemic attack (TIA) with documented permanent, persistent, or paroxysmal atrial fibrillation who were prescribed an anticoagulant at discharge</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0243/ 35		Effective Clinical Care	<p>Stroke and Stroke Rehabilitation: Screening for Dysphagia: Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or intracranial hemorrhage who receive any food, fluids or medication by mouth (PO) for whom a dysphagia screening was performed prior to PO intake in accordance with a dysphagia screening tool approved by the institution in which the patient is receiving care</p>	AMA- PCPI/ NCQA	X	X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
0244/ 36		Effective Clinical Care	<p>Stroke and Stroke Rehabilitation: Rehabilitation Services Ordered:</p> <p>Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or intracranial hemorrhage for whom occupational, physical, or speech rehabilitation services were ordered at or prior to inpatient discharge OR documentation that no rehabilitation services are indicated at or prior to inpatient discharge</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA- PCPI/ NCQA	X	X				
0046/ 39		Effective Clinical Care	<p>Screening or Therapy for Osteoporosis for Women Aged 65 Years and Older: Percentage of female patients aged 65 years and older who have a central dual-energy</p>	AMA- PCPI/ NCQA	X	X			X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>X-ray absorptiometry (DXA) measurement ordered or performed at least once since age 60 or pharmacologic therapy prescribed within 12 months</p> <p>*The EHR-based reporting mechanism is no longer available for reporting this measure for 2014 and beyond.*</p> <p>In an effort to align with the EHR Incentive Program, this measure will no longer be reportable via EHR beginning in 2014. The alignment of measures contained within multiple CMS reporting programs eases the burden of reporting and encourages eligible professionals to submit quality clinical data on care provided for Medicare beneficiaries. Alignment also promotes a robust data source and consistency in analysis, which supports other quality programs within CMS. For the reasons previously stated, we are finalizing the removal of the EHR-based option beginning in 2014.</p>							

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPPO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
0048/ 40		Effective Clinical Care	<p>Osteoporosis: Management Following Fracture of Hip, Spine or Distal Radius for Men and Women Aged 50 Years and Older: Percentage of patients <u>aged 50 years and older</u> with fracture of the hip, spine, or distal radius who had a central dual-energy X-ray absorptiometry (DXA) measurement ordered or performed or pharmacologic therapy prescribed</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA- PCPI/ NCQA	X	X				
0049/ 41		Effective Clinical Care	<p>Osteoporosis: Pharmacologic Therapy for Men and Women Aged 50 Years and Older: Percentage of patients <u>aged 50 years and older</u> with a diagnosis of osteoporosis who were prescribed pharmacologic therapy within 12 months</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY</p>	AMA- PCPI/ NCQA	X	X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
0134/ 43		Effective Clinical Care	<p>Coronary Artery Bypass Graft (CABG): Use of Internal Mammary Artery (IMA) in Patients with Isolated CABG Surgery: Percentage of patients aged 18 years and older undergoing isolated CABG surgery who received an IMA graft</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	STS	X	X			X	
0236/ 44		Effective Clinical Care	<p>Coronary Artery Bypass Graft (CABG): Preoperative Beta-Blocker in Patients with Isolated CABG Surgery: Percentage of isolated Coronary Artery Bypass Graft (CABG) surgeries for patients aged 18 years and older who received a beta-blocker within 24 hours prior to surgical incision</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY</p>	CMS	X	X			X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
0637/ 45		Patient Safety	<p>Perioperative Care: Discontinuation of Prophylactic Parenteral Antibiotics (Cardiac Procedures): Percentage of cardiac surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic parenteral antibiotics AND who received a prophylactic parenteral antibiotic, who have an order for discontinuation of prophylactic parenteral antibiotics within 48 hours of surgical end time</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA- PCPI/ NCQA	X	X				
0097/ 46		Patient Safety	<p>Medication Reconciliation: Percentage of patients aged 65 years and older <u>discharged from any inpatient facility</u> <u>y</u> (e.g., hospital, skilled nursing facility, or rehabilitation facility) and <u>seen within 30 days following</u></p>	AMA- PCPI/ NCQA	X	X		X		ACO

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>discharge in the office by the physician, prescribing practitioner, registered nurse, or clinical pharmacist providing on-going care who had a reconciliation of the discharge medications with the current medication list in the outpatient medical record documented</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0326/ 47		Communication and Care Coordination	<p>Advance Care Plan: Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan</p> <p>*The EHR-based reporting mechanism is no longer available for reporting this</p>	AMA- PCPI/ NCQA	X	X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>measure for 2014 and beyond.*</p> <p>We solicited but received no public comment on this measure. In an effort to align with the EHR Incentive Program, this measure will no longer be reportable via EHR beginning in 2014. The alignment of measures contained within multiple CMS reporting programs eases the burden of reporting and encourages eligible professionals to submit quality clinical data on care provided for Medicare beneficiaries. Alignment also promotes a robust data source and consistency in analysis, which supports other quality programs within CMS. For the reasons previously stated, we are finalizing the removal of the EHR-based option beginning in 2014.</p>							
0098/ 48		Effective Clinical Care	<p>Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older: Percentage of female patients aged 65 years and</p>	AMA- PCPI/ NCQA	X	X			X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>older who were assessed for the presence or absence of urinary incontinence within 12 months</p> <p>*The EHR-based reporting mechanism is no longer available for reporting this measure for 2014 and beyond.*</p> <p>In an effort to align with the EHR Incentive Program, this measure will no longer be reportable via EHR beginning in 2014. The alignment of measures contained within multiple CMS reporting programs eases the burden of reporting and encourages eligible professionals to submit quality clinical data on care provided for Medicare beneficiaries. Alignment also promotes a robust data source and consistency in analysis, which supports other quality programs within CMS. For the reasons previously stated, we are finalizing the removal of the EHR-based option beginning in 2014.</p>							
0099/		Effective Clinical	Urinary Incontinence:	AMA- PCPI/	X	X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
49		Care	<p>Characterization of Urinary Incontinence in Women Aged 65 Years and Older: Percentage of female patients aged 65 years and older with a diagnosis of urinary incontinence whose urinary incontinence was characterized at least once within 12 months</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	NCQA						
0100/ 50		Person and Caregiver-Centered Experience and Outcomes	<p>Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older: Percentage of female patients aged 65 years and older with a diagnosis of urinary incontinence with a documented plan of care for urinary incontinence at least once within 12 months</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at</p>	AMA- PCPI/ NCQA	X	X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			77 FR 69215).							
0091/ 51		Effective Clinical Care	<p>Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation: Percentage of patients aged 18 years and older with a diagnosis of COPD who had spirometry evaluation results documented</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA-PCPI	X	X			X	
0102/ 52		Effective Clinical Care	<p>Chronic Obstructive Pulmonary Disease (COPD): Inhaled Bronchodilator Therapy: Percentage of patients aged 18 years and older with a diagnosis of COPD and who have an FEV₁/FVC less than 60% and have symptoms who were prescribed an inhaled bronchodilator</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA-PCPI	X	X			X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPOR (Web Interface)*	Measures Groups	Other Quality Reporting Programs
0047/ 53		Effective Clinical Care	<p>Asthma: Pharmacologic Therapy for Persistent Asthma - Ambulatory Care Setting: Percentage of patients aged 5 through 64 years with a diagnosis of persistent asthma who were prescribed long-term control medication</p> <p>*The claims-based reporting option is no longer available for reporting this measure for 2014 and beyond.*</p> <p>We solicited but received no public comment on removing the claims-based reporting mechanism as an option to report this measure. 2012 claims data indicates a low threshold of eligible professionals reporting this measure via claims. CMS intends to streamline the reporting options available under the PQRS and to eliminate reporting options that are not widely used. For these reasons, we are finalizing the removal of the claims-based option for this measure beginning in 2014.</p>	AMA- PCPI/ NCQA		X			X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
0090/ 54		Effective Clinical Care	<p>Emergency Medicine: 12-Lead Electrocardiogram (ECG) Performed for Non-Traumatic Chest Pain: Percentage of patients aged 40 years and older with an emergency department discharge diagnosis of non-traumatic chest pain who had a 12-lead electrocardiogram (ECG) performed</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA- PCPI/ NCQA	X	X				
0093/ 55		Effective Clinical Care	<p>Emergency Medicine: 12-Lead Electrocardiogram (ECG) Performed for Syncope: Percentage of patients aged 60 years and older with an emergency department discharge diagnosis of syncope who had a 12-lead electrocardiogram (ECG) performed</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at</p>	AMA- PCPI/ NCQA	X	X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			77 FR 69215).							
0232/ 56		Effective Clinical Care	<p>Emergency Medicine: Community-Acquired Bacterial Pneumonia (CAP): Vital Signs: Percentage of patients aged 18 years and older with a diagnosis of community-acquired bacterial pneumonia (CAP) with vital signs documented and reviewed</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA- PCPI/ NCQA	X	X				
0096/ 59		Effective Clinical Care	<p>Emergency Medicine: Community-Acquired Bacterial Pneumonia (CAP): Empiric Antibiotic: Percentage of patients aged 18 years and older with a diagnosis of community-acquired bacterial pneumonia (CAP) with an appropriate empiric antibiotic prescribed</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA- PCPI/ NCQA	X	X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
0001/ 64		Effective Clinical Care	<p>Asthma: Assessment of Asthma Control – Ambulatory Care Setting: Percentage of patients aged 5 through 64 years with a diagnosis of asthma who were evaluated at least once during the measurement period for asthma control (comprising asthma impairment and asthma risk)</p> <p>*The claims-based and EHR-based reporting options are no longer available for reporting this measure for 2014 and beyond*</p> <p>We solicited but received no public comment on this measure, including not having this measure reportable via the claims and EHR-based reporting mechanisms beginning in 2014. 2012 claims data indicates a low threshold of eligible professionals reporting this measure via claims. CMS intends to streamline the reporting options available under the PQRS and to eliminate reporting options that are not widely used. Additionally, in an effort</p>	AMA- PCPI/ NCQA		X			X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			to align with the EHR Incentive Program, this measure will no longer be reportable via EHR beginning in 2014. The alignment of measures contained within multiple CMS reporting programs eases the burden of reporting and encourages eligible professionals to submit quality clinical data on care provided for Medicare beneficiaries. Alignment also promotes a robust data source and consistency in analysis, which supports other quality programs within CMS. For these reasons, we are finalizing the removal of this measure from the claims-based and EHR-based reporting options beginning in 2014.							
0069/ 65	154v2	Efficiency and Cost Reduction	Appropriate Treatment for Children with Upper Respiratory Infection (URI): Percentage of children 3 months-18 years of age who were diagnosed with upper respiratory infection (URI) and were not dispensed an antibiotic prescription on or three days after the episode.	NCQA		X	X			MU2

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>*The claims-based reporting option is no longer available for reporting this measure for 2014 and beyond, additionally, the EHR-based reporting option is available for reporting this measure beginning in 2014.*</p> <p>We solicited but received no public comment on this measure. 2012 claims data indicates a low threshold of eligible professionals reporting this measure via claims. CMS intends to streamline the reporting options available under the PQRS and to eliminate reporting options that are not widely used. Additionally, in an effort to align with the EHR Incentive Program, this measure will be reportable via EHR beginning in 2014. The alignment of measures contained within multiple CMS reporting programs eases the burden of reporting and encourages eligible professionals to submit quality clinical data on care provided for Medicare beneficiaries. Alignment also promotes a robust data</p>							

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			source and consistency in analysis, which supports other quality programs within CMS. For the reasons previously stated, we are finalizing the removal of the claims-based option and the addition of the EHR-based reporting option for this measure beginning in 2014.							
0002/ 66	146v2	Efficiency and Cost Reduction	<p>Appropriate Testing for Children with Pharyngitis: Percentage of children 2-18 years of age who were diagnosed with pharyngitis, ordered an antibiotic and received a group A streptococcus (strep) test for the episode.</p> <p>*The claims-based reporting option is no longer available for reporting this measure for 2014 and beyond.*</p> <p>We solicited but received no public comment on this measure. 2012 claims data indicates a low threshold of eligible professionals reporting this measure via claims. CMS intends to streamline the reporting options</p>	NCQA		X	X			MU2

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			available under the PQRS and to eliminate reporting options that are not widely used. For these reasons, we are finalizing the removal of the claims-based option for this measure beginning in 2014.							
0377/ 67		Effective Clinical Care	Hematology: Myelodysplastic Syndrome (MDS) and Acute Leukemias: Baseline Cytogenetic Testing Performed on Bone Marrow: Percentage of patients aged 18 years and older with a diagnosis of myelodysplastic syndrome (MDS) or an acute leukemia who had baseline cytogenetic testing performed on bone marrow This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).	AMA- PCPI/ ASH	X	X				
0378/ 68		Effective Clinical Care	Hematology: Myelodysplastic Syndrome (MDS): Documentation of Iron Stores in Patients Receiving Erythropoietin Therapy: Percentage of patients aged 18 years and older	AMA- PCPI/ ASH	X	X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>with a diagnosis of myelodysplastic syndrome (MDS) who are receiving erythropoietin therapy with documentation of iron stores within 60 days prior to initiating erythropoietin therapy</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0380/ 69		Effective Clinical Care	<p>Hematology: Multiple Myeloma: Treatment with Bisphosphonates: Percentage of patients aged 18 years and older with a diagnosis of multiple myeloma, not in remission, who were prescribed or received intravenous bisphosphonate therapy within the 12-month reporting period</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA- PCPI/ ASH	X	X				
0379/ 70		Effective Clinical Care	<p>Hematology: Chronic Lymphocytic Leukemia (CLL): Baseline Flow Cytometry: Percentage of patients aged</p>	AMA- PCPI/ ASH	X	X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>18 years and older seen within a 12 month reporting period with a diagnosis of chronic lymphocytic leukemia (CLL) made at any time during or prior to the reporting period who had baseline flow cytometry studies performed and documented in the chart</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0387/ 71	140v1	Effective Clinical Care	<p>Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progestosterone Receptor (ER/PR) Positive Breast Cancer:</p> <p>Percentage of female patients aged 18 years and older with Stage IC through IIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA-PCPI/ ASCO/ NCCN	X	X	X		X	MU2
0385/ 72	141v3	Effective Clinical Care	<p>Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer</p>	AMA-PCPI/ ASCO/NCCN	X	X	X		X	MU2

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>Patients: Percentage of patients aged 18 through 80 years with AJCC Stage III colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12-month reporting period.</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0464/ 76		Patient Safety	<p>Prevention of Catheter-Related Bloodstream Infections (CRBSI): Central Venous Catheter (CVC) Insertion Protocol: Percentage of patients, regardless of age, who undergo CVC insertion for whom CVC was inserted with all elements of maximal sterile barrier technique [cap AND mask AND sterile gown AND sterile gloves AND a large sterile sheet AND hand hygiene AND 2% chlorhexidine for cutaneous antisepsis (or acceptable alternative antiseptics</p>	AMA-PCPI	X	X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			per current guideline)] followed This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
0323/ 81		Communication and Care Coordination	Adult Kidney Disease: Hemodialysis Adequacy: Solute: Percentage of calendar months within a 12-month period during which patients aged 18 years and older with a diagnosis of End Stage Renal Disease (ESRD) receiving hemodialysis three times a week for ≥ 90 days who have a $\text{spKt/V} \geq 1.2$ This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).	AMA-PCPI		X				
0321/ 82		Communication and Care Coordination	Adult Kidney Disease: Peritoneal Dialysis Adequacy: Solute: Percentage of patients aged 18 years and older with a diagnosis of End Stage Renal Disease (ESRD) receiving peritoneal dialysis who have a total	AMA-PCPI		X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPPO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>Kt/V \geq 1.7 per week measured once every 4 months</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0393/ 83		Effective Clinical Care	<p>Hepatitis C: Confirmation of Hepatitis C Viremia: Percentage of patients aged 18 years and older who are hepatitis C antibody positive seen for an initial evaluation for whom hepatitis C virus (HCV) RNA testing was ordered or previously performed</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA-PCPI		X				
0395/ 84		Effective Clinical Care	<p>Hepatitis C: Ribonucleic Acid (RNA) Testing Before Initiating Treatment: Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who started antiviral treatment within the 12 month reporting period for whom</p>	AMA-PCPI		X			X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>hepatitis C virus (HCV) genotype testing was performed within 12 months prior to initiation of antiviral treatment</p> <p>*The claims-based reporting option is no longer available for reporting this measure for 2014 and beyond.*</p> <p>We solicited but received no public comment on this measure. CMS would like to note that although this measure was not listed in our proposal as having a reporting option change, we are finalizing it as registry-only beginning in 2014. CMS believes it necessary to maintain consistency of clinically-related measures available within a particular reporting option; therefore, we are eliminating this measure from the claims-based reporting option. 2012 claims data indicates a low threshold of eligible professionals reporting this measure via claims. CMS intends to streamline the reporting options available under</p>							

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPPO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>the PQRS and to eliminate reporting options that are not widely used.</p> <p>Eligible professionals who report this measure will still have an opportunity to participate in PQRS using the registry-based reporting option. For these reasons, we are finalizing the removal of the claims-based option for this measure beginning in 2014.</p>							
0396/ 85		Effective Clinical Care	<p>Hepatitis C: HCV Genotype Testing Prior to Treatment: Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who started antiviral treatment within the 12 month reporting period for whom quantitative hepatitis C virus (HCV) RNA testing was performed within 12 months prior to initiation of antiviral treatment</p> <p>*The claims-based reporting option is no longer available for reporting this measure for 2014 and beyond.*</p> <p>We solicited but received no public</p>	AMA-PCPI		X			X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>comment on this measure. CMS would like to note that although this measure was not listed in our proposal as having a reporting option change, we are finalizing it as registry-only beginning in 2014. CMS believes it necessary to maintain consistency of clinically-related measures available within a particular reporting option; therefore, we are eliminating this measure from the claims-based reporting option. 2012 claims data indicates a low threshold of eligible professionals reporting this measure via claims. CMS intends to streamline the reporting options available under the PQRS and to eliminate reporting options that are not widely used.</p> <p>Eligible professionals who report this measure will still have an opportunity to participate in PQRS using the registry-based reporting option. For these reasons, we are finalizing the removal of the claims-based option for this measure beginning in 2014.</p>							

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
0398/ 87		Effective Clinical Care	<p>Hepatitis C: Hepatitis C Virus (HCV) Ribonucleic Acid (RNA) Testing Between 4-12 Weeks After Initiation of Treatment: Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment for whom quantitative hepatitis C virus (HCV) RNA testing was performed between 4-12 weeks after the initiation of antiviral treatment</p> <p>*The claims-based reporting option is no longer available for reporting this measure for 2014 and beyond.*</p> <p>We solicited but received no public comment on this measure. 2012 claims data indicates a low threshold of eligible professionals reporting this measure via claims. CMS intends to streamline the reporting options available under the PQRS and to eliminate reporting options that are not widely used. For these reasons, we are finalizing the removal of the claims-</p>	AMA-PCPI		X			X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPPO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			based option for this measure beginning in 2014.							
0653/ 91		Effective Clinical Care	<p>Acute Otitis Externa (AOE): Topical Therapy: Percentage of patients aged 2 years and older with a diagnosis of AOE who were prescribed topical preparations</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA-PCPI	X	X				
0654/ 93		Communication and Care Coordination	<p>Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use: Percentage of patients aged 2 years and older with a diagnosis of AOE who were <u>not prescribed</u> systemic antimicrobial therapy</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA-PCPI	X	X				
0391/		Effective Clinical	Breast Cancer Resection Pathology	AMA- PCPI/	X	X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
99		Care	<p>Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade: Percentage of breast cancer resection pathology reports that include the pT category (primary tumor), the pN category (regional lymph nodes), and the histologic grade</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	CAP						
0392/ 100		Effective Clinical Care	<p>Colorectal Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade: Percentage of colon and rectum cancer resection pathology reports that include the pT category (primary tumor), the pN category (regional lymph nodes) and the histologic grade</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY</p>	AMA- PCPI/ CAP	X	X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
0389/ 102	129v3	Efficiency and Cost Reduction	<p>Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients: Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA-PCPI	X	X	X			MU2
0390/ 104		Effective Clinical Care	<p>Prostate Cancer: Adjuvant Hormonal Therapy for High Risk Prostate Cancer Patients: Percentage of patients, regardless of age, with a diagnosis of prostate cancer at high risk of recurrence receiving external beam radiotherapy to the prostate who</p>	AMA-PCPI	X	X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			were prescribed adjuvant hormonal therapy (GnRH agonist or antagonist) This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
0103/ 106		Effective Clinical Care	Adult Major Depressive Disorder (MDD): Comprehensive Depression Evaluation: Diagnosis and Severity: Percentage of patients aged 18 years and older with a new diagnosis or recurrent episode of major depressive disorder (MDD) with evidence that they met the Diagnostic and Statistical Manual of Mental Disorders (DSM)-IV-TR criteria for MDD AND for whom there is an assessment of depression severity during the visit in which a new diagnosis or recurrent episode was identified This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).	AMA-PCPI	X	X				
0104/ 107	161v2	Effective Clinical Care	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment: Percentage of patients aged 18 years and older with a diagnosis of major depressive disorder (MDD) with a suicide risk assessment completed	AMA-PCPI	X	X	X			MU2

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>during the visit in which a new diagnosis or recurrent episode was identified</p> <p>*The EHR-based reporting option is available for reporting this measure beginning in 2014.*</p> <p>In an effort to align with the EHR Incentive Program, this measure will be reportable via EHR beginning in 2014. The alignment of measures contained within multiple CMS reporting programs eases the burden of reporting and encourages eligible professionals to submit quality clinical data on care provided for Medicare beneficiaries. Alignment also promotes a robust data source and consistency in analysis, which supports other quality programs within CMS. For these reasons, we are finalizing the removal of the claims-based option and the addition of the EHR-based reporting option for this measure beginning in 2014.</p>							

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
0054/ 108		Effective Clinical Care	<p>Rheumatoid Arthritis (RA): Disease Modifying Anti-Rheumatic Drug (DMARD) Therapy: Percentage of patients aged 18 years and older who were diagnosed with RA and were prescribed, dispensed, or administered at least one ambulatory prescription for a DMARD</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	NCQA	X	X			X	
0050/ 109		Person and Caregiver-Centered Experience and Outcomes	<p>Osteoarthritis (OA): Function and Pain Assessment: Percentage of patient visits for patients aged 21 years and older with a diagnosis of osteoarthritis (OA) with assessment for function and pain</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA-PCPI	X	X				
0041/ 110	147v2	Community/ Population Health	<p>Preventive Care and Screening: Influenza Immunization: Percentage</p>	AMA-PCPI	X	X	X	X	X	MU2 ACO

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0043/ 111	127v2	Effective Clinical Care	<p>Pneumonia Vaccination Status for Older Adults: Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	NCQA	X	X	X	X	X	MU2 ACO
N/A/ 112	125v2	Effective Clinical Care	<p>Breast Cancer Screening: Percentage of women 50 through 74 years of age who had a mammogram to screen for breast cancer within 27 months</p> <p>This measure was finalized for</p>	NCQA	X	X	X	X	X	MU2 ACO

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
0034/ 113	130v2	Effective Clinical Care	<p>Colorectal Cancer Screening: Percentage of patients 50-75 years of age who had appropriate screening for colorectal cancer.</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	NCQA	X	X	X	X	X	MU2 ACO
0058/ 116		Efficiency and Cost Reduction	<p>Antibiotic Treatment for Adults with Acute Bronchitis: Avoidance of Inappropriate Use: Percentage of adults 18 through 64 years of age with a diagnosis of acute bronchitis who were <u>not prescribed or dispensed</u> an antibiotic prescription on or 3 days after the episode</p> <p>*The claims-based reporting option is no longer available for reporting this measure for 2014 and beyond.*</p> <p>2012 claims data indicates a low threshold of eligible professionals</p>	NCQA		X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			reporting this measure via claims. CMS intends to streamline the reporting options available under the PQRS and to eliminate reporting options that are not widely used. For these reasons, we are finalizing the removal of the claims-based reporting option beginning in 2014.							
0055/ 117	131v2	Effective Clinical Care	<p>Diabetes: Eye Exam: Percentage of patients 18-75 years of age with diabetes who had a retinal or dilated eye exam by an eye care professional during the measurement period or a negative retinal eye exam (no evidence of retinopathy) in the 12 months prior to the measurement period</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	NCQA	X	X	X		X	MU2
0066/ 118		Effective Clinical Care	<p>Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy - Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%): Percentage of patients aged 18 years</p>	AMA- PCPI/ ACCF/AHA		X		X		ACO

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>and older with a diagnosis of coronary artery disease seen within a 12 month period who also have diabetes OR a current or prior Left Ventricular Ejection Fraction (LVEF) < 40% who were prescribed ACE inhibitor or ARB therapy</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0062/ 119	134v2	Effective Clinical Care	<p>Diabetes: Urine Protein Screening: The percentage of patients 18-75 years of age with diabetes who had a nephropathy screening test or evidence of nephropathy during the measurement period.</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	NCQA	X	X	X		X	MU2
1668/ 121		Effective Clinical Care	<p>Adult Kidney Disease: Laboratory Testing (Lipid Profile): Percentage of patients aged 18 years and older with a diagnosis of chronic kidney disease (CKD) (stage 3, 4, or 5, not receiving Renal Replacement Therapy [RRT]) who had a fasting lipid profile</p>	AMA-PCPI	X	X			X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>performed at least once within a 12-month period</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
AQA adopted/ 122		Effective Clinical Care	<p>Adult Kidney Disease: Blood Pressure Management: Percentage of patient visits for those patients aged 18 years and older with a diagnosis of chronic kidney disease (CKD) (stage 3, 4, or 5, not receiving Renal Replacement Therapy [RRT]) and proteinuria with a blood pressure < 130/80 mmHg OR ≥ 130/80 mmHg with a documented plan of care</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA-PCPI	X	X			X	
1666/ 123		Effective Clinical Care	<p>Adult Kidney Disease: Patients On Erythropoiesis-Stimulating Agent (ESA) - Hemoglobin Level > 12.0 g/dL: Percentage of calendar months</p>	AMA-PCPI	X	X			X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>within a 12-month period during which a hemoglobin level is measured for patients aged 18 years and older with a diagnosis of advanced chronic kidney disease (CKD) (stage 4 or 5, not receiving Renal Replacement Therapy [RRT]) or End Stage Renal Disease (ESRD) (who are on hemodialysis or peritoneal dialysis) who are also receiving erythropoiesis-stimulating agent (ESA) therapy have a hemoglobin level > 12.0 g/dL</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0417/ 126		Effective Clinical Care	<p>Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy</p> <p>–</p> <p>Neurological Evaluation: Percentage of patients aged 18 years and older with a diagnosis of diabetes mellitus who had a neurological examination of their lower extremities within 12 months</p>	APMA		X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>*The claims-based reporting option is no longer available for reporting this measure for 2014 and beyond.*</p> <p>2012 claims data indicates a low threshold of eligible professionals reporting this measure via claims. CMS intends to streamline the reporting options available under the PQRS and to eliminate reporting options that are not widely used. For these reasons, we are finalizing the removal of the claims-based reporting option beginning in 2014.</p>							
0416/ 127		Effective Clinical Care	<p>Diabetes Mellitus: Diabetic Foot and Ankle Care, Ulcer Prevention – Evaluation of Footwear: Percentage of patients aged 18 years and older with a diagnosis of diabetes mellitus who were evaluated for proper footwear and sizing</p> <p>*The claims-based reporting option is no longer available for reporting this measure for 2014 and beyond.*</p>	APMA		X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			2012 claims data indicates a low threshold of eligible professionals reporting this measure via claims. CMS intends to streamline the reporting options available under the PQRS and to eliminate reporting options that are not widely used. For these reasons, we are finalizing the removal of the claims-based reporting option beginning in 2014.							
0421/ 128	69v2	Community/ Population Health	<p>Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up: Percentage of patients aged 18 years and older with a documented BMI during the current encounter or during the previous 6 months, AND when the BMI is <u>outside of normal parameters</u>, a follow-up plan is documented during the encounter or during the previous 6 months of the encounter</p> <p>Normal Parameters: Age 65 years and older BMI ≥ 23 and < 30; Age 18 – 64 years BMI ≥ 18.5 and < 25</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at</p>	CMS	X	X	X	X	X	MU2 ACO

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			77 FR 69215).							
0419/ 130	68v3	Patient Safety	<p>Documentation of Current Medications in the Medical Record: Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list <u>must</u> include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND <u>must</u> contain the medications' name, dosage, frequency and route of administration.</p> <p>*The EHR-based reporting option is available for reporting this measure beginning in 2014.*</p> <p>In an effort to align with the EHR Incentive Program, this measure will be reportable via EHR beginning in 2014. The alignment of measures contained within multiple CMS</p>	CMS	X	X	X		X	MU2

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			reporting programs eases the burden of reporting and encourages eligible professionals to submit quality clinical data on care provided for Medicare beneficiaries. Alignment also promotes a robust data source and consistency in analysis, which supports other quality programs within CMS. For the reasons previously stated, we are finalizing the addition of the EHR-based option beginning in 2014.							
0420/ 131		Community/ Population Health	<p>Pain Assessment and Follow-Up: Percentage of visits for patients aged 18 years and older with documentation of a pain assessment using a standardized tool(s) on each visit AND documentation of a follow-up plan when pain is present</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	CMS	X	X				
0418/ 134	2v3	Community/ Population Health	<p>Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan: Percentage of patients aged 12 years and older screened for</p>	CMS	X	X	X	X		MU2 ACO

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPOR (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.</p> <p>*The EHR-based reporting option is available for reporting this measure beginning in 2014.*</p> <p>In an effort to align with the EHR Incentive Program, this measure will be reportable via EHR beginning in 2014. The alignment of measures contained within multiple CMS reporting programs eases the burden of reporting and encourages eligible professionals to submit quality clinical data on care provided for Medicare beneficiaries. Alignment also promotes a robust data source and consistency in analysis, which supports other quality programs within CMS. For the reasons previously stated, we are finalizing the addition of the EHR-based option beginning in 2014.</p>							
0650/ 137		Effective Clinical Care	<p>Melanoma: Continuity of Care – Recall System: Percentage of patients, regardless of age, with a current diagnosis of melanoma or a history of melanoma whose information was entered, at least once within a 12</p>	AMA- PCPI/NCQA		X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>month period, into a recall system that includes:</p> <ul style="list-style-type: none"> • A target date for the next complete physical skin exam, AND • A process to follow up with patients who either did not make an appointment within the specified timeframe or who missed a scheduled appointment <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
N/A/ 138		Communication and Care Coordination	<p>Melanoma: Coordination of Care: Percentage of patient visits, regardless of age, with a new occurrence of melanoma who have a treatment plan documented in the chart that was communicated to the physician(s) providing continuing care within 1 month of diagnosis</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at</p>	AMA- PCPI/NCQA		X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			77 FR 69215).							
0566/ 140		Effective Clinical Care	<p>Age-Related Macular Degeneration (AMD): Counseling on Antioxidant Supplement: Percentage of patients aged 50 years and older with a diagnosis of age-related macular degeneration (AMD) or their caregiver(s) who were counseled within 12 months on the benefits and/or risks of the Age-Related Eye Disease Study (AREDS) formulation for preventing progression of AMD</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA- PCPI/ NCQA	X	X				
0563/ 141		Communication and Care Coordination	<p>Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care: Percentage of patients aged 18 years and older with a diagnosis of primary open-angle glaucoma (POAG) whose glaucoma treatment has not failed (the most recent IOP was reduced by at</p>	AMA- PCPI/ NCQA	X	X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>least 15% from the pre- intervention level) OR if the most recent IOP was not reduced by at least 15% from the pre- intervention level, a plan of care was documented within 12 months</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0051/ 142		Effective Clinical Care	<p>Osteoarthritis (OA): Assessment for Use of Anti-Inflammatory or Analgesic Over-the-Counter (OTC) Medications: Percentage of patient visits for patients aged 21 years and older with a diagnosis of osteoarthritis (OA) with an assessment for use of anti-inflammatory or analgesic over-the-counter (OTC) medications</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA-PCPI	X	X				
0384/ 143	157v2	Person and Caregiver-Centered	<p>Oncology: Medical and Radiation – Pain Intensity Quantified:</p>	AMA-PCPI		X	X		X	MU2

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Claims	Registry	EHR	GP (Web Interface)*	Measures Groups	Other Quality Reporting Programs
		Experience and Outcomes	<p>Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified</p> <p>*The EHR-based reporting option is available for reporting this measure beginning in 2014.*</p> <p>In an effort to align with the EHR Incentive Program, this measure will be reportable via EHR beginning in 2014. The alignment of measures contained within multiple CMS reporting programs eases the burden of reporting and encourages eligible professionals to submit quality clinical data on care provided for Medicare beneficiaries. Alignment also promotes a robust data source and consistency in analysis, which supports other quality programs within CMS. For the reasons previously stated, we are finalizing the addition of the EHR-based option beginning in 2014.</p>							

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
0383/ 144		Person and Caregiver-Centered Experience and Outcomes	<p>Oncology: Medical and Radiation – Plan of Care for Pain: Percentage of visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain with a documented plan of care to address pain</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA-PCPI		X			X	
0510/ 145		Patient Safety	<p>Radiology: Exposure Time Reported for Procedures Using Fluoroscopy: Percentage of final reports for procedures using fluoroscopy that include documentation of radiation exposure or exposure time</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA- PCPI/ NCQA	X	X				
0508/ 146		Efficiency and Cost Reduction	Radiology: Inappropriate Use of “Probably Benign” Assessment	AMA- PCPI/ NCQA	X	X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>Category in Mammography Screening: Percentage of final reports for screening mammograms that are classified as “probably benign”</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
N/A/ 147		Communication and Care Coordination	<p>Nuclear Medicine: Correlation with Existing Imaging Studies for All Patients Undergoing Bone Scintigraphy: Percentage of final reports for all patients, regardless of age, undergoing bone scintigraphy that include physician documentation of correlation with existing relevant imaging studies (e.g., x-ray, MRI, CT, etc.) that were performed</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA-PCPI	X	X				
0322/ 148		Efficiency and Cost Reduction	<p>Back Pain: Initial Visit: The percentage of patients aged 18 through</p>	NCQA					X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>79 years with a diagnosis of back pain or undergoing back surgery who had back pain and function assessed during the initial visit to the clinician for the episode of back pain</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0319/ 149		Effective Clinical Care	<p>Back Pain: Physical Exam: Percentage of patients aged 18 through 79 years with a diagnosis of back pain or undergoing back surgery who received a physical examination at the initial visit to the clinician for the episode of back pain</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	NCQA					X	
0314/ 150		Effective Clinical Care	<p>Back Pain: Advice for Normal Activities: The percentage of patients aged 18 through 79 years with a diagnosis of back pain or undergoing</p>	NCQA					X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			back surgery who received advice for normal activities at the initial visit to the clinician for the episode of back pain This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
0313/ 151		Effective Clinical Care	Back Pain: Advice Against Bed Rest: The percentage of patients aged 18 through 79 years with a diagnosis of back pain or undergoing back surgery who received advice against bed rest lasting four days or longer at the initial visit to the clinician for the episode of back pain This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).	NCQA					X	
0101/ 154		Patient Safety	Falls: Risk Assessment: Percentage of patients aged 65 years and older with a history of falls who had a risk assessment for falls completed within	AMA- PCPI/ NCQA	X	X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			12 months This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
0101/ 155		Communication and Care Coordination	Falls: Plan of Care: Percentage of patients aged 65 years and older with a history of falls who had a plan of care for falls documented within 12 months This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).	AMA- PCPI/ NCQA	X	X				
0382/ 156		Patient Safety	Oncology: Radiation Dose Limits to Normal Tissues: Percentage of patients, regardless of age, with a diagnosis of pancreatic or lung cancer receiving 3D conformal radiation therapy with documentation in medical record that radiation dose limits to normal tissues were established prior to the initiation of a course of 3D conformal radiation for a minimum of two tissues	AMA-PCPI	X	X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
0455/ 157		Patient Safety	Thoracic Surgery: Recording of Clinical Stage Prior to Lung Cancer or Esophageal Cancer Resection: Percentage of surgical patients aged 18 years and older undergoing resection for lung or esophageal cancer who had clinical staging provided prior to surgery This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).	STS	X	X				
0404/ 159		Effective Clinical Care	HIV/AIDS: CD4+ Cell Count or CD4+ Percentage Performed: Percentage of patients aged 6 months and older with a diagnosis of HIV/AIDS for whom a CD4+ cell count or CD4+ cell percentage was performed at least once every 6 months	AMA- PCPI/ NCQA		X			X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
0405/ 160	52v2	Effective Clinical Care	<p>HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) prophylaxis: Percentage of patients aged 6 weeks and older with a diagnosis of HIV/AIDS who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis</p> <p>*The EHR-based reporting option is available for reporting this measure beginning in 2014.*</p> <p>In an effort to align with the EHR Incentive Program, this measure will be reportable via EHR beginning in 2014. The alignment of measures contained within multiple CMS reporting programs eases the burden of reporting and encourages eligible professionals to submit quality clinical data on care provided for Medicare</p>	NCQA		X	X		X	MU2

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPPO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			beneficiaries. Alignment also promotes a robust data source and consistency in analysis, which supports other quality programs within CMS. For the reasons previously stated, we are finalizing the addition of the EHR-based option beginning in 2014.							
0056/ 163	123v2	Effective Clinical Care	<p>Diabetes: Foot Exam: Percentage of patients aged 18-75 years of age with diabetes who had a foot exam during the measurement period.</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	NCQA	X	X	X		X	MU2
0129/ 164		Effective Clinical Care	<p>Coronary Artery Bypass Graft (CABG): Prolonged Intubation: Percentage of patients aged 18 years and older undergoing isolated CABG surgery who require postoperative intubation > 24 hours</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at</p>	STS		X			X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			77 FR 69215).							
0130/ 165		Effective Clinical Care	<p>Coronary Artery Bypass Graft (CABG): Deep Sternal Wound Infection Rate: Percentage of patients aged 18 years and older undergoing isolated CABG surgery who, within 30 days postoperatively, develop deep sternal wound infection involving muscle, bone, and/or mediastinum requiring operative intervention</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	STS		X			X	
0131/ 166		Effective Clinical Care	<p>Coronary Artery Bypass Graft (CABG): Stroke: Percentage of patients aged 18 years and older undergoing isolated CABG surgery who have a postoperative stroke (i.e., any confirmed neurological deficit of abrupt onset caused by a disturbance in blood supply to the brain) that did not resolve within 24 hours</p> <p>This measure was finalized for</p>	STS		X			X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
0114/ 167		Effective Clinical Care	<p>Coronary Artery Bypass Graft (CABG): Postoperative Renal Failure: Percentage of patients aged 18 years and older undergoing isolated CABG surgery (without pre-existing renal failure) who develop postoperative renal failure or require dialysis</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	STS		X			X	
0115/ 168		Effective Clinical Care	<p>Coronary Artery Bypass Graft (CABG): Surgical Re-Exploration: Percentage of patients aged 18 years and older undergoing isolated CABG surgery who require a return to the operating room (OR) during the current hospitalization for mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction, or other cardiac reason</p>	STS		X			X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
0116/ 169		Effective Clinical Care	Coronary Artery Bypass Graft (CABG): Antiplatelet Medications at Discharge: Percentage of patients aged 18 years and older undergoing isolated CABG surgery who were discharged on antiplatelet medication This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).	STS		X			X	
0117/ 170		Effective Clinical Care	Coronary Artery Bypass Graft (CABG): Beta-Blockers Administered at Discharge: Percentage of patients aged 18 years and older undergoing isolated CABG surgery who were discharged on beta-blockers This measure was finalized for	STS		X			X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
0118/ 171		Effective Clinical Care	<p>Coronary Artery Bypass Graft (CABG): Anti-Lipid Treatment at Discharge: Percentage of patients aged 18 years and older undergoing isolated CABG surgery who were discharged on a statin or other lipid-lowering regimen</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	STS		X			X	
0259/ 172		Effective Clinical Care	<p>Hemodialysis Vascular Access Decision-Making by Surgeon to Maximize Placement of Autogenous Arterial Venous (AV) Fistula: Percentage of patients aged 18 years and older with a diagnosis of advanced Chronic Kidney Disease (CKD) (stage 3, 4 or 5) or End Stage Renal Disease (ESRD) requiring hemodialysis vascular access documented by surgeon to have received autogenous</p>	SVS	X	X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>AV fistula</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
AQA adopted/ 173		Community/ Population Health	<p>Preventive Care and Screening: Unhealthy Alcohol Use – Screening: Percentage of patients aged 18 years and older who were screened for unhealthy alcohol use using a systematic screening method within 24 months</p> <p>*The claims-based and EHR-based reporting options have been removed from this measure for 2014 PQRS.*</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA-PCPI		X			X	
AQA adopted/ 176		Effective Clinical Care	<p>Rheumatoid Arthritis (RA): Tuberculosis Screening: Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis</p>	AMA- PCPI		X			X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>(RA) who have documentation of a tuberculosis (TB) screening performed and results interpreted within 6 months prior to receiving a first course of therapy using a biologic disease-modifying anti-rheumatic drug (DMARD)</p> <p>*The claims-based reporting option is no longer available for reporting this measure for 2014 and beyond.*</p> <p>2012 claims data indicates a low threshold of eligible professionals reporting this measure via claims. CMS intends to streamline the reporting options available under the PQRS and to eliminate reporting options that are not widely used. For these reasons, we are finalizing the removal of the claims-based option for 2014 and beyond.</p>							
AQA adopted/ 177		Effective Clinical Care	<p>Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity: Percentage of patients aged 18 years and older with a diagnosis of</p>	AMA- PCPI		X			X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>rheumatoid arthritis (RA) who have an assessment and classification of disease activity within 12 months</p> <p>*The claims-based reporting option is no longer available for reporting this measure for 2014 and beyond.*</p> <p>2012 claims data indicates a low threshold of eligible professionals reporting this measure via claims. CMS intends to streamline the reporting options available under the PQRS and to eliminate reporting options that are not widely used. For these reasons, we are finalizing the removal of the claims-based option for 2014 and beyond.</p>							
AQA adopted/ 178		Effective Clinical Care	<p>Rheumatoid Arthritis (RA):</p> <p>Functional Status Assessment:</p> <p>Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) for whom a functional status assessment was performed at least once within 12 months</p>	AMA- PCPI		X			X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>*The claims-based reporting option is no longer available for reporting this measure for 2014 and beyond.*</p> <p>2012 claims data indicates a low threshold of eligible professionals reporting this measure via claims. CMS intends to streamline the reporting options available under the PQRS and to eliminate reporting options that are not widely used. For these reasons, we are finalizing the removal of the claims-based option for 2014 and beyond.</p>							
AQA adopted/ 179		Effective Clinical Care	<p>Rheumatoid Arthritis (RA): Assessment and Classification of Disease Prognosis: Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have an assessment and classification of disease prognosis at least once within 12 months</p> <p>*The claims-based reporting option is no longer available for reporting this</p>	AMA- PCPI		X			X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>measure for 2014 and beyond.*</p> <p>2012 claims data indicates a low threshold of eligible professionals reporting this measure via claims. CMS intends to streamline the reporting options available under the PQRS and to eliminate reporting options that are not widely used. For these reasons, we are finalizing the removal of the claims-based option for 2014 and beyond.</p>							
AQA adopted/ 180		Communication and Care Coordination	<p>Rheumatoid Arthritis (RA): Glucocorticoid Management: Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have been assessed for glucocorticoid use and, for those on prolonged doses of prednisone \geq 10 mg daily (or equivalent) with improvement or no change in disease activity, documentation of glucocorticoid management plan within 12 months</p> <p>*The claims-based reporting option is</p>	AMA- PCPI		X			X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>no longer available for reporting this measure for 2014 and beyond.*</p> <p>CMS would like to note that although this measure was not listed in our proposal as having a reporting option change, we are finalizing it as registry-only beginning in 2014. CMS believes it necessary to maintain consistency of clinically-related measures available within a particular reporting option; therefore, we are eliminating this measure from the claims-based reporting option. 2012 claims data indicates a low threshold of eligible professionals reporting this measure via claims. CMS intends to streamline the reporting options available under the PQRS and to eliminate reporting options that are not widely used.</p> <p>Eligible professionals who report this measure will still have an opportunity to participate in PQRS using the registry-based reporting option. For these reasons, we are finalizing the</p>							

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			removal of the claims-based option for this measure beginning in 2014.							
AQA adopted/ 181		Patient Safety	<p>Elder Maltreatment Screen and Follow-Up Plan: Percentage of patients aged 65 years and older with a documented elder maltreatment screen using an Elder Maltreatment Screening Tool on the date of encounter AND a documented follow-up plan on the date of the positive screen</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	CMS	X	X				
AQA adopted/ 182		Communication and Care Coordination	<p>Functional Outcome Assessment: Percentage of visits for patients aged 18 years and older with documentation of a current functional outcome assessment using a standardized functional outcome assessment tool on the date of encounter AND documentation of a care plan based on identified functional outcome deficiencies on the date of the identified deficiencies</p>	CMS	X	X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GP (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
0399/ 183		Community/Population Health	<p>Hepatitis C: Hepatitis A Vaccination in Patients with Hepatitis C Virus (HCV): Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who have received at least one injection of hepatitis A vaccine, or who have documented immunity to hepatitis A</p> <p>*The claims-based reporting option is no longer available for reporting this measure for 2014 and beyond.*</p> <p>CMS would like to note that although this measure was not listed in our proposal as having a reporting option change, we are finalizing it as registry-only beginning in 2014. CMS believes it necessary to maintain consistency of clinically-related measures available within a particular reporting option;</p>	AMA-PCPI		X			X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>therefore, we are eliminating this measure from the claims-based reporting option. 2012 claims data indicates a low threshold of eligible professionals reporting this measure via claims. CMS intends to streamline the reporting options available under the PQRS and to eliminate reporting options that are not widely used.</p> <p>Eligible professionals who report this measure will still have an opportunity to participate in PQRS using the registry-based reporting option. For these reasons, we are finalizing the removal of the claims-based option for this measure beginning in 2014.</p>							
0659/ 185		Communication and Care Coordination	<p>Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use: Percentage of patients aged 18 years and older receiving a surveillance colonoscopy, with a history of a prior adenomatous polyp(s) in previous colonoscopy</p>	AMA- PCPI/ NCQA	X	X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			findings, who had an interval of 3 or more years since their last colonoscopy This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
N/A/ 187		Effective Clinical Care	Stroke and Stroke Rehabilitation: Thrombolytic Therapy: Percentage of patients aged 18 years and older with a diagnosis of acute ischemic stroke who arrive at the hospital within two hours of time last known well and for whom IV t-PA was initiated within three hours of time last known well This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).	AHA/ ASA/ TJC		X				
0565/ 191	133v2	Effective Clinical Care	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery: Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and no	AMA- PCPI/ NCQA		X	X		X	MU2

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>significant ocular conditions impacting the visual outcome of surgery and had best-corrected visual acuity of 20/40 or better (distance or near) achieved within 90 days following the cataract surgery</p> <p>*The EHR-based reporting option is available for reporting this measure beginning in 2014.*</p> <p>In an effort to align with the EHR Incentive Program, this measure will be reportable via EHR beginning in 2014. The alignment of measures contained within multiple CMS reporting programs eases the burden of reporting and encourages eligible professionals to submit quality clinical data on care provided for Medicare beneficiaries. Alignment also promotes a robust data source and consistency in analysis, which supports other quality programs within CMS. For these reasons, we are finalizing the addition of the EHR-based reporting option for</p>							

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			this measure beginning in 2014.							
0564/ 192	132v2	Patient Safety	<p>Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures: Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and had any of a specified list of surgical procedures in the 30 days following cataract surgery which would indicate the occurrence of any of the following major complications: retained nuclear fragments, endophthalmitis, dislocated or wrong power IOL, retinal detachment, or wound dehiscence</p> <p>*The EHR-based reporting option is available for reporting this measure beginning in 2014.*</p> <p>In an effort to align with the EHR Incentive Program, this measure will be reportable via EHR beginning in 2014. The alignment of measures contained within multiple CMS</p>	AMA- PCPI/ NCQA		X	X		X	MU2

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			reporting programs eases the burden of reporting and encourages eligible professionals to submit quality clinical data on care provided for Medicare beneficiaries. Alignment also promotes a robust data source and consistency in analysis, which supports other quality programs within CMS. For these reasons, we are finalizing the addition of the EHR-based reporting option for this measure beginning in 2014.							
0454/ 193		Patient Safety	Perioperative Temperature Management: Percentage of patients, regardless of age, undergoing surgical or therapeutic procedures under general or neuraxial anesthesia of 60 minutes duration or longer, except patients undergoing cardiopulmonary bypass, for whom <i>either</i> active warming was used intraoperatively for the purpose of maintaining normothermia, OR at least one body temperature equal to or greater than 36 degrees Centigrade (or 96.8 degrees Fahrenheit) was recorded within the 30 minutes immediately before or the 15	AMA-PCPI	X	X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			minutes immediately after anesthesia end time This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
0386/ 194		Effective Clinical Care	Oncology: Cancer Stage Documented: Percentage of patients, regardless of age, with a diagnosis of cancer who are seen in the ambulatory setting who have a baseline American Joint Committee on Cancer (AJCC) cancer stage or documentation that the cancer is metastatic in the medical record at least once during the 12 month reporting period This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).	AMA- PCPI/ ASCO	X	X			X	
0507/ 195		Effective Clinical Care	Radiology: Stenosis Measurement in Carotid Imaging Reports: Percentage of final reports for carotid imaging studies (neck magnetic resonance	AMA- PCPI/ NCQA	X	X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPOR (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			angiography [MRA], neck computed tomography angiography [CTA], neck duplex ultrasound, carotid angiogram) performed that include direct or indirect reference to measurements of distal internal carotid diameter as the denominator for stenosis measurement This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
0074/ 197		Effective Clinical Care	Coronary Artery Disease (CAD): Lipid Control: Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who have a LDL-C result < 100 mg/dL OR patients who have a LDL-C result ≥ 100 mg/dL and have a documented plan of care to achieve LDL-C < 100 mg/dL, including at a minimum the prescription of a statin *The EHR-based reporting mechanism is no longer available for reporting this	AMA- PCPI/ ACCF/AHA		X		X	X	ACO

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>measure for 2014 and beyond.*</p> <p>In an effort to align with the EHR Incentive Program, this measure will no longer be reportable via EHR beginning in 2014. The alignment of measures contained within multiple CMS reporting programs eases the burden of reporting and encourages eligible professionals to submit quality clinical data on care provided for Medicare beneficiaries. Alignment also promotes a robust data source and consistency in analysis, which supports other quality programs within CMS. For the reasons previously stated, we are finalizing the removal of the EHR-based option beginning in 2014.</p>							
0079/ 198		Effective Clinical Care	<p>Heart Failure: Left Ventricular Ejection Fraction (LVEF)</p> <p>Assessment: Percentage of patients aged 18 years and older with a diagnosis of heart failure for whom the quantitative or qualitative results of a recent or prior [any time in the past] LVEF assessment is documented</p>	AMA- PCPI/ ACCF/AHA		X			X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>within a 12 month period</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0068/ 204	164v2	Effective Clinical Care	<p>Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic: Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had documentation of use of aspirin or another antithrombotic during the measurement period.</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at</p>	NCQA	X	X	X	X	X	MU2 ACO Millio n Hearts

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			77 FR 69215).							
0409/205		Effective Clinical Care	<p>HIV/AIDS: Sexually Transmitted Disease Screening for Chlamydia, Gonorrhea, and Syphilis: Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS for whom chlamydia, gonorrhea and syphilis screenings were performed at least once since the diagnosis of HIV infection</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA-PCPI/ NCQA		X			X	
0422/ 217		Communication and Care Coordination	<p>Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Knee Impairments: Percentage of patients aged 18 or older that receive treatment for a functional deficit secondary to a diagnosis that affects the knee in which the change in their Risk-Adjusted Functional Status is measured</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY</p>	FOTO		X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GP/RO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
0423/ 218		Communication and Care Coordination	<p>Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Hip Impairments: Percentage of patients aged 18 or older that receive treatment for a functional deficit secondary to a diagnosis that affects the hip in which the change in their Risk-Adjusted Functional Status is measured</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	FOTO		X				
0424/ 219		Communication and Care Coordination	<p>Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Lower Leg, Foot or Ankle Impairments: Percentage of patients aged 18 or older that receive treatment for a functional deficit secondary to a diagnosis that affects the lower leg, foot or ankle in which the change in their Risk-Adjusted Functional Status is measured</p>	FOTO		X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPPO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
0425/ 220		Communication and Care Coordination	Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Lumbar Spine Impairments: Percentage of patients aged 18 or older that receive treatment for a functional deficit secondary to a diagnosis that affects the lumbar spine in which the change in their Risk-Adjusted Functional Status is measured This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).	FOTO		X				
0426/ 221		Communication and Care Coordination	Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Shoulder Impairments: Percentage of patients aged 18 or older that receive treatment for a functional deficit secondary to a	FOTO		X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>diagnosis that affects the shoulder in which the change in their Risk-Adjusted Functional Status is measured</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0427/ 222		Communication and Care Coordination	<p>Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Elbow, Wrist or Hand Impairments: Percentage of patients aged 18 or older that receive treatment for a functional deficit secondary to a diagnosis that affects the elbow, wrist or hand in which the change in their Risk-Adjusted Functional Status is measured</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	FOTO		X				
0428/ 223		Communication and Care Coordination	<p>Functional Deficit: Change in Risk-Adjusted Functional Status for</p>	FOTO		X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>Patients with Neck, Cranium, Mandible, Thoracic Spine, Ribs, or Other General Orthopedic Impairments: Percentage of patients aged 18 or older that receive treatment for a functional deficit secondary to a diagnosis that affects the neck, cranium, mandible, thoracic spine, ribs, or other general orthopedic impairment in which the change in their Risk-Adjusted Functional Status is measured</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0562/ 224		Efficiency and Cost Reduction	<p>Melanoma: Overutilization of Imaging Studies in Melanoma: Percentage of patients, regardless of age, with a current diagnosis of stage 0 through IIC melanoma or a history of melanoma of any stage, without signs or symptoms suggesting systemic spread, seen for an office visit during the one-year measurement period, for</p>	AMA- PCPI/ NCQA		X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPPO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>whom no diagnostic imaging studies were ordered</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0509/ 225		Communication and Care Coordination	<p>Radiology: Reminder System for Mammograms: Percentage of patients aged 40 years and older undergoing a screening mammogram whose information is entered into a reminder system with a target due date for the next mammogram</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA- PCPI/ NCQA	X	X				
0028/ 226	138v2	Community/ Population Health	<p>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention: Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling</p>	AMA-PCPI	X	X	X	X	X	MU2 ACO Millio n Hearts

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			intervention if identified as a tobacco user This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
N/A/ 228		Effective Clinical Care	Heart Failure (HF): Left Ventricular Function (LVF) Testing: Percentage of patients 18 years and older with Left Ventricular Function (LVF) testing documented as being performed within the previous 12 months or LVF testing performed prior to discharge for patients who are hospitalized with a principal diagnosis of Heart Failure (HF) during the reporting period This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).	CMS		X				
N/A/ 231		Effective Clinical Care	Asthma: Tobacco Use: Screening - Ambulatory Care Setting: Percentage of patients aged 5 through	AMA- PCPI/ NCQA	X	X			X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPOR (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>64 years with a diagnosis of asthma (or their primary caregiver) who were queried about tobacco use and exposure to second hand smoke within their home environment at least once during the one-year measurement period</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
N/A/ 232		Effective Clinical Care	<p>Asthma: Tobacco Use: Intervention - Ambulatory Care Setting: Percentage of patients aged 5 through 64 years with a diagnosis of asthma who were identified as tobacco users (or their primary caregiver) who received tobacco cessation intervention at least once during the one-year measurement period</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA- PCPI/NCQA	X	X			X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
0457/ 233		Effective Clinical Care	<p>Thoracic Surgery: Recording of Performance Status Prior to Lung or Esophageal Cancer Resection: Percentage of patients aged 18 years and older undergoing resection for lung or esophageal cancer for whom performance status was documented and reviewed within 2 weeks prior to surgery</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	STS		X				
0458/ 234		Patient Safety	<p>Thoracic Surgery: Pulmonary Function Tests Before Major Anatomic Lung Resection (Pneumonectomy, Lobectomy, or Formal Segmentectomy): Percentage of thoracic surgical patients aged 18 years and older undergoing at least one pulmonary function test within 12 months prior to a major lung resection (pneumonectomy, lobectomy, or formal segmentectomy)</p>	STS		X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
0018/ 236	165v2	Effective Clinical Care	<p>Controlling High Blood Pressure: Percentage of patients 18-85 years of age who had a diagnosis of hypertension whose blood pressure was adequately controlled (<140/90 mmHg) during the measurement period.</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	NCQA	X	X	X	X	X	MU2 ACO Millio n Hearts
0022/ 238	156v2	Patient Safety	<p>Use of High-Risk Medications in the Elderly: Percentage of patients 66 years of age and older who were ordered high-risk medications. Two rates are reported.</p> <p>a. Percentage of patients who were ordered at least one high-risk medication.</p> <p>b. Percentage of patients who were ordered at least two different high-risk medications.</p>	NCQA			X			MU2

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
0024/ 239	155v2	Community/Populati on Health	<p>Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents: Percentage of patients 3-17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or Obstetrician/Gynecologist (OB/GYN) and who had evidence of the following during the measurement period. Three rates are reported.</p> <ul style="list-style-type: none"> - Percentage of patients with height, weight, and body mass index (BMI) percentile documentation - Percentage of patients with counseling for nutrition - Percentage of patients with counseling for physical activity <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	NCQA			X			MU2
0038/	117v2	Community/Populati	Childhood Immunization Status:	NCQA			X			MU2

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
240		on Health	<p>Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0075/ 241	182v3	Effective Clinical Care	<p>Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control: Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis</p>	NCQA	X	X	X	X	X	MU2 ACO Millio n Hearts

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPOR (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>of ischemic vascular disease (IVD) during the measurement period, and who had a complete lipid profile performed during the measurement period and whose LDL-C was adequately controlled (< 100 mg/dL).</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
N/A/ 242		Effective Clinical Care	<p>Coronary Artery Disease (CAD): Symptom Management: Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period with results of an evaluation of level of activity and an assessment of whether anginal symptoms are present or absent with appropriate management of anginal symptoms within a 12 month period</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at</p>	AMA- PCPI/ ACCF/AHA		X			X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			77 FR 69215).							
0643/ 243		Effective Clinical Care	<p>Cardiac Rehabilitation Patient Referral from an Outpatient Setting: Percentage of patients evaluated in an outpatient setting who within the previous 12 months have experienced an acute myocardial infarction (MI), coronary artery bypass graft (CABG) surgery, a percutaneous coronary intervention (PCI), cardiac valve surgery, or cardiac transplantation, or who have chronic stable angina (CSA) and have not already participated in an early outpatient cardiac rehabilitation/secondary prevention (CR) program for the qualifying event/diagnosis who were referred to a CR program</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	ACCF-AHA		X				
AQA adopted/		Effective Clinical Care	Chronic Wound Care: Use of Wound Surface Culture Technique	AMA- PCPI/ NCQA	X	X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
245			<p>in Patients with Chronic Skin Ulcers (Overuse Measure): Percentage of patient visits for those patients aged 18 years and older with a diagnosis of chronic skin ulcer <u>without</u> the use of a wound surface culture technique</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
AQA adopted/ 246		Effective Clinical Care	<p>Chronic Wound Care: Use of Wet to Dry Dressings in Patients with Chronic Skin Ulcers (Overuse Measure): Percentage of patient visits for those patients aged 18 years and older with a diagnosis of chronic skin ulcer <u>without</u> a prescription or recommendation to use wet to dry dressings</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA- PCPI/ NCQA	X	X				
AQA		Effective Clinical	Substance Use Disorders:	AMA- PCPI/	X	X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
adopted/ 247		Care	<p>Counseling Regarding Psychosocial and Pharmacologic Treatment Options for Alcohol Dependence: Percentage of patients aged 18 years and older with a diagnosis of current alcohol dependence who were counseled regarding psychosocial AND pharmacologic treatment options for alcohol dependence within the 12-month reporting period</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	NCQA						
AQA adopted/ 248		Effective Clinical Care	<p>Substance Use Disorders: Screening for Depression Among Patients with Substance Abuse or Dependence: Percentage of patients aged 18 years and older with a diagnosis of current substance abuse or dependence who were screened for depression within the 12-month reporting period</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY</p>	AMA- PCPI/ NCQA	X	X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
N/A/ 249		Effective Clinical Care	<p>Barrett's Esophagus: Percentage of esophageal biopsy reports that document the presence of Barrett's mucosa that also include a statement about dysplasia</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	CAP	X	X				
N/A/ 250		Effective Clinical Care	<p>Radical Prostatectomy Pathology Reporting: Percentage of radical prostatectomy pathology reports that include the pT category, the pN category, the Gleason score and a statement about margin status</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	CAP	X	X				
N/A/ 251		Effective Clinical Care	Immunohistochemical (IHC) Evaluation of Human Epidermal Growth Factor Receptor 2 Testing	CAP	X	X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>(HER2) for Breast Cancer Patients: This is a measure based on whether quantitative evaluation of Human Epidermal Growth Factor Receptor 2 Testing (HER2) by immunohistochemistry (IHC) uses the system recommended in the ASCO/CAP Guidelines for Human Epidermal Growth Factor Receptor 2 Testing in breast cancer</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0651/ 254		Effective Clinical Care	<p>Ultrasound Determination of Pregnancy Location for Pregnant Patients with Abdominal Pain: Percentage of pregnant female patients aged 14 to 50 who present to the emergency department (ED) with a chief complaint of abdominal pain or vaginal bleeding who receive a trans-abdominal or trans-vaginal ultrasound to determine pregnancy location</p>	ACEP	X	X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
0652/ 255		Effective Clinical Care	<p>Rh Immunoglobulin (Rhogam) for Rh-Negative Pregnant Women at Risk of Fetal Blood Exposure: Percentage of Rh-negative pregnant women aged 14-50 years at risk of fetal blood exposure who receive Rh-Immunoglobulin (Rhogam) in the emergency department (ED)</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	ACEP	X	X				
N/A/ 257		Effective Clinical Care	<p>Statin Therapy at Discharge after Lower Extremity Bypass (LEB): Percentage of patients aged 18 years and older undergoing infra-inguinal lower extremity bypass who are prescribed a statin medication at discharge</p>	SVS		X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
N/A/ 258		Communication and Care Coordination	<p>Rate of Open Repair of Small or Moderate Non-Ruptured Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home by Post-Operative Day #7):</p> <p>Percent of patients undergoing open repair of small or moderate sized non-ruptured abdominal aortic aneurysms who do not experience a major complication (discharge to home no later than post-operative day #7)</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	SVS		X				
N/A/ 259		Communication and Care Coordination	<p>Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non-Ruptured Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home by Post-Operative Day #2):</p>	SVS		X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>Percent of patients undergoing endovascular repair of small or moderate non-ruptured abdominal aortic aneurysms (AAA) that do not experience a major complication (discharged to home no later than post-operative day #2)</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
N/A/ 260		Communication and Care Coordination	<p>Rate of Carotid Endarterectomy (CEA) for Asymptomatic Patients, without Major Complications (Discharged to Home by Post-Operative Day #2): Percent of asymptomatic patients undergoing CEA who are discharged to home no later than post-operative day #2</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	SVS		X				
N/A/		Communication and	Referral for Otologic Evaluation for	AQC	X	X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
261		Care Coordination	<p>Patients with Acute or Chronic Dizziness: Percentage of patients aged birth and older referred to a physician (preferably a physician specially trained in disorders of the ear) for an otologic evaluation subsequent to an audiologic evaluation after presenting with acute or chronic dizziness</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
N/A/ 262		Patient Safety	<p>Image Confirmation of Successful Excision of Image-Localized Breast Lesion: Image confirmation of lesion(s) targeted for image guided excisional biopsy or image guided partial mastectomy in patients with nonpalpable, image-detected breast lesion(s). Lesions may include: microcalcifications, mammographic or sonographic mass or architectural distortion, focal suspicious abnormalities on magnetic resonance imaging (MRI) or other breast imaging</p>	ASBS	X	X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>amenable to localization such as positron emission tomography (PET) mammography, or a biopsy marker demarcating site of confirmed pathology as established by previous core biopsy.</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
N/A/ 263		Effective Clinical Care	<p>Preoperative Diagnosis of Breast Cancer: The percent of patients undergoing breast cancer operations who obtained the diagnosis of breast cancer preoperatively by a minimally invasive biopsy method</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	ASBS	X	X				
N/A/ 264		Effective Clinical Care	<p>Sentinel Lymph Node Biopsy for Invasive Breast Cancer: The percentage of clinically node negative (clinical stage T1N0M0 or T2N0M0)</p>	ASBS		X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			breast cancer patients who undergo a sentinel lymph node (SLN) procedure This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
0645/ 265		Communication and Care Coordination	Biopsy Follow-Up: Percentage of new patients whose biopsy results have been reviewed and communicated to the primary care/referring physician and patient by the performing physician This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).	AAD		X				
N/A/ 266		Effective Clinical Care	Epilepsy: Seizure Type(s) and Current Seizure Frequency(ies): Percentage of patient visits with a diagnosis of epilepsy who had the type(s) of seizure(s) and current seizure frequency(ies) for each seizure type documented in the medical record	AAN	X	X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
N/A/ 267		Effective Clinical Care	<p>Epilepsy: Documentation of Etiology of Epilepsy or Epilepsy Syndrome: All visits for patients with a diagnosis of epilepsy who had their etiology of epilepsy or with epilepsy syndrome(s) reviewed and documented if known, or documented as unknown or cryptogenic</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AAN	X	X				
N/A/ 268		Effective Clinical Care	<p>Epilepsy: Counseling for Women of Childbearing Potential with Epilepsy: All female patients of childbearing potential (12-44 years old) diagnosed with epilepsy who were counseled about epilepsy and how its treatment may affect contraception and pregnancy at least once a year</p>	AAN	X	X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
N/A/ 269		Effective Clinical Care	<p>Inflammatory Bowel Disease (IBD): Type, Anatomic Location and Activity All Documented: Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease who have documented the disease type, anatomic location and activity, at least once during the reporting period</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AGA					X	
N/A/ 270		Effective Clinical Care	<p>Inflammatory Bowel Disease (IBD): Preventive Care: Corticosteroid Sparing Therapy: Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease who have been managed by corticosteroids greater than or equal to 10 mg/day for 60 or greater</p>	AGA					X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			consecutive days that have been prescribed corticosteroid sparing therapy in the last reporting year This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
N/A/ 271		Effective Clinical Care	Inflammatory Bowel Disease (IBD): Preventive Care: Corticosteroid Related Iatrogenic Injury – Bone Loss Assessment: Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease who have received dose of corticosteroids greater than or equal to 10 mg/day for 60 or greater consecutive days and were assessed for risk of bone loss once per the reporting year This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).	AGA					X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
N/A/ 272		Effective Clinical Care	<p>Inflammatory Bowel Disease (IBD): Preventive Care: Influenza Immunization: Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease for whom influenza immunization was recommended, administered or previously received during the reporting year</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AGA					X	
N/A/ 273		Effective Clinical Care	<p>Inflammatory Bowel Disease (IBD): Preventive Care: Pneumococcal Immunization: Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease that had pneumococcal vaccination administered or previously received</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at</p>	AGA					X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			77 FR 69215).							
N/A/ 274		Effective Clinical Care	<p>Inflammatory Bowel Disease (IBD): Testing for Latent Tuberculosis (TB) Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy: Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease for whom a tuberculosis (TB) screening was performed and results interpreted within 6 months prior to receiving a first course of anti-TNF (tumor necrosis factor) therapy</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AGA					X	
N/A/ 275		Effective Clinical Care	<p>Inflammatory Bowel Disease (IBD): Assessment of Hepatitis B Virus (HBV) Status Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy: Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease who had Hepatitis B Virus (HBV) status</p>	AGA					X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>assessed and results interpreted within 1 year prior to receiving a first course of anti-TNF (tumor necrosis factor) therapy</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
N/A/ 276		Effective Clinical Care	<p>Sleep Apnea: Assessment of Sleep Symptoms: Percentage of visits for patients aged 18 years and older with a diagnosis of obstructive sleep apnea that includes documentation of an assessment of sleep symptoms, including presence or absence of snoring and daytime sleepiness</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA- PCPI/ NCQA					X	
N/A/ 277		Effective Clinical Care	<p>Sleep Apnea: Severity Assessment at Initial Diagnosis: Percentage of patients aged 18 years and older with a diagnosis of obstructive sleep apnea</p>	AMA- PCPI/ NCQA					X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>who had an apnea hypopnea index (AHI) or a respiratory disturbance index (RDI) measured at the time of initial diagnosis</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
N/A/ 278		Effective Clinical Care	<p>Sleep Apnea: Positive Airway Pressure Therapy Prescribed: Percentage of patients aged 18 years and older with a diagnosis of moderate or severe obstructive sleep apnea who were prescribed positive airway pressure therapy</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA- PCPI/ NCQA					X	
N/A/ 279		Effective Clinical Care	<p>Sleep Apnea: Assessment of Adherence to Positive Airway Pressure Therapy: Percentage of visits for patients aged 18 years and older with a diagnosis of obstructive</p>	AMA- PCPI/ NCQA					X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>sleep apnea who were prescribed positive airway pressure therapy who had documentation that adherence to positive airway pressure therapy was objectively measured</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
N/A/ 280		Communication and Care Coordination	<p>Dementia: Staging of Dementia: Percentage of patients, regardless of age, with a diagnosis of dementia whose severity of dementia was classified as mild, moderate or severe at least once within a 12 month period</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA-PCPI					X	
N/A/ 281	149v2	Effective Clinical Care	<p>Dementia: Cognitive Assessment: Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of cognition is performed and the results reviewed at</p>	AMA-PCPI			X		X	MU2

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>least once within a 12 month period</p> <p>*The EHR-based reporting option is available for reporting this measure beginning in 2014.*</p> <p>In an effort to align with the EHR Incentive Program, this measure will be reportable via EHR beginning in 2014. The alignment of measures contained within multiple CMS reporting programs eases the burden of reporting and encourages eligible professionals to submit quality clinical data on care provided for Medicare beneficiaries. Alignment also promotes a robust data source and consistency in analysis, which supports other quality programs within CMS. For these reasons, we are finalizing the addition of the EHR-based reporting option for this measure beginning in 2014.</p>							
N/A/ 282		Effective Clinical Care	<p>Dementia: Functional Status Assessment: Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of</p>	AMA-PCPI					X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>patient's functional status is performed and the results reviewed at least once within a 12 month period</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
N/A/ 283		Effective Clinical Care	<p>Dementia: Neuropsychiatric Symptom Assessment: Percentage of patients, regardless of age, with a diagnosis of dementia and for whom an assessment of patient's neuropsychiatric symptoms is performed and results reviewed at least once in a 12 month period</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA-PCPI					X	
N/A/ 284		Effective Clinical Care	<p>Dementia: Management of Neuropsychiatric Symptoms: Percentage of patients, regardless of age, with a diagnosis of dementia who have one or more neuropsychiatric</p>	AMA-PCPI					X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>symptoms who received or were recommended to receive an intervention for neuropsychiatric symptoms within a 12 month period</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
N/A/ 285		Effective Clinical Care	<p>Dementia: Screening for Depressive Symptoms: Percentage of patients, regardless of age, with a diagnosis of dementia who were screened for depressive symptoms within a 12 month period</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA-PCPI					X	
N/A/ 286		Patient Safety	<p>Dementia: Counseling Regarding Safety Concerns: Percentage of patients, regardless of age, with a diagnosis of dementia or their caregiver(s) who were counseled or referred for counseling regarding</p>	AMA-PCPI					X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>safety concerns within a 12 month period</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
N/A/ 287		Effective Clinical Care	<p>Dementia: Counseling Regarding Risks of Driving: Percentage of patients, regardless of age, with a diagnosis of dementia or their caregiver(s) who were counseled regarding the risks of driving and the alternatives to driving at least once within a 12 month period</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA-PCPI					X	
N/A/ 288		Effective Clinical Care	<p>Dementia: Caregiver Education and Support: Percentage of patients, regardless of age, with a diagnosis of dementia whose caregiver(s) were provided with education on dementia disease management and health</p>	AMA-PCPI					X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>behavior AND referred to additional sources for support within a 12 month period</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
N/A/ 289		Effective Clinical Care	<p>Parkinson's Disease: Annual Parkinson's Disease Diagnosis Review: All patients with a diagnosis of Parkinson's disease who had an annual assessment including a review of current medications (e.g., medications than can produce Parkinson-like signs or symptoms) and a review for the presence of atypical features (e.g., falls at presentation and early in the disease course, poor response to levodopa, symmetry at onset, rapid progression [to Hoehn and Yahr stage 3 in 3 years], lack of tremor or dysautonomia) at least annually</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY</p>	AAN					X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
N/A/ 290		Effective Clinical Care	<p>Parkinson's Disease: Psychiatric Disorders or Disturbances Assessment: All patients with a diagnosis of Parkinson's disease who were assessed for psychiatric disorders or disturbances (e.g., psychosis, depression, anxiety disorder, apathy, or impulse control disorder) at least annually</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AAN					X	
N/A/ 291		Effective Clinical Care	<p>Parkinson's Disease: Cognitive Impairment or Dysfunction Assessment: All patients with a diagnosis of Parkinson's disease who were assessed for cognitive impairment or dysfunction at least annually</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY</p>	AAN					X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
N/A/ 292		Effective Clinical Care	<p>Parkinson's Disease: Querying about Sleep Disturbances: All patients with a diagnosis of Parkinson's disease (or caregivers, as appropriate) who were queried about sleep disturbances at least annually</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AAN					X	
N/A/ 293		Effective Clinical Care	<p>Parkinson's Disease: Rehabilitative Therapy Options: All patients with a diagnosis of Parkinson's disease (or caregiver(s), as appropriate) who had rehabilitative therapy options (e.g., physical, occupational, or speech therapy) discussed at least annually</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AAN					X	
N/A/		Effective Clinical	Parkinson's Disease: Parkinson's	AAN					X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
294		Care	<p>Disease Medical and Surgical Treatment Options Reviewed: All patients with a diagnosis of Parkinson's disease (or caregiver(s), as appropriate who had the Parkinson's disease treatment options (e.g., non-pharmacological treatment, pharmacological treatment, or surgical treatment) reviewed at least once annually</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
N/A/ 295		Effective Clinical Care	<p>Hypertension: Use of Aspirin or Other Antithrombotic Therapy: Percentage of patients aged 30 through 90 years old with a diagnosis of hypertension and are eligible for aspirin or other antithrombotic therapy who were prescribed aspirin or other antithrombotic therapy</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY</p>	ABIM					X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
N/A/ 296		Effective Clinical Care	<p>Hypertension: Complete Lipid Profile: Percentage of patients aged 18 through 90 years old with a diagnosis of hypertension who received a complete lipid profile within <u>60 months</u></p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	ABIM					X	
N/A/ 297		Effective Clinical Care	<p>Hypertension: Urine Protein Test: Percentage of patients aged 18 through 90 years old with a diagnosis of hypertension who either have chronic kidney disease diagnosis documented or had a urine protein test done within <u>36 months</u></p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	ABIM					X	
N/A/		Effective Clinical	Hypertension: Annual Serum	ABIM					X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPPO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
298		Care	<p>Creatinine Test: Percentage of patients aged 18 through 90 years old with a diagnosis of hypertension who had a serum creatinine test done within <u>12 months</u></p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
N/A/ 299		Effective Clinical Care	<p>Hypertension: Diabetes Mellitus Screening Test: Percentage of patients aged 18 through 90 years old with a diagnosis of hypertension who had a diabetes screening test within <u>36 months</u></p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	ABIM					X	
N/A/ 300		Effective Clinical Care	<p>Hypertension: Blood Pressure Control: Percentage of patients aged 18 through 90 years old with a diagnosis of hypertension whose most recent blood pressure was under</p>	ABIM					X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			control (< 140/90 mmHg) This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
N/A/ 301		Effective Clinical Care	Hypertension: Low Density Lipoprotein (LDL-C) Control: Percentage of patients aged 18 through 90 years old with a diagnosis of hypertension whose most recent LDL cholesterol level was under control (at goal) This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).	ABIM					X	
N/A/ 302		Effective Clinical Care	Hypertension: Dietary and Physical Activity Modifications Appropriately Prescribed: Percentage of patients aged 18 through 90 years old with a diagnosis of hypertension who received dietary and physical activity counseling at least once within <u>12 months</u>	ABIM					X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
N/A/ 303		Effective Clinical Care	Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery: Percentage of patients aged 18 years and older in sample who had cataract surgery and had improvement in visual function achieved within 90 days following the cataract surgery, based on completing a pre-operative and post-operative visual function survey This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).	AAO		X			X	
N/A/ 304		Person and Caregiver-Centered Experience and Outcomes	Cataracts: Patient Satisfaction within 90 Days Following Cataract Surgery: Percentage of patients aged 18 years and older in sample who had cataract surgery and were satisfied with their care within 90 days	AAO		X			X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>following the cataract surgery, based on completion of the Consumer Assessment of Healthcare Providers and Systems Surgical Care Survey</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0004/ 305	137v2	Effective Clinical Care	<p>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: Percentage of patients 13 years of age and older with a new episode of alcohol and other drug (AOD) dependence who received the following. Two rates are reported.</p> <p>a. Percentage of patients who initiated treatment within 14 days of the diagnosis.</p> <p>b. Percentage of patients who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at</p>	NCQA			X			MU2

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			77 FR 69215).							
0032/ 309	124v2	Effective Clinical Care	<p>Cervical Cancer Screening: Percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer.</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	NCQA			X			MU2
0033/ 310	153v2	Community/ Population Health	<p>Chlamydia Screening for Women: Percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement period</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	NCQA			X			MU2
0036/ 311	126v2	Effective Clinical Care	<p>Use of Appropriate Medications for Asthma: Percentage of patients 5-64 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement period</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY</p>	NCQA			X			MU2

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
0052/ 312	166v3	Efficiency and Cost Reduction	<p>Use of Imaging Studies for Low Back Pain: Percentage of patients 18-50 years of age with a diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	NCQA			X			MU2
N/A/ 316	61v3 and 64v3	Effective Clinical Care	<p>Preventive Care and Screening: Cholesterol – Fasting Low Density Lipoprotein (LDL-C) Test Performed AND Risk-Stratified Fasting LDL-C: Percentage of patients aged 20 through 79 years whose risk factors* have been assessed and a fasting LDL test has been performed AND percentage of patients aged 20 through 79 years who had a fasting LDL-C test performed and whose risk-stratified fasting LDL-C is at or below the recommended LDL-C</p>	CMS			X			MU2 Millio n Hearts

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>goal.</p> <p>*There are three criteria for this measure based on the patient's risk category.</p> <p>1. Highest Level of Risk: Coronary Heart Disease (CHD) or CHD Risk Equivalent OR 10-Year Framingham Risk >20%</p> <p>2. Moderate Level of Risk: Multiple (2+) Risk Factors OR 10-Year Framingham Risk 10-20%</p> <p>3. Lowest Level of Risk: 0 or 1 Risk Factor OR 10-Year Framingham Risk <10%</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
N/A/ 317	22v2	Community/ Population Health	<p>Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented:</p> <p>Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended</p>	CMS	X	X	X	X	X	MU2 ACO Millio n Hearts

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>follow-up plan is documented based on the current blood pressure (BP) reading as indicated</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0101/ 318	139v2	Patient Safety	<p>Falls: Screening for Future Fall Risk: Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period.</p> <p>*The EHR-based reporting option is available for reporting this measure beginning in 2014.*</p> <p>In an effort to align with the EHR Incentive Program, this measure will be reportable via EHR beginning in 2014. The alignment of measures contained within multiple CMS reporting programs eases the burden of reporting and encourages eligible professionals to submit quality clinical</p>	NCQA			X	X		MU2 ACO

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			data on care provided for Medicare beneficiaries. Alignment also promotes a robust data source and consistency in analysis, which supports other quality programs within CMS. For these reasons, we are finalizing the addition of the EHR-based reporting option for this measure beginning in 2014.							
0729/319		Effective Clinical Care	<p>Diabetes Composite: Optimal Diabetes Care: Patients ages 18 through 75 with a diagnosis of diabetes, who meet all the numerator targets of this composite measure:</p> <ul style="list-style-type: none"> • A1c < 8.0%, • LDL < 100 mg/dL, • blood pressure < 140/90 mmHg, • tobacco non-user and • for patients with a diagnosis of ischemic vascular disease daily aspirin use unless contraindicated <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	MNCM				X		ACO
0658/ 320		Communication and Care Coordination	Endoscopy/Polyp Surveillance: Appropriate Follow-Up Interval for Normal Colonoscopy in Average	AMA-PCPI	X	X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>Risk Patients: Percentage of patients aged 50 years and older receiving a screening colonoscopy without biopsy or polypectomy who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0005& 0006/ 321		Communication and Care Coordination	<p>CG-CAHPS Clinician/Group Survey</p> <ul style="list-style-type: none"> • Getting timely care, appointments, and information; • How well providers Communicate; • Patient's Rating of Provider; • Access to Specialists; • Health Promotion & Education; • Shared Decision Making; • Health Status/Functional Status; • Courteous and Helpful Office Staff; • Care Coordination; 	ASPE				X		ACO

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<ul style="list-style-type: none"> • Between Visit Communication; • Helping Your to Take Medication as Directed; and • Stewardship of Patient Resources <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0670/ 322		Efficiency and Cost Reduction	<p>Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low-Risk Surgery Patients: Percentage of stress single-photon emission computed tomography (SPECT) myocardial perfusion imaging (MPI), stress echocardiogram (ECHO), cardiac computed tomography angiography (CCTA), or cardiac magnetic resonance (CMR) performed in low risk surgery patients 18 years or older for preoperative evaluation during the 12-month reporting period</p> <p>This measure was finalized for</p>	ACC		X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
0671/ 323		Efficiency and Cost Reduction	<p>Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Routine Testing After Percutaneous Coronary Intervention (PCI): Percentage of all stress single-photon emission computed tomography (SPECT) myocardial perfusion imaging (MPI), stress echocardiogram (ECHO), cardiac computed tomography angiography (CCTA), and cardiovascular magnetic resonance (CMR) performed in patients aged 18 years and older routinely after percutaneous coronary intervention (PCI), with reference to timing of test after PCI and symptom status</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	ACC		X				
0672/ 324		Efficiency and Cost Reduction	<p>Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Testing in Asymptomatic, Low-Risk Patients: Percentage of all stress single-photon emission computed tomography (SPECT) myocardial perfusion imaging (MPI), stress echocardiogram (ECHO), cardiac computed</p>	ACC		X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>tomography angiography (CCTA), and cardiovascular magnetic resonance (CMR) performed in asymptomatic, low coronary heart disease (CHD) risk patients 18 years and older for initial detection and risk assessment</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
N/A/ 325		Effective Clinical Care	<p>Adult Major Depressive Disorder (MDD): Coordination of Care of Patients with Specific Comorbid Conditions: Percentage of medical records of patients aged 18 years and older with a diagnosis of major depressive disorder (MDD) and a specific diagnosed comorbid condition (diabetes, coronary artery disease, ischemic stroke, intracranial hemorrhage, chronic kidney disease [stages 4 or 5], End Stage Renal Disease [ESRD] or congestive heart failure) being treated by another clinician with communication to the</p>	AMA-PCPI		X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPPO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>clinician treating the comorbid condition</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
1525/ 326		Patient Safety	<p>Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy: Percentage of patients aged 18 years and older with a diagnosis of nonvalvular atrial fibrillation (AF) or atrial flutter whose assessment of the specified thromboembolic risk factors indicate one or more high-risk factors or more than one moderate risk factor, as determined by CHADS2 risk stratification, who are prescribed warfarin OR another oral anticoagulant drug that is FDA approved for the prevention of thromboembolism</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA-PCPI/ ACCF/AHA	X	X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPPO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
N/A/ 327		Effective Clinical Care	<p>Pediatric Kidney Disease: Adequacy of Volume Management: Percentage of calendar months within a 12-month period during which patients aged 17 years and younger with a diagnosis of End Stage Renal Disease (ESRD) undergoing maintenance hemodialysis in an outpatient dialysis facility have an assessment of the adequacy of volume management from a nephrologist</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA	X	X				
1667/ 328		Effective Clinical Care	<p>Pediatric Kidney Disease: ESRD Patients Receiving Dialysis: Hemoglobin Level < 10 g/dL: Percentage of calendar months within a 12-month period during which patients aged 17 years and younger with a diagnosis of End Stage Renal Disease (ESRD) receiving hemodialysis or peritoneal dialysis have a hemoglobin level < 10 g/dL</p>	AMA-PCPI	X	X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
N/A/N/A‡		Effective Clinical Care	<p>Adult Kidney Disease: Catheter Use at Initiation of Hemodialysis: Percentage of patients aged 18 years and older with a diagnosis of End Stage Renal Disease (ESRD) who initiate maintenance hemodialysis during the measurement period, whose mode of vascular access is a catheter at the time maintenance hemodialysis is initiated</p> <p>Several commenters supported the inclusion of this measure, stating catheter use is the primary contributing factor to bloodstream infections in hemodialysis patients. We appreciate the commenters' feedback and believe this measure will help deter the use of catheters for hemodialysis patients. Additionally, this measure expands upon the care that is represented in</p>	AMA-PCPI		X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			adult kidney disease patient population. It allows eligible professionals providing care for these patients a greater variety of measures to report. For the reasons previously stated, we finalizing this individual measure for reporting beginning in 2014.							
N/A/N/A‡		Effective Clinical Care	<p>Adult Kidney Disease: Catheter Use for Greater Than or Equal to 90 Days: Percentage of patients aged 18 years and older with a diagnosis of End Stage Renal Disease (ESRD) receiving maintenance hemodialysis for greater than or equal to 90 days whose mode of vascular access is a catheter</p> <p>Several commenters supported the inclusion of this measure, stating physician referrals for appropriate vascular access placement in patients who will soon need dialysis and who are already on dialysis, are important to reducing the use of catheters in hemodialysis patients. We agree with</p>	AMA-PCPI		X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			the commenters' feedback this measure expands upon the care that is represented in adult kidney disease patient population. Additionally, it allows eligible professionals providing care for these patients a greater variety of measures to report. For the reasons previously stated, we finalizing this individual measure for reporting beginning in 2014.							
N/A/N/A‡		Effective Clinical Care	<p>Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis (Appropriate Use): Percentage of patients, aged 18 years and older, with a diagnosis of acute sinusitis who were prescribed an antibiotic within 7 days of diagnosis or within 10 days after onset of symptoms</p> <p>Several commenters supported the inclusion of this measure. One commenter requested clarification as to why this measure has been included for registry-only reporting, despite requests that it also be included for EHR-based reporting. In an effort to</p>	AMA-PCPI		X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>streamline the reporting options available under the PQRS and to eliminate reporting options that are not widely used, all new measures incorporated in PQRS are available via registry-only. Additionally, for CY 2014, CMS was unable to determine the feasibility of incorporation of this measure for other reporting options; however, CMS intends to continue working toward complete alignment of measure specifications across programs whenever possible and incorporation of this measure for EHR-based reporting may be considered in the future.</p> <p>This measure represents a new medical concept and fills a gap in care not previously addressed by the PQRS. The measure is reportable by Ear, Nose and Throat (ENT) and other eligible professionals within this specific scope of practice that previously had a limited number of measures available for reporting within</p>							

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPPO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			PQRS. For these reasons, we are finalizing this measure for registry-based reporting beginning in 2014.							
N/A/N/A‡		Effective Clinical Care	<p>Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin Prescribed for Patients with Acute Bacterial Sinusitis: Percentage of patients aged 18 years and older with a diagnosis of acute bacterial sinusitis that were prescribed amoxicillin, without clavulante, as a first line antibiotic at the time of diagnosis</p> <p>Several commenters expressed general support for the inclusion of this measure. One commenter requested clarification as to why this measure has been included for registry-only reporting, despite requests that it also be included for EHR-based reporting. In an effort to streamline the reporting options available under the PQRS and to eliminate reporting options that are not widely used, all new measures incorporated in PQRS are available via registry-only. Additionally, for CY</p>	AMA-PCPI		X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>2014, CMS was unable to determine the feasibility of incorporation of this measure for other reporting options; however, CMS intends to continue working toward complete alignment of measure specifications across programs whenever possible and incorporation of this measure for EHR-based reporting may be considered in the future.</p> <p>This measure represents a new medical concept and fills a gap in care not previously addressed by the PQRS. The measure is reportable by Ear, Nose and Throat (ENT) and other eligible professionals within this specific scope of practice that previously had a limited number of measures available for reporting within PQRS. For these reasons, we are finalizing this measure for registry-based reporting beginning in 2014.</p>							
N/A/N/A‡		Efficiency and Cost Reduction	Adult Sinusitis: Computerized Tomography for Acute Sinusitis (Overuse): Percentage of patients	AMA-PCPI		X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>aged 18 years and older with a diagnosis of acute sinusitis who had a computerized tomography (CT) scan of the paranasal sinuses ordered at the time of diagnosis or received within 28 days after date of diagnosis</p> <p>Several commenters supported the inclusion of this measure. One commenter requested clarification as to why this measure has been included for registry-only reporting, despite requests that it also be included for EHR-based reporting. In an effort to streamline the reporting options available under the PQRS and to eliminate reporting options that are not widely used, all new measures incorporated in PQRS are available via registry-only.</p> <p>Additionally, for CY 2014, CMS was unable to determine the feasibility of incorporation of this measure for other reporting options; however, CMS intends to continue working toward</p>							

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>complete alignment of measure specifications across programs whenever possible and incorporation of this measure for EHR-based reporting may be considered in the future.</p> <p>This measure represents a new medical concept and fills a gap in care not previously addressed by the PQRS. The measure is reportable by Ear, Nose and Throat (ENT) and other eligible professionals within this specific scope of practice that previously had a limited number of measures available for reporting within PQRS. For these reasons, we are finalizing this measure for registry-based reporting beginning in 2014.</p>							
N/A/N/A‡		Efficiency and Cost Reduction	<p>Adult Sinusitis: More than One Computerized Tomography (CT) Scan Within 90 Days for Chronic Sinusitis (Overuse): Percentage of patients aged 18 years and older with a diagnosis of chronic sinusitis who had more than one CT scan of the</p>	AMA-PCPI		X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>paranasal sinuses ordered or received within 90 days after the date of diagnosis</p> <p>Several commenters expressed general support for the inclusion of this measure. One commenter requested clarification as to why this measure has been included for registry-only reporting, despite requests that it also be included for EHR-based reporting. In an effort to streamline the reporting options available under the PQRS and to eliminate reporting options that are not widely used, all new measures incorporated in PQRS are available via registry-only.</p> <p>Additionally, for CY 2014, CMS was unable to determine the feasibility of incorporation of this measure for other reporting options; however, CMS intends to continue working toward complete alignment of measure specifications across programs whenever possible and incorporation</p>							

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>of this measure for EHR-based reporting may be considered in the future.</p> <p>This measure represents a new medical concept and fills a gap in care not previously addressed by the PQRS. The measure is reportable by Ear, Nose and Throat (ENT) and other eligible professionals within this specific scope of practice that previously had a limited number of measures available for reporting within PQRS. For these reasons, we are finalizing this measure for registry-based reporting beginning in 2014.</p>							
N/A/N/A‡		Patient Safety	<p>Maternity Care: Elective Delivery or Early Induction Without Medical Indication at ≥ 37 and < 39 Weeks:</p> <p>Percentage of patients, regardless of age, who gave birth during a 12-month period who delivered a live singleton at ≥ 37 and < 39 weeks of gestation completed who had elective deliveries or early inductions without medical indication</p>	AMA-PCPI		X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>One commenter expressed general support for the inclusion of this measure and proposed it be adopted for EHR reporting in the future. We appreciate the commenter's support of this measure. For CY 2014, CMS was unable to determine the feasibility of incorporation of this measure for other reporting options; however, CMS intends to continue working toward complete alignment of measure specifications across programs whenever possible and incorporation of this measure for EHR-based reporting may be considered in the future.</p> <p>This measure represents a new medical concept within PQRS, reportable by Obstetrics/Gynecologist and other eligible professionals within this specific scope of practice who previously had a limited number of measures available for reporting. For these reasons, we are finalizing this</p>							

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			measure for registry-based reporting beginning in 2014.							
N/A/N/A‡		Communication and Care Coordination	<p>Maternity Care: Post-Partum Follow-Up and Care Coordination: Percentage of patients, regardless of age, who gave birth during a 12-month period who were seen for post-partum care within 8 weeks of giving birth who received a breast feeding evaluation and education, post-partum depression screening, post-partum glucose screening for gestational diabetes patients, and family and contraceptive planning</p> <p>One commenter expressed general support for the inclusion of this measure and proposed it be adopted for EHR reporting in the future. We appreciate the commenter's support of this measure. For CY 2014, CMS was unable to determine the feasibility of incorporation of this measure for other reporting options; however, CMS intends to continue working toward complete alignment of measure</p>	AMA-PCPI		X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>specifications across programs whenever possible and incorporation of this measure for EHR-based reporting may be considered in the future.</p> <p>This measure represents a new medical concept within PQRS, reportable by Obstetrics/Gynecologist and other eligible professionals within this specific scope of practice who previously had a limited number of measures available for reporting. For these reasons, we are finalizing this measure for registry-based reporting beginning in 2014.</p>							
N/A/N/A‡		Effective Clinical Care	<p>Tuberculosis Prevention for Psoriasis and Psoriatic Arthritis Patients on a Biological Immune Response Modifier: Percentage of patients whose providers are ensuring active tuberculosis prevention either through yearly negative standard tuberculosis screening tests or are reviewing the patient's history to determine if they have had appropriate</p>	AAD		X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>management for a recent or prior positive test</p> <p>One commenter expressed general support for the inclusion of this measure. We appreciate the commenters' feedback.</p> <p>Psoriasis is a new medical concept for reporting within PQRS and fills a gap in care not previously addressed by the PQRS. This measure would provide Dermatology and other related eligible professionals an additional measure to report within PQRS. This measure could also be reported by other professionals that treat joint care, such as Family Practice and Rheumatologists. For these reasons, we are finalizing this measure for reporting beginning in 2014.</p>							
2082/N/A ‡		Effective Clinical Care	HIV Viral Load Suppression: The percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test	HRSA		X			X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			during the measurement year This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule.							
2083/N/A ‡		Effective Clinical Care	Prescription of HIV Antiretroviral Therapy: Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule.	HRSA		X			X	
N/A/ 2079‡		Efficiency and Cost Reduction	HIV Medical Visit Frequency: Percentage of patients, regardless of age with a diagnosis of HIV who had at least one medical visit in each 6 month period of the 24 month measurement period, with a minimum of 60 days between medical visits This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule.	HRSA					X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
N/A/ 2080‡		Efficiency and Cost Reduction	<p>Gap in HIV Medical Visits: Percentage of patients, regardless of age, with a diagnosis of HIV who did not have a medical visit in the last 6 months</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule.</p>	HRSA					X	
0209/N/A ‡		Person and Caregiver-Centered Experience and Outcomes	<p>Pain Brought Under Control Within 48 Hours: Patients aged 18 and older who report being uncomfortable because of pain at the initial assessment (after admission to palliative care services) who report pain was brought to a comfortable level within 48 hours</p> <p>One commenter expressed general support for the inclusion of this measure. We appreciate the commenter's support.</p> <p>Previously, there were no measures within the PQRS that addressed care for patients being managed by</p>	NHPCO		X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			palliative care or eligible professionals that would provide these services to patients. Pain management for patients receiving palliative care will provide beneficial data for this medical concept. For these reasons, we are finalizing this measure for inclusion in PQRS beginning in 2014.							
N/A/N/A‡		Effective Clinical Care	<p>Screening Colonoscopy Adenoma Detection Rate Measure: The percentage of patients age 50 years or older with at least one adenoma or other colorectal cancer precursor or colorectal cancer detected during screening colonoscopy</p> <p>One commenter agreed with CMS that this measure, along with other existing PQRS colonoscopy measures, is vital to improving patient outcomes. Another commenter supported the inclusion of this measure but was concerned that it was proposed for registry-only reporting.</p> <p>In an effort to streamline the reporting</p>	ACG/ ASGE		X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>options available under the PQRS and to eliminate reporting options that are not widely used, all new measures incorporated in PQRS are available via registry-only.</p> <p>Additionally, for CY 2014, CMS was unable to determine the feasibility of incorporation of this measure for other reporting options; however, CMS intends to continue working toward complete alignment of measure specifications across programs whenever possible and incorporation of this measure in other PQRS reporting options may be considered in the future.</p> <p>This measure addresses a broad patient population for screening and detection of colorectal cancer and is medically significant in the measurement of utilizing preventive healthcare services.. For this reason, we are finalizing this individual measure for registry reporting beginning in 2014.</p>							

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
N/A/N/A‡		Effective Clinical Care	<p>Rate of Carotid Artery Stenting (CAS) for Asymptomatic Patients, Without Major Complications (Discharged to Home by Post-Operative Day #2): Percent of asymptomatic patients undergoing CAS who are discharged to home no later than post-operative day #2</p> <p>Several commenters expressed general support for the inclusion of this measure in PQRS beginning in 2014. We appreciate the commenters' support</p> <p>Additionally, this measure provides opportunity for Vascular Surgical eligible professionals to report a greater number of measures. CMS' goal is to provide ample reporting opportunities to eligible professionals, especially those who are unable to report other broadly applicable measures. For this reason, we are finalizing this measure for inclusion in PQRS beginning in 2014.</p>	SVS		X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
N/A/N/A†		Effective Clinical Care	<p>Rate of Postoperative Stroke or Death in Asymptomatic Patients Undergoing Carotid Artery Stenting (CAS): Percent of asymptomatic patients undergoing CAS who experience stroke or death following surgery while in the hospital</p> <p>Several commenters expressed general support for the inclusion of this measure in 2014 PQRS. One commenter supported the inclusion of this measure but was concerned that it was proposed for registry-only reporting. In an effort to streamline the reporting options available under the PQRS and to eliminate reporting options that are not widely used, all new measures incorporated in PQRS are available via registry-only.</p> <p>Additionally, for CY 2014, CMS was unable to determine the feasibility of incorporation of this measure for other reporting options; however, CMS intends to continue working toward</p>	SVS		X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>complete alignment of measure specifications across programs whenever possible and incorporation of this measure in other PQRS reporting options may considered in the future.</p> <p>This measure provides opportunity for Vascular Surgical eligible professionals to report a greater number of measures. CMS' goal is to provide ample reporting opportunities to eligible professionals, especially those who are unable to report other broadly applicable measures. For this reason, we are finalizing this measure for inclusion in PQRS beginning in 2014.</p>							
N/A/N/A‡		Effective Clinical Care	<p>Rate of Postoperative Stroke or Death in Asymptomatic Patients undergoing Carotid Endarterectomy (CEA): Percent of asymptomatic patients undergoing CEA who experience stroke or death following surgery while in the hospital</p>	SVS		X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>Several commenters expressed general support for the inclusion of this measure in 2014 PQRS. One commenter supported the inclusion of this measure but was concerned that it was proposed for registry-only reporting. In an effort to streamline the reporting options available under the PQRS and to eliminate reporting options that are not widely used, all new measures incorporated in PQRS are available via registry-only.</p> <p>Additionally, for CY 2014, CMS was unable to determine the feasibility of incorporation of this measure for other reporting options; however, CMS intends to continue working toward complete alignment of measure specifications across programs whenever possible and incorporation of this measure in other PQRS reporting options may considered in the future.</p> <p>This measure provides opportunity for</p>							

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPPO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			Vascular Surgical eligible professionals to report a greater number of measures. CMS' goal is to provide ample reporting opportunities to eligible professionals, especially those who are unable to report other broadly applicable measures. For this reason, we are finalizing this measure for inclusion in PQRS beginning in 2014.							
N/A/N/A‡		Effective Clinical Care	<p>Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non-Ruptured Abdominal Aortic Aneurysms (AAA) Who Die While in Hospital: Percent of patients undergoing endovascular repair of small or moderate abdominal aortic aneurysms (AAA) who die while in the hospital</p> <p>Several commenters expressed general support for the inclusion of this measure. We appreciate the commenters' feedback.</p> <p>This measure provides opportunity for</p>	SVS		X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			Vascular Surgical eligible professionals to report a greater number of measures. CMS' goal is to provide ample reporting opportunities to eligible professionals, especially those who are unable to report other broadly applicable measures. For this reason, we are finalizing this measure for inclusion in PQRS beginning in 2014.							
N/A/N/A‡		Effective Clinical Care	<p>HRS-3: Implantable Cardioverter-Defibrillator (ICD) Complications</p> <p>Rate: Patients with physician-specific risk-standardized rates of procedural complications following the first time implantation of an ICD</p> <p>Several commenters supported the inclusion of this measure in 2014 PQRS as it has the potential to significantly improve the quality of care delivered to patients with advanced heart disease. One commenter also expressed support for including this measure for registry-based reporting, stating the risk</p>	HRS		X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>adjustment in this measure includes a number of data elements that could not be found in claims data. We appreciate the commenters' support.</p> <p>This measure provides opportunity for Electrophysiologists and other eligible professionals within this scope of practice to report a greater number of measures. CMS' goal is to provide ample reporting opportunities to eligible professionals, especially those who may be unable to report other broadly applicable measures. For this reason, we are finalizing this measure for inclusion in PQRS beginning in 2014.</p>							
N/A/N/A‡		Effective Clinical Care	<p>Optimal Vascular Composite: Percent of patients aged 18 to 75 with ischemic vascular disease (IVD) who have optimally managed modifiable risk factors demonstrated by meeting all of the numerator targets of this patient level all-or-none composite measure: LDL less than 100, blood pressure less than 140/90, tobacco-free</p>	MNCM		X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>status, and daily aspirin use</p> <p>One commenter provided general support for this measure but opposed its use due to its target population and emphasis on numerical value targets as numerical targets as they believe numerical targets provide an incentive to treat tests rather than symptoms. We respectfully disagree, as this composite encompasses measurements that address risk factors for the specific patient population diagnosed with vascular disease. Addressing risk factors with treatment such as antiplatelet therapy and assessing blood pressure, lipid control and smoking within this patient population are common annual assessments and treatment for patients diagnosed with vascular disease. Management of blood pressure and lipids and encouraging patients to avoid smoking and maintain an antiplatelet treatment is beneficial for this patient population. Additionally, it is reportable by a</p>							

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			variety of eligible professionals. Therefore, we are finalizing this measure for inclusion in PQRS beginning in 2014.							
N/A/ N/A‡		Communication and Care Coordination	<p>Total Knee Replacement: Shared Decision-Making: Trial of Conservative (Non-surgical) Therapy: Percentage of patients undergoing a total knee replacement with documented shared decision-making with discussion of conservative (non-surgical) therapy prior to the procedure</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule.</p>	AAHKS					X	
N/A/ N/A‡		Patient Safety	<p>Total Knee Replacement: Venous Thromboembolic and Cardiovascular Risk Evaluation: Percentage of patients regardless of age or gender undergoing a total knee replacement who are evaluated for the presence or absence of venous thromboembolic and cardiovascular risk factors within 30 days prior to the</p>	AAHKS					X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>procedure including history of Deep Vein Thrombosis, Pulmonary Embolism, Myocardial Infarction, Arrhythmia and Stroke</p> <p>One commenter expressed general support for the inclusion of this measure. We appreciate the commenter's feedback and are finalizing it for inclusion in 2014 PQRS</p>							
N/A/ N/A‡		Patient Safety	<p>Total Knee Replacement: Preoperative Antibiotic Infusion with Proximal Tourniquet: Percentage of patients regardless of age undergoing a total knee replacement who had the prophylactic antibiotic completely infused prior to the inflation of the proximal tourniquet</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule.</p>	AAHKS					X	
N/A/ N/A‡		Patient Safety	<p>Total Knee Replacement: Identification of Implanted Prosthesis in Operative Report:</p>	AAHKS					X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>Percentage of patients regardless of age or gender undergoing total knee replacement whose operative report identifies the prosthetic implant specifications including the prosthetic implant manufacturer, the brand name of prosthetic implant and the size of prosthetic implant</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule.</p>							
N/A/N/A‡		Effective Clinical Care	<p>Anastomotic Leak Intervention: Percentage of patients aged 18 years and older who required an anastomotic leak intervention following gastric bypass or colectomy surgery</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule.</p>	ACS					X	
N/A/N/A‡		Effective Clinical Care	<p>Unplanned Reoperation within the 30 Day Postoperative Period: Percentage of patients aged 18 years and older who had any unplanned reoperation within the 30 day</p>	ACS					X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			postoperative period This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule.							
N/A/N/A‡		Effective Clinical Care	Unplanned Hospital Readmission within 30 Days of Principal Procedure: Percentage of patients aged 18 years and older who had an unplanned hospital readmission within 30 days of principal procedure This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule.	ACS					X	
N/A/N/A‡		Effective Clinical Care	Surgical Site Infection (SSI): Percentage of patients aged 18 years and older who had a surgical site infection (SSI) This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule.	ACS					X	
N/A/N/A‡		Person and Caregiver-Centered Experience and	Patient-Centered Surgical Risk Assessment and Communication: Percentage of patients who underwent	ACS		X			X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
		Outcomes	<p>a non-emergency surgery who had their personalized risks of postoperative complications assessed by their surgical team prior to surgery using a clinical data-based, patient-specific risk calculator and who received personal discussion of those risks with the surgeon</p> <p>One commenter requested clarification regarding the target patient population and the patient-specific risk calculator. The commenter encouraged CMS to provide clarification to providers regarding measure applicability and guidance on which measures CMS believes are best suited for an eligible professional or group practice to report. Please note that these questions are not typically addressed in rulemaking. We urge the commenters to review the 2014 PQRS program documentation and contact the QualityNet Help Desk for assistance with reporting applicable measures.</p>							
N/A/		Communication and	Optimizing Patient Exposure to	AMA-PCPI					X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
N/A‡		Care Coordination	<p>Ionizing Radiation: Utilization of a Standardized Nomenclature for Computed Tomography (CT) Imaging Description: Percentage of computed tomography (CT) imaging reports for all patients, regardless of age, with the imaging study named according to a standardized nomenclature and the standardized nomenclature is used in institution's computer systems</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule.</p>							
N/A/ N/A‡		Patient Safety	<p>Optimizing Patient Exposure to Ionizing Radiation: Count of Potential High Dose Radiation Imaging Studies: Computed Tomography (CT) and Cardiac Nuclear Medicine Studies: Percentage of computed tomography (CT) and cardiac nuclear medicine (myocardial perfusion studies) imaging reports for all patients, regardless of age, that document a count of known</p>	AMA-PCPI					X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>previous CT (any type of CT) and cardiac nuclear medicine (myocardial perfusion) studies that the patient has received in the 12-month period prior to the current study</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule.</p>							
N/A/ N/A‡		Patient Safety	<p>Optimizing Patient Exposure to Ionizing Radiation: Reporting to a Radiation Dose Index Registry: Percentage of total computed tomography (CT) studies performed for all patients, regardless of age, that are reported to a radiation dose index registry AND that include at a minimum selected data elements</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule.</p>	AMA-PCPI					X	
N/A/ N/A‡		Communication and Care Coordination	<p>Optimizing Patient Exposure to Ionizing Radiation: Computed Tomography (CT) Images Available for Patient Follow-up and</p>	AMA-PCPI					X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>Comparison Purposes: Percentage of final reports for computed tomography (CT) studies performed for all patients, regardless of age, which document that Digital Imaging and Communications in Medicine (DICOM) format image data are available to non-affiliated external entities on a secure, media free, reciprocally searchable basis with patient authorization for at least a 12-month period after the study</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule.</p>							
N/A/ N/A‡		Communication and Care Coordination	<p>Optimizing Patient Exposure to Ionizing Radiation: Search for Prior Computed Tomography (CT) Imaging Studies Through a Secure, Authorized, Media-Free, Shared Archive: Percentage of final reports of computed tomography (CT) studies performed for all patients, regardless of age, which document that a search for Digital Imaging and Communications in Medicine</p>	AMA-PCPI					X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPPO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>(DICOM) format images was conducted for prior patient CT imaging studies completed at non-affiliated external entities within the past 12-months and are available through a secure, authorized, media free, shared archive prior to an imaging study being performed</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule.</p>							
N/A/ N/A‡		Communication and Care Coordination	<p>Optimizing Patient Exposure to Ionizing Radiation:</p> <p>Appropriateness: Follow-up CT Imaging for Incidentally Detected Pulmonary Nodules According to Recommended Guidelines:</p> <p>Percentage of final reports for CT imaging studies of the thorax for patients aged 18 years and older with documented follow-up recommendations for incidentally detected pulmonary nodules (eg, follow-up CT imaging studies needed or that no follow-up is needed) based</p>	AMA-PCPI					X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>at a minimum on nodule size AND patient risk factors</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule.</p>							
0060/ N/A‡	148v2	Effective Clinical Care	<p>Hemoglobin A1c Test for Pediatric Patients: Percentage of patients 5-17 years of age with diabetes with a HbA1c test during the measurement period</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule.</p>	NCQA			X			MU2
0108/ N/A‡	136v3	Effective Clinical Care	<p>ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication: Percentage of children 6-12 years of age and newly dispensed a medication for attention-deficit/hyperactivity disorder (ADHD) who had appropriate follow-up care. Two rates are reported.</p> <p>a. Percentage of children who had one follow-up visit with a practitioner with prescribing authority during the 30-Day Initiation Phase.</p>	NCQA			X			MU2

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>b. Percentage of children who remained on ADHD medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two additional follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule.</p>							
0110/ N/A‡	169v2	Effective Clinical Care	<p>Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use: Percentage of patients with depression or bipolar disorder with evidence of an initial assessment that includes an appraisal for alcohol or chemical substance use.</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule.</p>	CQAIMH			X			MU2
0403/ N/A‡	62v2	Effective Clinical Care	<p>HIV/AIDS: Medical Visit: Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS</p>	NCQA			X			MU2

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			with at least two medical visits during the measurement year with a minimum of 90 days between each visit This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule.							
0608/ N/A‡	158v2	Effective Clinical Care	Pregnant women that had HBsAg testing: This measure identifies pregnant women who had a HBsAg (hepatitis B) test during their pregnancy. This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule.	OptumInsight			X			MU2
0710/N/A ‡	159v2	Effective Clinical Care	Depression Remission at Twelve Months: Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at twelve months defined as PHQ-9 score less than 5. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for	MNCM			X			MU2

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>treatment</p> <p>One commenter was concerned that this measure was only proposed for inclusion using the EHR-based reporting option. In an effort to completely align programs, all measures in the EHR Incentive Program have been adopted for 2014 PQRS EHR-based reporting option. For CY 2014, CMS was unable to determine the feasibility of incorporation of this measure for other reporting options; however, CMS intends to continue working toward complete alignment of measure specifications across programs whenever possible and incorporation of this measure in other PQRS reporting options may considered in the future.</p> <p>This measure identifies specific gaps in care and encourages more provider reporting to assess quality care while allowing specialty professionals to</p>							

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			participate in the program. For these reasons, we are finalizing this measure as proposed for PQRS beginning in 2014.							
0712/ N/A‡	160v2	Effective Clinical Care	<p>Depression Utilization of the PHQ-9 Tool: Adult patients age 18 and older with the diagnosis of major depression or dysthymia who have a PHQ-9 tool administered at least once during a 4 month period in which there was a qualifying visit.</p> <p>One commenter was concerned that this measure was only proposed for inclusion using the EHR-based reporting option. In an effort to completely align programs, all measures in the EHR Incentive Program have been adopted for 2014 PQRS EHR-based reporting option. For CY 2014, CMS was unable to determine the feasibility of incorporation of this measure for other reporting options; however, CMS intends to continue working toward complete alignment of measure</p>	MNCM			X			MU2

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>specifications across programs whenever possible and incorporation of this measure in other PQRS reporting options may be considered in the future.</p> <p>This measure identifies specific gaps in care and encourages more provider reporting to assess quality care while allowing specialty professionals to participate in the program. For these reasons, we are finalizing this measure as proposed for PQRS beginning in 2014.</p>							
1401/ N/A‡	82v1	Community/ Population Health	<p>Maternal Depression Screening: The percentage of children who turned 6 months of age during the measurement year, who had a face-to-face visit between the clinician and the child during child's first 6 months, and who had a maternal depression screening for the mother at least once between 0 and 6 months of life.</p> <p>One commenter was concerned that this measure was only proposed for</p>	NCQA			X			MU2

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>inclusion using the EHR-based reporting option. In an effort to completely align programs, all measures in the EHR Incentive Program have been adopted for 2014 PQRS EHR-based reporting option. For CY 2014, CMS was unable to determine the feasibility of incorporation of this measure for other reporting options; however, CMS intends to continue working toward complete alignment of measure specifications across programs whenever possible and incorporation of this measure in other PQRS reporting options may be considered in the future.</p> <p>This measure identifies specific gaps in care and encourages more provider reporting to assess quality care while allowing specialty professionals to participate in the program. For these reasons, we are finalizing this measure as proposed for PQRS beginning in 2014.</p>							

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
N/A/ N/A‡	65v3	Effective Clinical Care	<p>Hypertension: Improvement in Blood Pressure: Percentage of patients aged 18-85 years of age with a diagnosis of hypertension whose blood pressure improved during the measurement period.</p> <p>One commenter expressed concern with attaching numerical targets to blood pressure measures, stating this measure still encourages a focus on management of numbers over management of patients. CMS appreciates the commenters' feedback and acknowledges that the focus of medicine should be with the management of the patients. Analytically, this measure excludes patients that may have clinical conditions such as end-stage renal disease, pregnancy and/or renal transplant, hemodialysis or peritoneal dialysis. Exclusion of these populations is an attempt to allow the blood pressure measurement as guide lined by JNC-7 to apply to a more</p>	CMS			X			MU2

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			generalized population of patient diagnosed with hypertension. In an effort to completely align programs, all measures in the EHR Incentive Program have been adopted for the PQRS EHR-based reporting option beginning in 2014. Alignment of measures contained within multiple CMS reporting programs eases the burden of reporting and encourages eligible professionals to submit quality clinical data on care provided for Medicare beneficiaries. For these reasons, we are finalizing this measure as proposed.							
N/A/ N/A‡	50v2	Communication and Care Coordination	<p>Closing the referral loop: receipt of specialist report: Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule.</p>	CMS			X			MU2
N/A/N/A‡	66v2	Person and	Functional Status Assessment for	CMS			X			MU2

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPOR (Web Interface)*	Measures Groups	Other Quality Reporting Programs
		Caregiver-Centered Experience and Outcomes	<p>Knee Replacement: Percentage of patients aged 18 years and older with primary total knee arthroplasty (TKA) who completed baseline and follow-up (patient-reported) functional status assessments.</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule.</p>							
N/A/ N/A‡	56v2	Person and Caregiver-Centered Experience and Outcomes	<p>Functional Status Assessment for Hip Replacement: Percentage of patients aged 18 years and older with primary total hip arthroplasty (THA) who completed baseline and follow-up (patient-reported) functional status assessments</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule.</p>	CMS			X			MU2
N/A/ N/A‡	90v3	Person and Caregiver-Centered Experience and Outcomes	<p>Functional Status Assessment for Complex Chronic Conditions: Percentage of patients aged 65 years and older with heart failure who completed initial and follow-up</p>	CMS			X			MU2

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>patient-reported functional status assessments</p> <p>One commenter appreciates the value of assessing functional status in heart failure patients, however, is concerned the measure requires a questionnaire and the potential of associated cost. CMS would like to note that many of the assessment tools are readily available to the public and generally do not have an associated cost. We are finalizing this measure as for inclusion in the EHR-based reporting option for PQRS beginning in 2014.</p>							
N/A/N/A‡	75v2	Effective Clinical Care	<p>Children Who Have Dental Decay or Cavities: Percentage of children, age 0-20 years, who have had tooth decay or cavities during the measurement period.</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule.</p>	CMS			X			MU2
N/A/N/A‡	74v3	Effective Clinical Care	<p>Primary Caries Prevention Intervention as Offered by Primary</p>	CMS			X			MU2

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>Care Providers, including Dentists: Percentage of children, age 0-20 years, who received a fluoride varnish application during the measurement period.</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule.</p>							
N/A/N/A‡	179v2	Patient Safety	<p>ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range: Average percentage of time in which patients aged 18 and older with atrial fibrillation who are on chronic warfarin therapy have International Normalized Ratio (INR) test results within the therapeutic range (i.e., TTR) during the measurement period.</p> <p>One commenter supported the inclusion of this measure but cautioned against the use of a single measure and methodology for tracking the appropriateness of anticoagulant therapy. CMS appreciates the commenters support and feedback.</p>	CMS			X			MU2

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			This measure is analytically challenging for reporting in a claims-based or registry-based mechanisms, therefore is currently implemented as an EHR measure. Patients with atrial fibrillation are at an increased risk for stroke, therefore CMS agrees that this measure is a valuable measurement within PQRS and the EHR Incentive Program. In an effort to completely align programs, all measures in the EHR Incentive Program have been adopted for 2014 PQRS EHR-based reporting option. CMS appreciates the suggestion and encourages societies and measure developers to develop measures they believe address possible gaps in quality reporting. We are finalizing this measure for inclusion, as proposed, beginning in 2014.							
N/A/N/A‡	77v2	Effective Clinical Care	HIV/AIDS: RNA Control for Patients with HIV: Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS, with at least two visits during the measurement year, with at least 90 days between	CMS			X			MU2

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>each visit, whose most recent HIV RNA level is <200 copies/mL.</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule.</p>							
1365/ N/A‡	177v2	Patient Safety	<p>Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment: Percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk</p> <p>One commenter supported the addition of this measure and it's alignment with the EHR Incentive Program. We appreciate the support of this measure and our actions to align quality reporting programs. Another commenter was concerned that this measure was only proposed for inclusion using the EHR-based reporting option. For CY 2014, CMS was unable to determine the feasibility of incorporation of this measure for</p>	AMA-PCPI			X			MU2

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description[¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>other reporting options; however, CMS intends to continue working toward complete alignment of measure specifications across programs whenever possible and incorporation of this measure in other PQRS reporting options may be considered in the future.</p> <p>This measure identifies specific gaps in care and encourages more provider reporting to assess quality care while allowing specialty professionals to participate in the program. For these reasons, we are finalizing this measure as proposed for PQRS beginning in 2014.</p>							

‡ This measure is new to the Physician Quality Reporting System and has been adopted for reporting beginning in CY 2014.

¥ Titles and descriptions in this table are aligned with the 2014 Physician Quality Reporting System Claims and Qualified Registry measure titles and descriptions, and may differ based on reporting mechanism within PQRS. Additionally, there may be title and description variations for the same measure across other quality reporting programs. Please reference the National Quality Forum (NQF) and Physician Quality Reporting System numbers for clarification. This column also contains summary of public comments and CMS's responses, if applicable.

Table 53 includes the measures we proposed to include in the PQRS measure set for 2014 and beyond but, for the reasons specified in Table 53, we are not finalizing for 2014 and beyond.

TABLE 53: Measures Proposed for Inclusion in the Physician Quality Reporting System Measure Beginning in 2014 that are Not Finalized to be Included in the Physician Quality Reporting System Measure Beginning in 2014

NQF/ PQRS	NQS Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
N/A/ N/A	Patient Safety	<p>Atopic Dermatitis: Overuse: Role of Antihistamine: Percentage of patients aged 25 years or younger seen at one or more visits within a 12-month period with a diagnosis of atopic dermatitis, who did not have a diagnosis of allergic rhinitis or urticaria, who were prescribed oral nonsedating antihistamines</p> <p>One commenter supported the inclusion of this measure as it would gather data on the “percentage of patients aged 25 years or younger seen at one or more visits within a 12-month period with a diagnosis of atopic dermatitis, who did not have a diagnosis of allergic rhinitis or urticaria, who were prescribed oral nonsedating antihistamines.” Another commenter did not support inclusion of this measure in the PQRS program.</p> <p>We agree with the latter commenter that this measure should not be included and therefore, we are not finalizing it for inclusion in 2014 PQRS.</p>	AMA-PCPI		X				

N/A/ N/A	Effective Clinical Care	<p>Neurosurgery: Initial Visit: The percentage of patients aged 18 through 80 years with a diagnosis of a neurosurgical procedure or pathology who had function assessed during the initial visit to the clinician for the episode of the condition</p> <p>The measure owner withdrew support of this measure and therefore, we are not finalizing it for inclusion in 2014 PQRS.</p>	AANS/CNS		X				
0372/N/A	Patient Safety	<p>VTE-2: Intensive Care Unit Venous Thromboembolism Prophylaxis: This measure assesses the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after the initial admission (or transfer) to the Intensive Care Unit (ICU) or surgery end date for surgeries that start the day of or the day after ICU admission (or transfer)</p> <p>Several commenters appreciate CMS' efforts to align the PQRS measures with other quality reporting program but were concerned about the ability to implement this measure in PQRS. CMS appreciates the support of its actions to align quality reporting programs with the inclusion of the IQR measures. However, CMS is deferring the incorporation of the IQR measures until 2015 due to operational issues with implementation. As such, we are not finalizing this measure for inclusion in 2014 PQRS.</p>	The Joint Commission		X				IQR

N/A/N/A	Patient Safety	<p>VTE-4: Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol: This measure assesses the number of patients diagnosed with confirmed VTE who received intravenous (IV) UFH therapy dosages AND had their platelet counts monitored using defined parameters such as a nomogram or protocol.</p> <p>Several commenters appreciate CMS' efforts to align the PQRS measures with other quality reporting program but were concerned about the ability to implement this measure in PQRS. CMS appreciates the support of its actions to align quality reporting programs with the inclusion of the IQR measures. However, CMS is deferring the incorporation of the IQR measures until 2015 due to operational issues with implementation. As such, we are not finalizing this measure for inclusion in 2014 PQRS.</p>	The Joint Commission		X				IQR
0495/N/A	Communication and Care Coordination	<p>ED-1a: Median Time from ED Arrival to ED Departure for Admitted ED Patients - Overall Rate: Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department</p> <p>Several commenters appreciate CMS' efforts to align the PQRS measures with other quality reporting program but were concerned about the ability to implement this measure in PQRS. CMS appreciates commenter's support of this measure but is deferring the incorporation of the IQR measures until 2015 due to operational issues with implementation. As such, we are not finalizing this measure for inclusion in 2014 PQRS.</p>	CMS		X				IQR

1659/N/A	Community/ Population Health	<p>IMM-1c: Pneumococcal Immunization (PPV23) – High Risk Populations (Age 5 through 64 years): This prevention measure addresses acute care hospitalized inpatients 65 years of age and older (IMM-1b) AND inpatients aged between 5 and 64 years (IMM-1c) who are considered high risk and were screened for receipt of pneumococcal vaccine and were vaccinated prior to discharge if indicated. The numerator captures two activities; screening and the intervention of vaccine administration when indicated. As a result, patients who had documented contraindications to pneumococcal vaccine, patients who were offered and declined pneumococcal vaccine and patients who received pneumococcal vaccine anytime in the past are captured as numerator events</p> <p>Several commenters appreciate CMS’ efforts to align the PQRS measures with other quality reporting programs. CMS appreciates the support of its actions to align quality reporting programs with the inclusion of the IQR measures. Other commenters did not support inclusion of this measure in the PQRS program due to its suspension from the IQR program and difficulties implementing this measure in PQRS. We agree with the latter commenters that this measure should not be included and therefore, we are not finalizing it for inclusion in 2014 PQRS. Implementation of all IQR measures in PQRS has been deferred until 2015.</p>	CMS		X					IQR
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0147/N/A	Patient Safety	<p>PN-6: Initial Antibiotic Selection for CAP in Immunocompetent</p> <p>Patient: Immunocompetent patients with Community-Acquired Pneumonia who receive an initial antibiotic regimen during the first 24 hours that is consistent with current guidelines</p> <p>Several commenters appreciate CMS' efforts to align the PQRS measures with other quality reporting programs. CMS appreciates the support of its actions to align quality reporting programs with the inclusion of the IQR measures. Other commenters did not support inclusion of this measure due to difficulties implementing this measure in PQRS. We agree with the latter commenters that this measure should not be included and therefore, we are not finalizing it for inclusion in 2014 PQRS. Implementation of all IQR measures in PQRS has been deferred until 2015.</p>	CMS		X				IQR
0495/N/A	Communication and Care Coordination	<p>ED-1d: Median Time from ED Arrival to ED Departure for Admitted Patients - Psychiatric/Mental Health Patients:</p> <p>Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department</p> <p>One commenter appreciates CMS' efforts to align the PQRS measures with other quality reporting programs. CMS appreciates the support of its actions to align quality reporting programs with the inclusion of the IQR measures. Several commenters did not support inclusion of this measure due to difficulties implementing this measure in PQRS. We agree with the latter commenters that this measure should not be included and therefore, we are not finalizing it for inclusion in 2014 PQRS. Implementation of all IQR measures in PQRS has been deferred until 2015.</p>	CMS		X				IQR

0166/N/A	Communication and Care Coordination	<p>HCAHPS: Hospital Consumer Assessment of Healthcare Providers and Systems Survey: 27-items survey instrument with 7 domain-level composites including: communication with doctors, communication with nurses, responsiveness of hospital staff, pain control, communication about medicines, cleanliness and quiet of the hospital environment, and discharge information</p> <p>One commenter appreciates CMS' efforts to align the PQRS measures with other quality reporting programs. CMS appreciates the support of its actions to align quality reporting programs with the inclusion of the IQR measures. Several commenters did not support inclusion of this measure due to difficulties implementing this measure in PQRS. We agree with the latter commenters that this measure should not be included and therefore, we are not finalizing it for inclusion in 2014 PQRS. Implementation of all IQR measures in PQRS has been deferred until 2015.</p>	CMS		X				IQR
N/A/N/A	Effective Clinical Care	<p>Ventral Hernia, Appendectomy, AV Fistula, Cholecystectomy, Thyroidectomy, Mastectomy +/- Lymphadenectomy or SLNB, Partial Mastectomy or Breast Biopsy/Lumpectomy +/- Lymphadenectomy or SLNB: Iatrogenic Injury to Adjacent Organ/Structure: Percentage of patients age 65 and older who had an iatrogenic injury documented in the operative note, postoperative note, or progress note. Iatrogenic injury is an unplanned laceration, puncture, transection or cautery injury to an adjacent structure (e.g., sphincters, vasculature, nerve, other) that occurs during the index procedure, whether recognized at the time of surgery or post-operatively. Synonyms for the injury could include: hole, wound, perforation, tear, injury, laceration, cautery injury, damage, disruption, or defect</p> <p>The measure owner withdrew support of this measure and therefore, we are not finalizing it for inclusion in 2014 PQRS.</p>	ACS					X	

N/A/N/A	Effective Clinical Care	Bariatric Laparoscopic or Open Roux-en Y Gastric Bypass, Bariatric Sleeve Gastrectomy, and Colectomy: Iatrogenic Injury to Adjacent Organ/Structure: Percentage of patients age 65 and older who had an iatrogenic injury documented in the operative note, postoperative note, or progress note. Iatrogenic injury is an unplanned laceration, puncture, transection or cautery injury to an adjacent structure (e.g., sphincters, vasculature, nerve, other) that occurs during the index procedure, whether recognized at the time of surgery or post-operatively. Synonyms for the injury could include: hole, wound, perforation, tear, injury, laceration, cautery injury, damage, disruption, or defect The measure owner withdrew support of this measure and therefore, we are not finalizing it for inclusion in 2014 PQRS.	ACS						X	
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¥ Titles and descriptions in this table are aligned with the 2014 Physician Quality Reporting System Claims and Qualified Registry measure titles and descriptions, and may differ based on reporting mechanism within PQRS. Additionally, there may be title and description variations for the same measure across other quality reporting programs. Please reference the National Quality Forum (NQF) and Physician Quality Reporting System numbers for clarification.

In Table 54, we specify the measures we proposed to remove from reporting under the PQRS and whether, based on the comments received, we are finalizing our proposal to remove these measures from reporting under the PQRS in 2014. Please note that the rationale we have for finalizing removal of each measure is specified after the measure title and description.

TABLE 54: Measures To Be Removed from Reporting in the Physician Quality Reporting System in 2014

NQF/ PQRS	NQS Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
0061/ 3	Effective Clinical Care	<p>Diabetes Mellitus: High Blood Pressure Control: Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent blood pressure in control (less than 140/90 mmHg)</p> <p>Rationale: Measure deletion due to direction of eliminating duplicative measures within PQRS.</p> <p>One commenter supported the removal of this measure, while another commenter cautioned against removal of this measure until new guidelines are established for development of a comprehensive blood pressure control measure that is clinically relevant for Ischemic Vascular Disease and Diabetes. A third commenter cautioned against the removal due to the importance of blood pressure control for patients with diabetes. Additionally, commenters were concerned with the removal of this measure as it impacts the number of measures available to eligible professionals.</p>	NCQA	X	X	X		X	MU1

NQF/ PQRS	NQS Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
		We appreciate the comments and understand the concerns. Due to our desire to move away from claims-based reporting, we are not finalizing this measure for inclusion in 2014 PQRS.							
N/A/ 86	Effective Clinical Care	<p>Hepatitis C: Antiviral Treatment Prescribed: Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who were prescribed at a minimum peginterferon and ribavirin therapy within the 12-month reporting period</p> <p>Rationale: Measure lost NQF Endorsement/Measure Owner Support.</p> <p>One commenter supported the removal of this measure as it has been retired from the medical professional society's measure set. We appreciate the commenters feedback and are not finalizing this measure for reporting under PQRS.</p>	AMA-PCPI	X	X			X	
N/A/ 89	Effective Clinical Care	<p>Hepatitis C: Counseling Regarding Risk of Alcohol Consumption: Percentage of patients aged 18 years and older with a diagnosis of hepatitis C who were counseled</p>	AMA-PCPI	X	X			X	

NQF/ PQRS	NQS Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
		<p>about the risks of alcohol use at least once within 12-months</p> <p>Rationale: Measure lost NQF Endorsement/Measure Owner Support.</p> <p>One commenter supported the removal of this measure as it has been retired from the medical professional society's measure set. We appreciate the commenters feedback and are not finalizing this measure for reporting under PQRS.</p>							
N/A/ 90	Effective Clinical Care	<p>Hepatitis C: Counseling Regarding Use of Contraception Prior to Antiviral Therapy: Percentage of female patients aged 18 through 44 years and all men aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment who were counseled regarding contraception prior to the initiation of treatment</p> <p>Rationale: Measure lost NQF Endorsement/Measure Owner Support.</p>	AMA-PCPI	X	X			X	

NQF/ PQRS	NQS Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
		One commenter supported the removal of this measure as it has been retired from the medical professional society's measure set. We appreciate the commenters feedback and are not finalizing this measure for reporting under PQRS.							
N/A/ 161	Effective Clinical Care	<p>HIV/AIDS: Adolescent and Adult Patients with HIV/AIDS Who Are Prescribed Potent Antiretroviral Therapy: Percentage of patients with a diagnosis of HIV/AIDS aged 13 years and older: who have a history of a nadir CD4+ cell count below 350/mm³ or who have a history of an AIDS-defining condition, regardless of CD4+ cell count; or who are pregnant, regardless of CD4+ cell count or age, who were prescribed potent antiretroviral therapy</p> <p>Rationale: Measure lost NQF Endorsement/Measure Owner Support.</p> <p>CMS solicited but received no comments on this measure. Therefore, for the reasons we stated in the proposed rule, we are finalizing our proposal to retire this measure from</p>	AMA- PCPI/NCQA		X			X	

NQF/ PQRS	NQS Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
		PQRS beginning in 2014.							
N/A/ 162	Effective Clinical Care	<p>HIV/AIDS: HIV RNA Control After Six Months of Potent Antiretroviral Therapy: Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS who are receiving potent antiretroviral therapy, who have a viral load below limits of quantification after at least 6 months of potent antiretroviral therapy or patients whose viral load is not below limits of quantification after at least 6 months of potent antiretroviral therapy and have documentation of a plan of care</p> <p>Rationale: Measure lost NQF Endorsement/Measure Owner Support.</p> <p>CMS solicited but received no comments on this measure. We are finalizing our proposal to retire this measure from PQRS beginning in 2014.</p>	AMA- PCPI/NCQA		X			X	
N/A/ 184	Community/Population Health	<p>Hepatitis C: Hepatitis B Vaccination in Patients with HCV: Percentage of patients aged 18 years and older with a diagnosis of hepatitis C who received at least one</p>	AMA- PCPI	X	X				

NQF/ PQRS	NQS Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
		<p>injection of hepatitis B vaccine, or who have documented immunity to hepatitis B</p> <p>Rationale: Measure lost NQF Endorsement/Measure Owner Support.</p> <p>Two commenters did not agree with the removal of this measure and requested that CMS reconsider, stating this measure addresses an important aspect of care. Additionally, this measure is paired with PQRS 183 which was proposed for continued inclusion for the 2014 program year. We appreciate the commenter's feedback, but, based on the rationale provided above, we are not retaining this measure for reporting under PQRS.</p>							
N/A/ 188	Communication and Care Coordination	<p>Referral for Otologic Evaluation for Patients with Congenital or Traumatic Deformity of the Ear: Percentage of patients aged birth and older referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation subsequent to an audiologic evaluation after presenting with a congenital</p>	AQC	X	X				

NQF/ PQRS	NQS Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
		<p>or traumatic deformity of the ear (internal or external)</p> <p>Rationale: Measure deletion due to low utilization and lack of clinical relevance for the Medicare population.</p> <p>CMS solicited but received no comments on this measure. Therefore, for the reasons provided above, we are finalizing our proposal to retire this measure from PQRS beginning in 2014.</p>							
N/A/ 200	Effective Clinical Care	<p>Heart Failure: Warfarin Therapy for Patients with Atrial Fibrillation: Percentage of all patients aged 18 and older with a diagnosis of heart failure and paroxysmal or chronic atrial fibrillation who were prescribed warfarin therapy</p> <p>Rationale: Measure lost NQF Endorsement/Measure Owner Support.</p> <p>One commenter did not support the retirement of this measure. Several commenters supported the removal of this</p>	AMA- PCPI/ACCF/AHA			X			MU1

NQF/ PQRS	NQS Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
		measure as it has been retired from the medical professional society's measure set, while one commenter did not support the retirement, stating it is pertinent to the field of electrophysiology. We appreciate the commenters feedback and for the reasons identified, are not finalizing this measure for reporting under PQRS							
0073/ 201	Effective Clinical Care	<p>Ischemic Vascular Disease (IVD): Blood Pressure Management: Percentage of patients aged 18 to 75 years with Ischemic Vascular Disease (IVD) who had most recent blood pressure in control (less than 140/90 mmHg)</p> <p>Rationale: Measure deletion due to direction of eliminating duplicative measures within PQRS.</p> <p>One commenter supported the removal of this measure. Another commenter cautioned against removal of this measure until new guidelines are established for development of a comprehensive blood pressure control measure that is clinically relevant for</p>	NCQA	X	X	X		X	MU1

NQF/ PQRS	NQS Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
		Ischemic Vascular Disease and Diabetes. Additionally, commenters were concerned with the removal of this measure as it impacts the number of measures available to eligible professionals. We appreciate the comments and understand the concerns. Due to our desire to move away from claims-based reporting, we are not finalizing this measure for inclusion in 2014 PQRS.							
0410/208	Effective Clinical Care	<p>HIV/AIDS: Sexually Transmitted Disease Screening for Syphilis: Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS who were screened for syphilis at least once within 12 months</p> <p>Rationale: Measure owner combined NQF 0410 with NQF 0409.</p> <p>CMS solicited but received no comments on this measure. Therefore, we are finalizing our proposal to retire this measure from PQRS beginning in 2014.</p>	AMA-PCPI/NCQA		X			X	
0445/ 209	Effective Clinical Care	<p>Functional Communication Measure - Spoken Language Comprehension: Percentage of patients aged 16 years and older with a diagnosis of late effects of cerebrovascular disease (CVD) that make progress on the Spoken Language</p>	ASHA		X				

NQF/ PQRS	NQS Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
		<p>Comprehension Functional Communication Measure</p> <p>Rationale: Measure lost Measure Owner support.</p> <p>One commenter disagreed with CMS' decision to retire this measure due to the need for clinically relevant measures of outcome and quality for speech-language pathologists to report. We appreciate the commenters' feedback but for the reason above we are not retaining this measure for reporting under PQRS.</p>							
0449/ 210	Effective Clinical Care	<p>Functional Communication Measure – Attention: Percentage of patients aged 16 years and older with a diagnosis of late effects of cerebrovascular disease (CVD) that make progress on the Attention Functional Communication Measure</p> <p>Rationale: Measure lost Measure Owner support.</p> <p>One commenter disagreed with CMS'</p>	ASHA		X				

NQF/ PQRS	NQS Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
		decision to retire this measure due to the need for clinically relevant measures of outcome and quality for speech-language pathologists to report. We appreciate the commenters' feedback but we are not retaining this measure for reporting under PQRS for the reason above.							
0448/ 211	Effective Clinical Care	<p>Functional Communication Measure – Memory: Percentage of patients aged 16 years and older with a diagnosis of late effects of cerebrovascular disease (CVD) that make progress on the Memory Functional Communication Measure</p> <p>Rationale: Measure lost Measure Owner support.</p> <p>One commenter disagreed with CMS' decision to retire this measure due to the need for clinically relevant measures of outcome and quality for speech-language pathologists to report. We appreciate the commenters' feedback but, for the reasons stated above, we are not retaining this measure for reporting under PQRS.</p>	ASHA		X				

NQF/ PQRS	NQS Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
0447/ 212	Effective Clinical Care	<p>Functional Communication Measure - Motor Speech: Percentage of patients aged 16 years and older with a diagnosis of late effects of cerebrovascular disease (CVD) that make progress on the Motor Speech Functional Communication Measure</p> <p>Rationale: Measure lost Measure Owner support.</p> <p>One commenter disagreed with CMS' decision to retire this measure due to the need for clinically relevant measures of outcome and quality for speech-language pathologists to report. We appreciate the commenters' feedback but, for the reasons stated above, we are not retaining this measure for reporting under PQRS.</p>	ASHA		X				
0446/ 213	Effective Clinical Care	<p>Functional Communication Measure – Reading: Percentage of patients aged 16 years and older with a diagnosis of late effects of cerebrovascular disease (CVD) that make progress on the Reading Functional Communication Measure</p>	ASHA		X				

NQF/ PQRS	NQS Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
		<p>Rationale: Measure lost Measure Owner support.</p> <p>One commenter disagreed with CMS' decision to retire this measure due to the need for clinically relevant measures of outcome and quality for speech-language pathologists to report. We appreciate the commenters' feedback but, for the reasons stated above, we are not retaining this measure for reporting under PQRS.</p>							
0444/ 214	Effective Clinical Care	<p>Functional Communication Measure - Spoken Language Expression: Percentage of patients aged 16 years and older with a diagnosis of late effects of cerebrovascular disease (CVD) that make progress on the Spoken Language Expression Functional Communication Measure</p> <p>Rationale: Measure lost Measure Owner support.</p> <p>One commenter disagreed with CMS' decision to retire this measure due to the need for clinically relevant measures of outcome</p>	ASHA		X				

NQF/ PQRS	NQS Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
		and quality for speech-language pathologists to report. We appreciate the commenters' feedback but, for the reasons stated above, we are not retaining this measure for reporting under PQRS.							
0442/ 215	Effective Clinical Care	<p>Functional Communication Measure – Writing: Percentage of patients aged 16 years and older with a diagnosis of late effects of cerebrovascular disease (CVD) that make progress on the Writing Functional Communication Measure</p> <p>Rationale: Measure lost Measure Owner support.</p> <p>One commenter disagreed with CMS' decision to retire this measure due to the need for clinically relevant measures of outcome and quality for speech-language pathologists to report. We appreciate the commenters' feedback but, for the reasons stated above, we are not retaining this measure for reporting under PQRS.</p>	ASHA		X				
0443/ 216	Effective Clinical Care	<p>Functional Communication Measure – Swallowing: Percentage of patients aged 16</p>	ASHA		X				

NQF/ PQRS	NQS Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
		<p>years and older with a diagnosis of late effects of cerebrovascular disease (CVD) that make progress on the Swallowing Functional Communication Measure</p> <p>Rationale: Measure lost Measure Owner support.</p> <p>One commenter disagreed with CMS' decision to retire this measure due to the need for clinically relevant measures of outcome and quality for speech-language pathologists to report. We appreciate the commenters' feedback but, for the reasons stated above, we are not retaining this measure for reporting under PQRS.</p>							
0013/ 237	Effective Clinical Care	<p>Hypertension (HTN): Blood Pressure Measurement: Percentage of patient visits for patients aged 18 years and older with a diagnosis of HTN with blood pressure (BP) recorded</p> <p>Rationale: Deletion due to MU2 alignment.</p> <p>Several commenters supported the removal</p>	AMA-PCPI			X			

NQF/ PQRS	NQS Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
		of this measure as it has been retired from the medical professional society's measure set. We appreciate the commenters' feedback and are not finalizing this measure for reporting under PQRS.							
N/A/ 244	Effective Clinical Care	<p>Hypertension: Blood Pressure Management: Percentage of patients aged 18 years and older with a diagnosis of hypertension seen within a 12 month period with a blood pressure < 140/90 mmHg OR patients with a blood pressure ≥ 140/90 mmHg and prescribed two or more anti-hypertensive medications during the most recent office visit</p> <p>Rationale: Measure deletion due to direction of eliminating duplicative measures within PQRS.</p> <p>Two commenters believed this measure addresses important aspects of care while another is concerned its impact on the number of measures available to eligible professionals.</p>	AMA- PCPI/ACCF/AHA		X				

NQF/ PQRS	NQS Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
		We appreciate the comment and understand the concerns. Due to our desire to move away from claims-based reporting, we are removing this measure from the PQRS measure set.							
0503/252	Effective Clinical Care	<p>Anticoagulation for Acute Pulmonary Embolus Patients: Anticoagulation ordered for patients who have been discharged from the emergency department (ED) with a diagnosis of acute pulmonary embolus</p> <p>Rationale: Measure lost Measure Owner support.</p> <p>Two commenters requested that CMS retain this measure although it has lost measure owner support and NQF endorsement. CMS appreciates the commenters' desire to retain this measure in the PQRS program and encourages them to re-tool the measure as needed and submit during the annual Call for Measures for possible future inclusion.</p>	ACEP	X	X				
N/A/ 256	Communication and Care Coordination	<p>Surveillance after Endovascular Abdominal Aortic Aneurysm Repair (EVAR): Percentage of patients 18 years of</p>	SVS		X				

NQF/ PQRS	NQS Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
		<p>age or older undergoing endovascular abdominal aortic aneurysm repair (EVAR) who have at least one follow-up imaging study after 3 months and within 15 months of EVAR placement that documents aneurysm sac diameter and endoleak status</p> <p>Rationale: Measure lost Measure Owner support.</p> <p>CMS solicited but received no comments on this measure. Therefore, we are finalizing our proposal to retire this measure from PQRS beginning in 2014.</p>							
0012/ 306	Community/Population Health	<p>Prenatal Care: Screening for Human Immunodeficiency Virus (HIV): Percentage of patients, regardless of age, who gave birth during a 12-month period who were screened for HIV infection during the first or second prenatal visit</p> <p>Rationale: Deletion due to MU2 alignment.</p> <p>One commenter supported the removal of this measure as it has been retired from the</p>	AMA-PCPI			X			MU1

NQF/ PQRS	NQS Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
		medical professional society's measure set. We appreciate the commenter's feedback and are not finalizing this measure for reporting under PQRS.							
0014/ 307	Patient Safety	<p>Prenatal Care: Anti-D Immune Globulin: Percentage of D (Rh) negative, unsensitized patients, regardless of age, who gave birth during a 12-month period who received anti- D immune globulin at 26-30 weeks gestation</p> <p>Rationale: Deletion due to MU2 alignment.</p> <p>One commenter supported the removal of this measure as it has been retired from the medical professional society's measure set. We appreciate the commenter's feedback and are not finalizing this measure for reporting under PQRS.</p>	AMA-PCPI			X			MU1
0027/ 308	Community/Population Health	<p>Smoking and Tobacco Use Cessation, Medical Assistance: a. Advising Smokers and Tobacco Users to Quit, b. Discussing Smoking and Tobacco Use Cessation Medications, c. Discussing Smoking and Tobacco Use Cessation Strategies: Percentage of patients aged 18 years and</p>	NCQA			X			MU1

NQF/ PQRS	NQS Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
		<p>older who were current smokers or tobacco users, who were seen by a practitioner during the measurement year and who received advice to quit smoking or tobacco use or whose practitioner recommended or discussed smoking or tobacco use cessation medications, methods or strategies</p> <p>Rationale: Deletion due to MU2 alignment.</p> <p>One commenter did not support the removal of this measure, stating it is an important measure in attempting to reduce tobacco usage. Another commenter was concerned tobacco cessation strategies would not be captured in existing smoking measures.</p> <p>We respectfully disagree and are therefore not finalizing this measure for inclusion in 2014 PQRS. We believe the tobacco cessation finalized in the PQRS measure set suffice to capture cessation consultation.</p>							
0575/ 313	Effective Clinical Care	<p>Diabetes Mellitus: Hemoglobin A1c Control (< 8%): The percentage of patients 18 through 75 years of age with a diagnosis</p>	NCQA			X			

NQF/ PQRS	NQS Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
		<p>of diabetes (type 1 or type 2) who had HbA1c < 8%</p> <p>Rationale: Deletion due to MU2 alignment.</p> <p>One commenter was concerned with the removal of this measure as it drives better quality compared to PQRS measure #1 and it has the potential to contribute to better outcomes for patients with diabetes. Another commenter requested the measure not be retired as it provides different clinical information than PQRS measure #1 and that alignment with other programs is not an adequate reason for removal. We appreciate the commenters' feedback but respectfully disagree. It is our intention to align the measures available for EHR-based reporting under PQRS with the measures available for reporting under the Medicare EHR Incentive Program. Since this measure is not available for reporting under the EHR Incentive Program, we do not believe it is appropriate to include in the final PQRS measure set and are therefore not finalizing for inclusion in</p>							

NQF/ PQRS	NQS Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
		2014 PQRS.							
0493/ 321	Communication and Care Coordination	<p>Participation by a Hospital, Physician or Other Clinician in a Systematic Clinical Database Registry that Includes Consensus Endorsed Quality: Participation in a systematic qualified clinical database registry involves:</p> <p>a. Physician or other clinician submits standardized data elements to registry.</p> <p>b. Data elements are applicable to consensus endorsed quality measures.</p> <p>c. Registry measures shall include at least two (2) representative NQF consensus endorsed measures for registry's clinical topic(s) and report on all patients eligible for the selected measures.</p> <p>d. Registry provides calculated measures results, benchmarking, and quality improvement information to individual physicians and clinicians.</p> <p>e. Registry must receive data from more than 5 separate practices and may not be located (warehoused) at an individual group's practice. Participation in a national or state-wide registry is encouraged for this measure.</p>	OFMQ	X	X				

NQF/ PQRS	NQS Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
		<p>f. Registry may provide feedback directly to the provider's local registry if one exists.</p> <p>Rationale: Due we believe participation in a clinical data registry is best captured under the new qualified clinical data registry option, CMS no longer believes this measure is necessary to report and is therefore proposing to remove this measure.</p> <p>We received several comments opposing the removal of this measure due to the implementation of Qualified Clinical Data Registries, stating they believe it is premature and that the measure is an important bridge to increased registry-based PQRS reporting. The commenters urged CMS to postpone the elimination of this measure until it has a better understanding of how many registries will be able to fulfill the new Qualified Clinical Data Registry option as proposed. We appreciate the commenters' feedback, but we are not retaining this measure for reporting under PQRS.</p>							
N/A/N/A	Communication and	Total Knee Replacement: Coordination of	AAHKS/AMA-					X	

NQF/ PQRS	NQS Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
	Care Coordination	<p>Post Discharge Care: Percentage of patients undergoing total knee replacement who received written instructions for post discharge care including all the following: post discharge physical therapy, home health care, post discharge deep vein thrombosis (DVT) prophylaxis and follow-up physician visits</p> <p>Rationale: Measure Owner decision to remove this measure from Total Knee Replacement and replace with the measure: Shared Decision-Making: Trial of Conservative (Non-surgical) Therapy</p> <p>CMS solicited but received no comments on this measure. Therefore, we are finalizing our proposal to retire this measure from PQRS beginning in 2014.</p>	PCPI						
N/A/N/A	Person and Caregiver-Centered Experience and Outcomes	<p>Chronic Wound Care: Patient Education Regarding Long-Term Compression Therapy: Percentage of patients aged 18 years and older with a diagnosis of venous ulcer who received education regarding the need for long term compression therapy</p>	AMA-PCPI	X	X				

NQF/ PQRS	NQS Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
		<p>including interval replacement of compression stockings within the 12 month reporting period</p> <p>Rationale: This measure concept is routinely met in a clinical setting. CMS believes it would not indicate a true quality outcome.</p> <p>Two commenters felt this measure adds an important aspect of care related to the two chronic wound care measures currently in the PQRS program. CMS appreciates the commenters' feedback but as indicated in our rationale, do not believe it would indicate a true quality outcome. For this reason, we are not finalizing for inclusion in PQRS.</p>							
N/A/N/A	Effective Clinical Care	<p>Osteoporosis: Status of Participation in Weight-Bearing Exercise and Weight-bearing Exercise Advice: Percentage of patients aged 18 and older with a diagnosis of osteoporosis, osteopenia, or prior low impact fracture; women age 65 and older; or men age 70 and older whose status regarding participation in weight-bearing exercise was documented and for those not participating</p>	ABIM					X	

NQF/ PQRS	NQS Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
		<p>regularly who received advice within 12 months to participate in weight-bearing exercise</p> <p>Rationale: This measures group was deleted due to the amount of measures that had duplicative medical concepts within the PQRS program.</p> <p>Several commenters opposed the deletion of all measures originally proposed to comprise the Osteoporosis measures group. Commenters recommended the implementation of a revised Osteoporosis measures group utilizing six existing PQRS measures. We appreciate the commenters' feedback but note, the suggested measures have not been analyzed to determine the feasibility of reporting these measures together within a measures group. Therefore, we are finalizing our proposal to remove the Osteoporosis measures group from PQRS.</p>							
N/A/N/A	Effective Clinical Care	<p>Osteoporosis: Current Level of Alcohol Use and Advice on Potentially Hazardous Drinking Prevention: Percentage of patients</p>	ABIM					X	

NQF/ PQRS	NQS Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
		<p>aged 18 and older with a diagnosis of osteoporosis, osteopenia, or prior low impact fracture; women age 65 and older; or men age 70 and older whose current level of alcohol use was documented and for those engaging in potentially hazardous drinking who received counseling within 12 months</p> <p>Rationale: This measures group was deleted due to the amount of measures that had duplicative medical concepts within the PQRS program.</p> <p>Several commenters opposed the deletion of all measures originally proposed to comprise the Osteoporosis measures group. Commenters recommended the implementation of a revised Osteoporosis measures group utilizing six existing PQRS measures. We appreciate the commenters' feedback but note, the suggested measures have not been analyzed to determine the feasibility of reporting these measures together within a measures group. Therefore, we are finalizing our proposal to remove the</p>							

NQF/ PQRS	NQS Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
		Osteoporosis measures group from PQRS.							
N/A/N/A	Patient Safety	<p>Osteoporosis: Screen for Falls Risk Evaluation and Complete Falls Risk Assessment and Plan of Care: Percentage of patients aged 18 and older with a diagnosis of osteoporosis, osteopenia, or prior low impact fracture; women age 65 and older; or men age 70 and older who had a screen for falls risk evaluation within the past 12 months and for those reported as having a history of two or more falls, or fall-related injury who had a complete risk assessment for falls and a falls plan of care within the past 12 months</p> <p>Rationale: This measures group was deleted due to the amount of measures that had duplicative medical concepts within the PQRS program.</p> <p>Several commenters opposed the deletion of all measures originally proposed to comprise the Osteoporosis measures group. Commenters recommended the implementation of a revised Osteoporosis</p>	ABIM					X	

NQF/ PQRS	NQS Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
		measures group utilizing six existing PQRS measures. We appreciate the commenters' feedback but note, the suggested measures have not been analyzed to determine the feasibility of reporting these measures together within a measures group. Therefore, we are finalizing our proposal to remove the Osteoporosis measures group from PQRS.							
N/A/N/A	Effective Clinical Care	<p>Osteoporosis: Dual-Emission X-ray Absorptiometry (DXA) Scan: Percentage of patients aged 18 and older with a diagnosis of osteoporosis, osteopenia, or prior low impact fracture; women age 65 and older; or men age 70 and older who had a DXA scan and result documented</p> <p>Rationale: This measures group was deleted due to the amount of measures that had duplicative medical concepts within the PQRS program.</p> <p>Several commenters opposed the deletion of all measures originally proposed to comprise the Osteoporosis measures group. Commenters recommended the</p>	ABIM					X	

NQF/ PQRS	NQS Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
		implementation of a revised Osteoporosis measures group utilizing six existing PQRS measures. We appreciate the commenters' feedback but note, the suggested measures have not been analyzed to determine the feasibility of reporting these measures together within a measures group. Therefore, we are finalizing our proposal to remove the Osteoporosis measures group from PQRS.							
N/A/N/A	Effective Clinical Care	<p>Osteoporosis: Calcium Intake Assessment and Counseling: Percentage of patients aged 18 and older with a diagnosis of osteoporosis, osteopenia, or prior low impact fracture; women age 65 and older; or men age 70 and older who had calcium intake assessment and counseling at least once within 12 months</p> <p>Rationale: This measures group was deleted due to the amount of measures that had duplicative medical concepts within the PQRS program.</p> <p>Several commenters opposed the deletion of all measures originally proposed to comprise the Osteoporosis measures group.</p>	ABIM					X	

NQF/ PQRS	NQS Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
		Commenters recommended the implementation of a revised Osteoporosis measures group utilizing six existing PQRS measures. We appreciate the commenters' feedback but note, the suggested measures have not been analyzed to determine the feasibility of reporting these measures together within a measures group. Therefore, we are finalizing our proposal to remove the Osteoporosis measures group from PQRS.							
N/A/N/A	Effective Clinical Care	<p>Osteoporosis: Vitamin D Intake Assessment and Counseling: Percentage of patients aged 18 and older with a diagnosis of osteoporosis, osteopenia, or prior low impact fracture; women age 65 and older; or men age 70 and older who had vitamin D intake assessment and counseling at least once within 12 months</p> <p>Rationale: This measures group was deleted due to the amount of measures that had duplicative medical concepts within the PQRS program.</p> <p>Several commenters opposed the deletion of</p>	ABIM					X	

NQF/ PQRS	NQS Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
		all measures originally proposed to comprise the Osteoporosis measures group. Commenters recommended the implementation of a revised Osteoporosis measures group utilizing six existing PQRS measures. We appreciate the commenters' feedback but note, the suggested measures have not been analyzed to determine the feasibility of reporting these measures together within a measures group. Therefore, we are finalizing our proposal to remove the Osteoporosis measures group from PQRS.							
N/A/N/A	Effective Clinical Care	<p>Osteoporosis: Pharmacologic Therapy: Percentage of patients aged 18 and older with a diagnosis of osteoporosis, osteopenia, or prior low impact fracture; women age 65 and older; or men age 70 and older who were prescribed pharmacologic therapy approved by the Food and Drug Administration</p> <p>Rationale: This measures group was deleted due to the amount of measures that had duplicative medical concepts within the PQRS program.</p>	ABIM					X	

NQF/ PQRS	NQS Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
		Several commenters opposed the deletion of all measures originally proposed to comprise the Osteoporosis measures group. Commenters recommended the implementation of a revised Osteoporosis measures group utilizing six existing PQRS measures. We appreciate the commenters' feedback but note, the suggested measures have not been analyzed to determine the feasibility of reporting these measures together within a measures group. Therefore, we are finalizing our proposal to remove the Osteoporosis measures group from PQRS.							
N/A/N/A	Effective Clinical Care	<p>Preventive Cardiology Composite: Blood Pressure at Goal: Percentage of patients in the sample whose most recent blood pressure reading was at goal</p> <p>Rationale: This measures group was deleted due to the amount of measures that had duplicative medical concepts within the PQRS program.</p> <p>One commenter opposed the deletion of all measures originally proposed to comprise the</p>	ABIM					X	

NQF/ PQRS	NQS Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
		Preventive Cardiology measures group, disagreeing with CMS' opinion that this measures group is duplicative of other measures. Specifically, the commenter's concern was that existing PQRS measures only address aspirin use among patients diagnosed with specific heart conditions. We appreciate the commenter's feedback, but we are not retaining the Preventive Cardiology measures group for reporting under PQRS.							
N/A/N/A	Effective Clinical Care	<p>Preventive Cardiology Composite: Low Density Lipids (LDL) Cholesterol at Goal: Percentage of patients in the sample whose LDL cholesterol is considered to be at goal, based upon their coronary heart disease (CHD) risk factors</p> <p>Rationale: This measures group was deleted due to the amount of measures that had duplicative medical concepts within the PQRS program.</p> <p>One commenter opposed the deletion of all measures originally proposed to comprise the Preventive Cardiology measures group,</p>	ABIM					X	

NQF/ PQRS	NQS Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
		disagreeing with CMS' opinion that this measures group is duplicative of other measures. Specifically, the commenter's concern was that existing PQRS measures only address aspirin use among patients diagnosed with specific heart conditions. We appreciate the commenter's feedback, but we are not retaining the Preventive Cardiology measures group for reporting under PQRS.							
N/A/N/A	Effective Clinical Care	Preventive Cardiology Composite: Timing of Lipid Testing Complies with Guidelines: Percentage of patients in the sample whose timing of lipid testing complies with guidelines (lipid testing performed in the preceding 12-month period (with a three-month grace period) for patients with known coronary heart disease (CHD) or CHD risk equivalent (prior myocardial infarction (MI), other clinical CHD, symptomatic carotid artery disease, peripheral artery disease, abdominal aortic aneurysm, diabetes mellitus); or in the preceding 24-month period (with a three-month grace period) for patients with ≥ 2 risk factors for CHD (smoking, hypertension, low	ABIM					X	

NQF/ PQRS	NQS Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
		<p>high density lipid (HDL), men ≥ 45 years, women ≥ 55 years, family history of premature CHD; HDL ≥ 60 mg/dL acts as a negative risk factor); or in the preceding 60-month period (with a three-month grace period) for patients with ≤ 1 risk factor for CHD)</p> <p>Rationale: This measures group was deleted due to the amount of measures that had duplicative medical concepts within the PQRS program.</p> <p>One commenter opposed the deletion of all measures originally proposed to comprise the Preventive Cardiology measures group, disagreeing with CMS’ opinion that this measures group is duplicative of other measures. Specifically, the commenter’s concern was that existing PQRS measures only address aspirin use among patients diagnosed with specific heart conditions.</p> <p>We appreciate the commenter’s feedback, but, based on the rationale stated above, we</p>							

NQF/ PQRS	NQS Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
		are not retaining the Preventive Cardiology measures group for reporting under PQRS.							
N/A/N/A	Effective Clinical Care	<p>Preventive Cardiology Composite: Diabetes Documentation or Screen Test: Percentage of patients in the sample who had a screening test for type 2 diabetes or had a diagnosis of diabetes</p> <p>Rationale: This measures group was deleted due to the amount of measures that had duplicative medical concepts within the PQRS program.</p> <p>One commenter opposed the removal of this measure because they believe it has potential to contribute to better outcomes for patients with diabetes. Another commenter opposed the deletion of all measures originally proposed to comprise the Preventive Cardiology measures group, disagreeing with CMS' opinion that this measures group is duplicative of other measures. Specifically, the commenter's concern was that existing PQRS measures only address aspirin use among patients diagnosed with specific heart</p>	ABIM					X	

NQF/ PQRS	NQS Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
		conditions. We appreciate the commenter's feedback, but we are not retaining the Preventive Cardiology measures group for reporting under PQRS.							
N/A/N/A	Effective Clinical Care	<p>Preventive Cardiology Composite:</p> <p>Counseling for Diet and Physical Activity: Percentage of patients who received dietary and physical activity counseling</p> <p>Rationale: This measures group was deleted due to the amount of measures that had duplicative medical concepts within the PQRS program.</p> <p>One commenter opposed the deletion of all measures originally proposed to comprise the Preventive Cardiology measures group, disagreeing with CMS' opinion that this measures group is duplicative of other measures. Specifically, the commenter's concern was that existing PQRS measures only address aspirin use among patients diagnosed with specific heart conditions. We appreciate the commenter's feedback, but we are not retaining the Preventive Cardiology</p>	ABIM					X	

NQF/ PQRS	NQS Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
		measures group for reporting under PQRS.							
N/A/N/A	Effective Clinical Care	<p>Preventive Cardiology Composite: Correct Determination of Ten-Year Risk for Coronary Death or Myocardial Infarction (MI): Number of patients in the sample whose ten-year risk of coronary death or MI is correctly assessed and documented</p> <p>Rationale: This measures group was deleted due to the amount of measures that had duplicative medical concepts within the PQRS program.</p> <p>One commenter opposed the deletion of all measures originally proposed to comprise the Preventive Cardiology measures group, disagreeing with CMS' opinion that this measures group is duplicative of other measures. Specifically, the commenter's concern was that existing PQRS measures only address aspirin use among patients</p>	ABIM					X	

NQF/ PQRS	NQS Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
		diagnosed with specific heart conditions. We appreciate the commenter's feedback, but we are not retaining the Preventive Cardiology measures group for reporting under PQRS.							
N/A/N/A	Effective Clinical Care	<p>Preventive Cardiology Composite: Appropriate Use of Aspirin or Other Antiplatelet/Anticoagulant Therapy: Percentage of patients in the sample who are: 1) taking aspirin or other anticoagulant/antiplatelet therapy, or 2) under age 30, or 3) age 30 or older and who are documented to be at low risk. Low-risk patients include those who are documented with no prior coronary heart disease (CHD) or CHD risk equivalent (prior myocardial infarction (MI), other clinical CHD, symptomatic carotid artery disease, peripheral artery disease, abdominal aortic aneurysm, diabetes mellitus) and whose ten-year risk of developing CHD is < 10%</p> <p>Rationale: This measures group was deleted due to the amount of measures that had duplicative medical concepts within the PQRS program.</p>	ABIM					X	

NQF/ PQRS	NQS Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
		One commenter opposed the deletion of all measures originally proposed to comprise the Preventive Cardiology measures group, disagreeing with CMS' opinion that this measures group is duplicative of other measures. Specifically, the commenter's concern was that existing PQRS measures only address aspirin use among patients diagnosed with specific heart conditions. We appreciate the commenter's feedback, but we are not retaining the Preventive Cardiology measures group for reporting under PQRS.							
N/A/N/A	Effective Clinical Care	<p>Preventive Cardiology Composite:</p> <p>Smoking Status and Cessation Support: Percentage of patients in the sample whose current smoking status is documented in the chart, and if they were smokers, were documented to have received smoking cessation counseling during the reporting period</p> <p>Rationale: This measures group was deleted due to the amount of measures that had duplicative medical concepts within the</p>	ABIM					X	

NQF/ PQRS	NQS Domain	Measure Title and Description [¥]	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
		<p>PQRS program.</p> <p>One commenter opposed the deletion of all measures originally proposed to comprise the Preventive Cardiology measures group, disagreeing with CMS' opinion that this measures group is duplicative of other measures. Specifically, the commenter's concern was that existing PQRS measures only address aspirin use among patients diagnosed with specific heart conditions. We appreciate the commenter's feedback, but we are not retaining the Preventive Cardiology measures group for reporting under PQRS.</p>							

[¥] Measure details including titles, descriptions and measure owner information may vary during a particular program year. This is due to the timing of measure specification preparation and the measure versions used by the various reporting options/methods. Please refer to the measure specifications that apply for each of the reporting options/methods for specific measure details.

TABLE 55: Diabetes Mellitus Measures Group

NQF/ PQRS	Measure Title and Description	Measure Developer
0059/ 1	Diabetes: Hemoglobin A1c Poor Control: Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period	NCQA
0064/ 2	Diabetes: Low Density Lipoprotein (LDL-C) Control (< 100 mg/dL): Percentage of patients 18–75 years of age with diabetes whose LDL-C was adequately controlled (< 100 mg/dL) during the measurement period	NCQA
0055/ 117	Diabetes: Eye Exam: Percentage of patients 18 through 75 years of age with a diagnosis of diabetes (type 1 and type 2) who had a retinal or dilated eye exam in the measurement period or a negative retinal or dilated eye exam (negative for retinopathy) in the year prior to the measurement period	NCQA
0062/ 119	Diabetes: Medical Attention for Nephropathy: The percentage of patients 18-75 years of age with diabetes who had a nephropathy screening test or evidence of nephropathy during the measurement period	NCQA
0056/ 163	Diabetes: Foot Exam: Percentage of patients aged 18-75 years of age with diabetes who had a foot exam during the measurement period	NCQA

Finalized in the CY 2013 PFS final rule (see Table 97 at 77 FR 69273).

TABLE 56: Chronic Kidney Disease (CKD) Measures Group

NQF/ PQRS	Measure Title and Description	Measure Developer
0041/ 110	Preventive Care and Screening: Influenza Immunization: Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization	AMA-PCPI
1668/ 121	Adult Kidney Disease: Laboratory Testing (Lipid Profile): Percentage of patients aged 18 years and older with a diagnosis of chronic kidney disease (CKD) (stage 3, 4, or 5, not receiving Renal Replacement Therapy [RRT]) who had a fasting lipid profile performed at least once within a 12-month period	AMA-PCPI
AQA adopted/122	Adult Kidney Disease: Blood Pressure Management: Percentage of patient visits for those patients aged 18 years and older with a diagnosis of chronic kidney disease (CKD) (stage 3, 4, or 5, not receiving Renal Replacement Therapy [RRT]) and proteinuria with a blood pressure < 130/80 mmHg OR ≥ 130/80 mmHg with a documented plan of care	AMA-PCPI
1666/ 123	Adult Kidney Disease: Patients On Erythropoiesis-Stimulating Agent (ESA) - Hemoglobin Level > 12.0 g/dL: Percentage of calendar months within a 12-month period during which a hemoglobin level is measured for patients aged 18 years and older with a diagnosis of advanced chronic kidney disease (CKD) (stage 4 or 5, not receiving Renal Replacement Therapy [RRT]) or End Stage Renal Disease (ESRD) (who are on hemodialysis or peritoneal dialysis) who are also receiving erythropoiesis-stimulating agent (ESA) therapy have a hemoglobin level > 12.0 g/dL	AMA-PCPI

Finalized in the CY 2013 PFS final rule (see Table 98 at 77 FR 69273).

TABLE 57: Preventive Care Measures Group

NQF/ PQRS	Measure Title and Description	Measure Developer
0046/ 39	Screening or Therapy for Osteoporosis for Women Aged 65 Years and Older: Percentage of female patients aged 65 years and older who have a central dual-energy X- ray absorptiometry (DXA) measurement ordered or performed at least once since age 60 or pharmacologic therapy prescribed within 12 months	AMA-PCPI/ NCQA
0098/ 48	Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older: Percentage of female patients aged 65 years and older who were assessed for the presence or absence of urinary incontinence within 12 months	AMA-PCPI/ NCQA
0041/ 110	Preventive Care and Screening: Influenza Immunization: Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization	AMA-PCPI
0043/ 111	Pneumonia Vaccination Status for Older Adults: Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine	NCQA
N/A/ 112	Breast Cancer Screening: Percentage of women 50 through 74 years of age who had a mammogram to screen for breast cancer within 27 months	NCQA
0034/ 113	Colorectal Cancer Screening: Percentage of patients 50 through 75 years of age who had appropriate screening for colorectal cancer	NCQA
0421/ 128	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up: Percentage of patients aged 18 years and older with a documented BMI during the current encounter or during the previous 6 months AND when the BMI is <u>outside of normal parameters</u> , a follow-up plan is documented during the encounter or during the previous 6 months of the encounter Normal Parameters: Age 65 years and older BMI ≥ 23 and < 30 ; Age 18 – 64 years BMI ≥ 18.5 and < 25	CMS
AQA Adopted/ 173	Preventive Care and Screening: Unhealthy Alcohol Use – Screening: Percentage of patients aged 18 years and older who were screened for unhealthy alcohol use using a systematic screening method within 24 months	AMA-PCPI
0028/ 226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention: Percentage of patients 18 years and older who were screened for tobacco use one or more times within 24 months <u>AND</u> who received cessation counseling intervention if identified as a tobacco user	AMA-PCPI

Finalized in the CY 2013 PFS final rule (see Table 99 at 77 FR 69273).

TABLE 58: Coronary Artery Bypass Graft (CABG) Measures Group

NQF/ PQRS	Measure Title and Description	Measure Developer
0134/ 43	Coronary Artery Bypass Graft (CABG): Use of Internal Mammary Artery (IMA) in Patients with Isolated CABG Surgery: Percentage of patients aged 18 years and older undergoing isolated CABG surgery who received an IMA graft	STS
0236/ 44	Coronary Artery Bypass Graft (CABG): Preoperative Beta-Blocker in Patients with Isolated CABG Surgery: Percentage of isolated Coronary Artery Bypass Graft (CABG) surgeries for patients aged 18 years and older who received a beta-blocker within 24 hours prior to surgical incision	CMS

0129/ 164	Coronary Artery Bypass Graft (CABG): Prolonged Intubation: Percentage of patients aged 18 years and older undergoing isolated CABG surgery who require postoperative intubation > 24 hours	STS
0130/ 165	Coronary Artery Bypass Graft (CABG): Deep Sternal Wound Infection Rate: Percentage of patients aged 18 years and older undergoing isolated CABG surgery who, within 30 days postoperatively, develop deep sternal wound infection involving muscle, bone, and/or mediastinum requiring operative intervention	STS
0131/ 166	Coronary Artery Bypass Graft (CABG): Stroke: Percentage of patients aged 18 years and older undergoing isolated CABG surgery who have a <u>postoperative</u> stroke (i.e., any confirmed neurological deficit of abrupt onset caused by a disturbance in blood supply to the brain) that did not resolve within 24 hours	STS
0114/ 167	Coronary Artery Bypass Graft (CABG): Postoperative Renal Failure: Percentage of patients aged 18 years and older undergoing isolated CABG surgery (without pre-existing renal failure) who develop postoperative renal failure or require dialysis	STS
0115/ 168	Coronary Artery Bypass Graft (CABG): Surgical Re-Exploration: Percentage of patients aged 18 years and older undergoing isolated CABG surgery who require a return to the operating room (OR) during the current hospitalization for mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction, or other cardiac reason	STS
0116/ 169	Coronary Artery Bypass Graft (CABG): Antiplatelet Medications at Discharge: Percentage of patients aged 18 years and older undergoing isolated CABG surgery who were discharged on antiplatelet medication	STS
0117/ 170	Coronary Artery Bypass Graft (CABG): Beta-Blockers Administered at Discharge: Percentage of patients aged 18 years and older undergoing isolated CABG surgery who were discharged on beta-blockers	STS
0118/ 171	Coronary Artery Bypass Graft (CABG): Anti-Lipid Treatment at Discharge: Percentage of patients aged 18 years and older undergoing isolated CABG surgery who were discharged on a statin or other lipid-lowering regimen	STS

Finalized in the CY 2013 PFS final rule (see Table 100 at 77 FR 69274).

TABLE 59: Rheumatoid Arthritis (RA) Measures Group

NQF/ PQRS	Measure Title and Description	Measure Developer
0054/ 108	Rheumatoid Arthritis (RA): Disease Modifying Anti-Rheumatic Drug (DMARD) Therapy: Percentage of patients aged 18 years and older who were diagnosed with RA and were prescribed, dispensed, or administered at least one ambulatory prescription for a DMARD	NCQA
AQA adopted/176	Rheumatoid Arthritis (RA): Tuberculosis Screening: Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have documentation of a tuberculosis (TB) screening performed and results interpreted within 6 months prior to receiving a first course of therapy using a biologic disease-modifying anti-rheumatic drug (DMARD)	AMA- PCPI
AQA adopted/177	Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity: Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have an assessment and classification of disease activity within 12 months	AMA- PCPI
AQA adopted/178	Rheumatoid Arthritis (RA): Functional Status Assessment: Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) for whom a	AMA- PCPI

	functional status assessment was performed at least once within 12 months	
AQA adopted/179	Rheumatoid Arthritis (RA): Assessment and Classification of Disease Prognosis: Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have an assessment and classification of disease prognosis at least once within 12 months	AMA-PCPI
AQA adopted/180	Rheumatoid Arthritis (RA): Glucocorticoid Management: Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have been assessed for glucocorticoid use and, for those on prolonged doses of prednisone ≥ 10 mg daily (or equivalent) with improvement or no change in disease activity, documentation of glucocorticoid management plan within 12 months	AMA-PCPI

Finalized in the CY 2013 PFS final rule (see Table 101 at 77 FR 69274).

TABLE 60: Perioperative Care Measures Group

NQF/ PQRS	Measure Title and Description	Measure Developer
0270/ 20	Perioperative Care: Timing of Prophylactic Parenteral Antibiotic – Ordering Physician: Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic parenteral antibiotics, who have an order for prophylactic parenteral antibiotic to be given within one hour (if fluoroquinolone or vancomycin, two hours), prior to the surgical incision (or start of procedure when no incision is required)	AMA- PCPI/ NCQA
0268/ 21	Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin: Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for a first OR second generation cephalosporin prophylactic antibiotic, who had an order for a first OR second generation cephalosporin for antimicrobial prophylaxis	AMA- PCPI/ NCQA
0271/ 22	Perioperative Care: Discontinuation of Prophylactic Parenteral Antibiotics (Non-Cardiac Procedures): Percentage of non-cardiac surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic parenteral antibiotics AND who received a prophylactic parenteral antibiotic, who have an order for discontinuation of prophylactic parenteral antibiotics within 24 hours of surgical end time	AMA- PCPI/ NCQA
0239/ 23	Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients): Percentage of surgical patients aged 18 years and older undergoing procedures for which VTE prophylaxis is indicated in all patients, who had an order for Low Molecular Weight Heparin (LMWH), Low-Dose Unfractionated Heparin (LDUH), adjusted-dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end time	AMA- PCPI/ NCQA

Finalized in the CY 2013 PFS final rule (see Table 102 at 77 FR 69275).

TABLE 61: Back Pain Measures Group

NQF/ PQRS	Measure Title and Description	Measure Developer
0322/ 148	Back Pain: Initial Visit: The percentage of patients aged 18 through 79 years with a diagnosis of back pain or undergoing back surgery who had back pain and function assessed during the initial visit to the clinician for the episode of back pain	NCQA

0319/ 149/	Back Pain: Physical Exam: Percentage of patients aged 18 through 79 years with a diagnosis of back pain or undergoing back surgery who received a physical examination at the initial visit to the clinician for the episode of back pain	NCQA
0314/ 150	Back Pain: Advice for Normal Activities: The percentage of patients aged 18 through 79 years with a diagnosis of back pain or undergoing back surgery who received advice for normal activities at the initial visit to the clinician for the episode of back pain	NCQA
0313/ 151	Back Pain: Advice Against Bed Rest: The percentage of patients aged 18 through 79 years with a diagnosis of back pain or undergoing back surgery who received advice against bed rest lasting four days or longer at the initial visit to the clinician for the episode of back pain	NCQA

Finalized in the CY 2013 PFS final rule (see Table 103 at 77 FR 69275).

TABLE 62: Hepatitis C Measures Group

NQF/ PQRS	Measure Title and Description	Measure Developer
0395/ 84	Hepatitis C: Ribonucleic Acid (RNA) Testing Before Initiating Treatment: Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who started antiviral treatment within the 12 month reporting period for whom quantitative hepatitis C virus (HCV) RNA testing was performed within 12 months prior to initiation of antiviral treatment	AMA-PCPI
0396/ 85	Hepatitis C: HCV Genotype Testing Prior to Treatment: Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who started antiviral treatment within the 12 month reporting period for whom hepatitis C virus (HCV) genotype testing was performed within 12 months prior to initiation of antiviral treatment	AMA-PCPI
0398/ 87	Hepatitis C: Hepatitis C Virus (HCV) Ribonucleic Acid (RNA) Testing Between 4-12 Weeks After Initiation of Treatment: Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment for whom quantitative hepatitis C virus (HCV) RNA testing was performed between 4-12 weeks after the initiation of antiviral treatment	AMA-PCPI
0399/ 183	Hepatitis C: Hepatitis A Vaccination in Patients with Hepatitis C Virus (HCV): Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who have received at least one injection of hepatitis A vaccine, or who have documented immunity to hepatitis A	AMA-PCPI

Finalized in the CY 2013 PFS final rule (see Table 104 at 77 FR 69275).

TABLE 63: Heart Failure (HF) Measures Group

NQF/ PQRS	Measure Title and Description	Measure Developer
0081/ 5	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD): Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed ACE inhibitor or ARB therapy either within a 12 month period when seen in the outpatient setting OR at <u>each</u> hospital discharge	AMA- PCPI/ ACCF/AHA
0083/ 8	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD): Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40%	AMA- PCPI/ ACCF/AHA

	who were prescribed beta-blocker therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge	
0079/ 198	Heart Failure: Left Ventricular Ejection Fraction (LVEF) Assessment: Percentage of patients aged 18 years and older with a diagnosis of heart failure for whom the quantitative or qualitative results of a recent or prior [any time in the past] LVEF assessment is documented within a 12 month period	AMA- PCPI/ ACCF/AHA
0028/ 226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention: Percentage of patients 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user	AMA-PCPI

Finalized in the CY 2013 PFS final rule (see Table 105 at 77 FR 69276).

TABLE 64: Coronary Artery Disease (CAD) Measures Group

NQF/ PQRS	Measure Title and Description	Measure Developer
0067/ 6	Coronary Artery Disease (CAD): Antiplatelet Therapy: Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who were prescribed aspirin or clopidogrel	AMA- PCPI/ ACCF/AHA
0074/ 197	Coronary Artery Disease (CAD): Lipid Control: Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who have a LDL-C result < 100 mg/dL OR patients who have a LDL-C result \geq 100 mg/dL and have a documented plan of care to achieve LDL-C < 100 mg/dL, including at a minimum the prescription of a statin	AMA- PCPI/ ACCF/AHA
0028/ 226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention: Percentage of patients 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user	AMA-PCPI
N/A/ 242	Coronary Artery Disease (CAD): Symptom Management: Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period with results of an evaluation of level of activity and an assessment of whether anginal symptoms are present or absent with appropriate management of anginal symptoms within a 12 month period	AMA- PCPI/ ACCF/ AHA

Finalized in the CY 2013 PFS final rule (see Table 106 at 77 FR 69276).

TABLE 65: Ischemic Vascular Disease (IVD) Measures Group

NQF/ PQRS	Measure Title and Description	Measure Developer
0068/ 204	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic: Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period and who had documentation of use of aspirin or another antithrombotic during the measurement period	NCQA
0028/ 226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention: Percentage of patients 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling	AMA-PCPI

	intervention if identified as a tobacco user	
0018/ 236	Controlling High Blood Pressure: Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (< 140/90 mmHg) during the measurement period.	NCQA
0075/ 241	Ischemic Vascular Disease (IVD): Complete Lipid Profile and LDL-C Control (< 100 mg/dL): Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had each of the following during the measurement period: a complete lipid profile and LDL-C was adequately controlled (< 100 mg/dL)	NCQA

Finalized in the CY 2013 PFS final rule (see Table 107 at 77 FR 69277).

TABLE 66: HIV/AIDS Measures Group

NQF/ PQRS	Measure Title and Description	Measure Developer
0404/ 159	HIV/AIDS: CD4+ Cell Count or CD4+ Percentage Performed: Percentage of patients aged 6 months and older with a diagnosis of HIV/AIDS for whom a CD4+ cell count or CD4+ cell percentage was performed at least once every 6 months	NCQA
0405/ 160	HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis: Percentage of patients aged 6 weeks and older with a diagnosis of HIV/AIDS who were prescribed Pneumocystis Jiroveci Pneumonia (PCP) prophylaxis	NCQA
0409/ 205	HIV/AIDS: Sexually Transmitted Disease Screening for Chlamydia, Gonorrhea, and Syphilis: Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS for whom chlamydia, gonorrhea and syphilis screenings were performed at least once since the diagnosis of HIV infection	AMA- PCPI/ NCQA
2082/ N/A	HIV Viral Load Suppression: The percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year	HRSA
2083/ N/A	Prescription of HIV Antiretroviral Therapy: Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year	HRSA
2079/ N/A	HIV Medical Visit Frequency: Percentage of patients, regardless of age with a diagnosis of HIV who had at least one medical visit in each 6 month period of the 24 month measurement period, with a minimum of 60 days between medical visits	HRSA
2080/ N/A	Gap in HIV Medical Visits: Percentage of patients, regardless of age, with a diagnosis of HIV who did not have a medical visit in the last 6 months	HRSA

Finalized in the CY 2013 PFS final rule (see Table 108 at 77 FR 69277).

TABLE 67: Asthma Measures Group

NQF/ PQRS	Measure Title and Description	Measure Developer
0047/ 53	Asthma: Pharmacologic Therapy for Persistent Asthma - Ambulatory Care Setting: Percentage of patients aged 5 through 64 years with a diagnosis of persistent asthma who were prescribed long-term control medication	AMA- PCPI/ NCQA
0001/ 64	Asthma: Assessment of Asthma Control – Ambulatory Care Setting: Percentage of patients aged 5 through 64 years with a diagnosis of asthma who were evaluated at least	AMA- PCPI/ NCQA

	once during the measurement period for asthma control (comprising asthma impairment and asthma risk)	
N/A/ 231	Asthma: Tobacco Use: Screening - Ambulatory Care Setting: Percentage of patients aged 5 through 64 years with a diagnosis of asthma (or their primary caregiver) who were queried about tobacco use and exposure to second hand smoke within their home environment at least once during the one-year measurement period	AMA- PCPI/ NCQA
N/A/ 232	Asthma: Tobacco Use: Intervention - Ambulatory Care Setting: Percentage of patients aged 5 through 64 years with a diagnosis of asthma who were identified as tobacco users (or their primary caregiver) who received tobacco cessation intervention at least once during the one-year measurement period	AMA- PCPI/ NCQA

Finalized in the CY 2013 PFS final rule (see Table 109 at 77 FR 69277).

TABLE 68: Chronic Obstructive Pulmonary Disease (COPD) Measures Group

NQF/ PQRS	Measure Title and Description	Measure Developer
0091/ 51	Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation: Percentage of patients aged 18 years and older with a diagnosis of COPD who had spirometry evaluation results documented	AMA-PCPI
0102/ 52	Chronic Obstructive Pulmonary Disease (COPD): Inhaled Bronchodilator Therapy: Percentage of patients aged 18 years and older with a diagnosis of COPD and who have an FEV1/FVC less than 60% and have symptoms who were prescribed an inhaled bronchodilator	AMA-PCPI
0041/ 110	Preventive Care and Screening: Influenza Immunization: Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization	AMA-PCPI
0043/ 111	Pneumonia Vaccination Status for Older Adults: Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine	NCQA
0028/ 226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention: Percentage of patients 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user	AMA-PCPI

Finalized in the CY 2013 PFS final rule (see Table 110 at 77 FR 69278).

TABLE 69: Inflammatory Bowel Disease (IBD) Measures Group

NQF/ PQRS	Measure Title and Description	Measure Developer
0028/ 226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention: Percentage of patients 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user	AMA-PCPI
N/A/ 269	Inflammatory Bowel Disease (IBD): Type, Anatomic Location and Activity All Documented: Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease who have documented the disease type, anatomic location and activity, at least once during the reporting period	AGA

N/A/ 270	Inflammatory Bowel Disease (IBD): Preventive Care: Corticosteroid Sparing Therapy: Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease who have been managed by corticosteroids greater than or equal to 10 mg/day for 60 or greater consecutive days that have been prescribed corticosteroid sparing therapy in the last reporting year	AGA
N/A/ 271	Inflammatory Bowel Disease (IBD): Preventive Care: Corticosteroid Related Iatrogenic Injury – Bone Loss Assessment: Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease who have received dose of corticosteroids greater than or equal to 10 mg/day for 60 or greater consecutive days and were assessed for risk of bone loss once per the reporting year	AGA
N/A/ 272	Inflammatory Bowel Disease (IBD): Preventive Care: Influenza Immunization: Percentage of patients aged 18 years and older with inflammatory bowel disease for whom influenza immunization was recommended, administered or previously received during the reporting year	AGA
N/A/ 273	Inflammatory Bowel Disease (IBD): Preventive Care: Pneumococcal Immunization: Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease that had pneumococcal vaccination administered or previously received	AGA
N/A/ 274	Inflammatory Bowel Disease (IBD): Testing for Latent Tuberculosis (TB) Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy: Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease for whom a tuberculosis (TB) screening was performed and results interpreted within 6 months prior to receiving a first course of anti-TNF (tumor necrosis factor) therapy	AGA
N/A/ 275	Inflammatory Bowel Disease (IBD): Assessment of Hepatitis B Virus (HBV) Status Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy: Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease (IBD) who had Hepatitis B Virus (HBV) status assessed and results interpreted within 1 year prior to receiving a first course of anti-TNF (tumor necrosis factor) therapy	AGA

Finalized in the CY 2013 PFS final rule (see Table 111 at 77 FR 69278).

TABLE 70: Sleep Apnea Measures Group

NQF/ PQRS	Measure Title and Description	Measure Developer
N/A/ 276	Sleep Apnea: Assessment of Sleep Symptoms: Percentage of visits for patients aged 18 years and older with a diagnosis of obstructive sleep apnea that includes documentation of an assessment of sleep symptoms, including presence or absence of snoring and daytime sleepiness	AMA- PCPI/ NCQA
N/A/ 277	Sleep Apnea: Severity Assessment at Initial Diagnosis: Percentage of patients aged 18 years and older with a diagnosis of obstructive sleep apnea who had an apnea hypopnea index (AHI) or a respiratory disturbance index (RDI) measured at the time of initial diagnosis	AMA- PCPI/ NCQA
N/A/ 278	Sleep Apnea: Positive Airway Pressure Therapy Prescribed: Percentage of patients aged 18 years and older with a diagnosis of moderate or severe obstructive sleep apnea who were prescribed positive airway pressure therapy	AMA- PCPI/ NCQA

N/A/ 279	Sleep Apnea: Assessment of Adherence to Positive Airway Pressure Therapy: Percentage of visits for patients aged 18 years and older with a diagnosis of obstructive sleep apnea who were prescribed positive airway pressure therapy who had documentation that adherence to positive airway pressure therapy was objectively measured	AMA- PCPI/ NCQA
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Finalized in the CY 2013 PFS final rule (see Table 112 at 77 FR 69279).

TABLE 71: Dementia Measures Group

NQF/ PQRS	Measure Title and Description	Measure Developer
N/A / 280	Dementia: Staging of Dementia: Percentage of patients, regardless of age, with a diagnosis of dementia whose severity of dementia was classified as mild, moderate or severe at least once within a 12 month period	AMA-PCPI
N/A / 281	Dementia: Cognitive Assessment: Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of cognition is performed and the results reviewed at least once within a 12 month period	AMA-PCPI
N/A / 282	Dementia: Functional Status Assessment: Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of functional status is performed and the results reviewed at least once within a 12 month period	AMA-PCPI
N/A / 283	Dementia: Neuropsychiatric Symptom Assessment: Percentage of patients, regardless of age, with a diagnosis of dementia and for whom an assessment of neuropsychiatric symptoms is performed and results reviewed at least once in a 12 month period	AMA-PCPI
N/A / 284	Dementia: Management of Neuropsychiatric Symptoms: Percentage of patients, regardless of age, with a diagnosis of dementia who have one or more neuropsychiatric symptoms who received or were recommended to receive an intervention for neuropsychiatric symptoms within a 12 month period	AMA-PCPI
N/A / 285	Dementia: Screening for Depressive Symptoms: Percentage of patients, regardless of age, with a diagnosis of dementia who were screened for depressive symptoms within a 12 month period	AMA-PCPI
N/A / 286	Dementia: Counseling Regarding Safety Concerns: Percentage of patients, regardless of age, with a diagnosis of dementia or their caregiver(s) who were counseled or referred for counseling regarding safety concerns within a 12 month period	AMA-PCPI
N/A / 287	Dementia: Counseling Regarding Risks of Driving: Percentage of patients, regardless of age, with a diagnosis of dementia or their caregiver(s) who were counseled regarding the risks of driving and the alternatives to driving at least once within a 12 month period	AMA-PCPI
N/A / 288	Dementia: Caregiver Education and Support: Percentage of patients, regardless of age, with a diagnosis of dementia whose caregiver(s) were provided with education on dementia disease management and health behavior changes AND referred to additional sources for support within a 12 month period	AMA-PCPI

Finalized in the CY 2013 PFS final rule (see Table 113 at 77 FR 69279).

TABLE 72: Parkinson's Disease Measures Group

NQF/ PQRS	Measure Title and Description	Measure Developer
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N/A / 289	Parkinson's Disease: Annual Parkinson's Disease Diagnosis Review: All patients with a diagnosis of Parkinson's disease who had an annual assessment including a review of current medications (e.g., medications that can produce Parkinson-like signs or symptoms) and a review for the presence of atypical features (e.g., falls at presentation and early in the disease course, poor response to levodopa, symmetry at onset, rapid progression [to Hoehn and Yahr stage 3 in 3 years], lack of tremor or dysautonomia) at least annually	AAN
N/A / 290	Parkinson's Disease: Psychiatric Disorders or Disturbances Assessment: All patients with a diagnosis of Parkinson's disease who were assessed for psychiatric disorders or disturbances (e.g., psychosis, depression, anxiety disorder, apathy, or impulse control disorder) at least annually	AAN
N/A / 291	Parkinson's Disease: Cognitive Impairment or Dysfunction Assessment: All patients with a diagnosis of Parkinson's disease who were assessed for cognitive impairment or dysfunction at least annually	AAN
N/A / 292	Parkinson's Disease: Querying about Sleep Disturbances: All patients with a diagnosis of Parkinson's disease (or caregivers, as appropriate) who were queried about sleep disturbances at least annually	AAN
N/A / 293	Parkinson's Disease: Rehabilitative Therapy Options: All patients with a diagnosis of Parkinson's disease (or caregiver(s), as appropriate) who had rehabilitative therapy options (e.g., physical, occupational, or speech therapy) discussed at least annually	AAN
N/A / 294	Parkinson's Disease: Parkinson's Disease Medical and Surgical Treatment Options Reviewed: All patients with a diagnosis of Parkinson's disease (or caregiver(s), as appropriate) who had the Parkinson's disease treatment options (e.g., non-pharmacological treatment, pharmacological treatment, or surgical treatment) reviewed at least once annually	AAN

Finalized in the CY 2013 PFS final rule (see Table 114 at 77 FR 69279).

TABLE 73: Hypertension Measures Group

NQF/ PQRS	Measure Title and Description	Measure Developer
0028/ 226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention: Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months <u>AND</u> who received cessation counseling intervention if identified as a tobacco user	AMA-PCPI
N/A/ 295	Hypertension: Use of Aspirin or Other Antithrombotic Therapy: Percentage of patients aged 30 through 90 years old with a diagnosis of hypertension and are eligible for aspirin or other antithrombotic therapy who were prescribed aspirin or other antithrombotic therapy	ABIM
N/A/ 296	Hypertension: Complete Lipid Profile: Percentage of patients aged 18 through 90 years old with a diagnosis of hypertension who received a complete lipid profile within <u>60 months</u>	ABIM
N/A/ 297	Hypertension: Urine Protein Test: Percentage of patients aged 18 through 90 years old with a diagnosis of hypertension who either have chronic kidney disease diagnosis documented or had a urine protein test done within <u>36 months</u>	ABIM
N/A/ 298	Hypertension: Annual Serum Creatinine Test: Percentage of patients aged 18 through 90 years old with a diagnosis of hypertension who had a serum creatinine test done within <u>12 months</u>	ABIM

N/A/ 299	Hypertension: Diabetes Mellitus Screening Test: Percentage of patients aged 18 through 90 years old with a diagnosis of hypertension who had a diabetes screening test within <u>36 months</u>	ABIM
N/A/ 300	Hypertension: Blood Pressure Control: Percentage of patients aged 18 through 90 years old with a diagnosis of hypertension whose most recent blood pressure was under control (< 140/90 mmHg)	ABIM
N/A/ 301	Hypertension: Low Density Lipoprotein (LDL-C) Control: Percentage of patients aged 18 through 90 years old with a diagnosis of hypertension whose most recent LDL cholesterol level was under control (at goal)	ABIM
N/A/ 302	Hypertension: Dietary and Physical Activity Modifications Appropriately Prescribed: Percentage of patients aged 18 through 90 years old with a diagnosis of hypertension who received dietary and physical activity counseling at least once within <u>12 months</u>	ABIM

Finalized in the CY 2013 PFS final rule (see Table 115 at 77 FR 69280).

TABLE 74: Cardiovascular Prevention Measures Group

NQF/ PQRS	Measure Title and Description	Measure Developer
0064/ 2	Diabetes: Low Density Lipoprotein (LDL-C) Control (< 100 mg/dL): Percentage of patients 18–75 years of age with diabetes whose LDL-C was adequately controlled (<100 mg/dL) during the measurement	NCQA
0068/ 204	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic: Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period and who had documentation of use of aspirin or another antithrombotic during the measurement period	NCQA
0028/ 226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention: Percentage of patients 18 years and older who were screened for tobacco use one or more times within 24 months <u>AND</u> who received cessation counseling intervention if identified as a tobacco user	AMA-PCPI
0018/ 236	Controlling High Blood Pressure: Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (< 140/90 mmHg) during the measurement period.	NCQA
0075/ 241	Ischemic Vascular Disease (IVD): Complete Lipid Profile and LDL-C Control (< 100 mg/dL): Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had each of the following during the measurement period: a complete lipid profile and LDL-C was adequately controlled (< 100 mg/dL)	NCQA
N/A/ 317	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented: Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure (BP) <u>AND</u> a recommended follow-up plan is documented based on the current blood pressure reading as indicated	CMS

Finalized in the CY 2013 PFS final rule (see Table 116 at 77 FR 69280).

TABLE 75: Cataracts Measures Group

NQF/ PQRS	Measure Title and Description	Measure Developer
0565/ 191	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery: Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and no significant ocular conditions impacting the visual outcome of surgery and had best-corrected visual acuity of 20/40 or better (distance or near) achieved within 90 days following the cataract surgery	AMA- PCPI/ NCQA
0564/ 192	Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures: Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and had any of a specified list of surgical procedures in the 30 days following cataract surgery which would indicate the occurrence of any of the following major complications: retained nuclear fragments, endophthalmitis, dislocated or wrong power IOL, retinal detachment, or wound dehiscence	AMA- PCPI/ NCQA
N/A/ 303	Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery: Percentage of patients aged 18 years and older in sample who had cataract surgery and had improvement in visual function achieved within 90 days following the cataract surgery, based on completing a pre-operative and post-operative visual function survey	AAO
N/A/ 304	Cataracts: Patient Satisfaction within 90 Days Following Cataract Surgery: Percentage of patients aged 18 years and older in sample who had cataract surgery and were satisfied with their care within 90 days following the cataract surgery, based on completion of the Consumer Assessment of Healthcare Providers and Systems Surgical Care Survey	AAO

Finalized in the CY 2013 PFS final rule (see Table 117 at 77 FR 69281).

TABLE 76: Oncology Measures Group

NQF/ PQRS	Measure Title and Description	Measure Developer
0387/ 71	Breast Cancer: Hormonal Therapy for Stage IC -IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer: Percentage of female patients aged 18 years and older with Stage IC through IIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period	AMA-PCPI/ ASCO/NCCN
0385/ 72	Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients: Percentage of patients aged 18 through 80 years with AJCC Stage III colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12-month reporting period	AMA-PCPI/ ASCO/NCCN
0041/ 110	Preventive Care and Screening: Influenza Immunization: Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization	AMA-PCPI

0419/ 130	Documentation of Current Medications in the Medical Record: Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list <u>must</u> include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND <u>must</u> contain the medications' name, dosage, frequency and route of administration.	CMS
0384/ 143	Oncology: Medical and Radiation – Pain Intensity Quantified: Percentage of patients, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified	AMA-PCPI
0383/ 144	Oncology: Medical and Radiation – Plan of Care for Pain: Percentage of visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain with a documented plan of care to address pain	AMA-PCPI
0386/ 194	Oncology: Cancer Stage Documented: Percentage of patients, regardless of age, with a diagnosis of cancer who are seen in the ambulatory setting who have a baseline American Joint Committee on Cancer (AJCC) cancer stage or documentation that the cancer is metastatic in the medical record at least once during the 12 month reporting period	AMA- PCPI/ ASCO
0028/ 226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention: Percentage of patients 18 years and older who were screened for tobacco use one or more times within 24 months <u>AND</u> who received cessation counseling intervention if identified as a tobacco user	AMA-PCPI

Finalized in the CY 2013 PFS final rule (see Table 118 at 77 FR 69281).

TABLE 77: Total Knee Replacement Measures Group

NQF/ PQRS	Measure Title	Measure Developer
N/A / N/A	Total Knee Replacement: Shared Decision-Making: Trial of Conservative (Non-surgical) Therapy: Percentage of patients regardless of age or gender undergoing a total knee replacement with documented shared decision-making with discussion of conservative (non-surgical) therapy prior to the procedure	AAHKS
N/A / N/A	Total Knee Replacement: Venous Thromboembolic and Cardiovascular Risk Evaluation: Percentage of patients regardless of age or gender undergoing a total knee replacement who are evaluated for the presence or absence of venous thromboembolic and cardiovascular risk factors within 30 days prior to the procedure including history of Deep Vein Thrombosis, Pulmonary Embolism, Myocardial Infarction, Arrhythmia and Stroke	AAHKS
N/A / N/A	Total Knee Replacement: Preoperative Antibiotic Infusion with Proximal Tourniquet: Percentage of patients regardless of age undergoing a total knee replacement who had the prophylactic antibiotic completely infused prior to the inflation of the proximal tourniquet	AAHKS
N/A / N/A	Total Knee Replacement: Identification of Implanted Prosthesis in Operative Report: Percentage of patients regardless of age or gender undergoing total knee replacement whose operative report identifies the prosthetic implant specifications including the prosthetic implant manufacturer, the brand name of the prosthetic implant and the size of prosthetic implant	AAHKS

Finalized in the CY 2013 PFS final rule (see Table 120 at 77 FR 69283).

TABLE 78: General Surgery Measures Group

NQF/ PQRS	Measure Title	Measure Developer
N/A/ N/A	Anastomotic Leak Intervention: Percentage of patients aged 18 years and older who required an anastomotic leak intervention following gastric bypass or colectomy surgery	ACS
N/A/ N/A	Unplanned Reoperation within the 30 Day Postoperative Period: Percentage of patients aged 18 years and older who had any unplanned reoperation within the 30 day postoperative period	ACS
N/A/ N/A	Unplanned Hospital Readmission within 30 Days of Principal Procedure: Percentage of patients aged 18 years and older who had an unplanned hospital readmission within 30 days of principal procedure	ACS
N/A/ N/A	Surgical Site Infection (SSI): Percentage of patients aged 18 years and older who had a surgical site infection (SSI)	ACS
N/A/ N/A	Patient-Centered Surgical Risk Assessment and Communication: Percentage of patients who underwent a non-emergency surgery who had their personalized risks of postoperative complications assessed by their surgical team prior to surgery using a clinical data-based, patient-specific risk calculator and who received personal discussion of those risks with the surgeon	ACS

TABLE 79: Optimizing Patient Exposure to Ionizing Radiation Measures Group

NQF/ PQRS	Measure Title	Measure Developer
N/A/ N/A	Optimizing Patient Exposure to Ionizing Radiation: Utilization of a Standardized Nomenclature for Computed Tomography (CT) Imaging Description: Percentage of computed tomography (CT) imaging reports for all patients, regardless of age, with the imaging study named according to a standardized nomenclature and the standardized nomenclature is used in institution's computer systems	AMA-PCPI
N/A/ N/A	Optimizing Patient Exposure to Ionizing Radiation: Count of Potential High Dose Radiation Imaging Studies: Computed Tomography (CT) and Cardiac Nuclear Medicine Studies: Percentage of computed tomography (CT) and cardiac nuclear medicine (myocardial perfusion studies) imaging reports for all patients, regardless of age, that document a count of known previous CT (any type of CT) and cardiac nuclear medicine (myocardial perfusion) studies that the patient has received in the 12-month period prior to the current study	AMA-PCPI
N/A/ N/A	Optimizing Patient Exposure to Ionizing Radiation: Reporting to a Radiation Dose Index Registry: Percentage of total computed tomography (CT) studies performed for all patients, regardless of age, that are reported to a radiation dose index registry AND that include at a minimum selected data elements	AMA-PCPI

N/A/ N/A	Optimizing Patient Exposure to Ionizing Radiation: Computed Tomography (CT) Images Available for Patient Follow-up and Comparison Purposes: Percentage of final reports for computed tomography (CT) studies performed for all patients, regardless of age, which document that Digital Imaging and Communications in Medicine (DICOM) format image data are available to non-affiliated external entities on a secure, media free, reciprocally searchable basis with patient authorization for at least a 12-month period after the study	AMA-PCPI
N/A/ N/A	Optimizing Patient Exposure to Ionizing Radiation: Search for Prior Computed Tomography (CT) Imaging Studies Through a Secure, Authorized, Media-Free, Shared Archive: Percentage of final reports of computed tomography (CT) studies performed for all patients, regardless of age, which document that a search for Digital Imaging and Communications in Medicine (DICOM) format images was conducted for prior patient CT imaging studies completed at non-affiliated external entities within the past 12-months and are available through a secure, authorized, media free, shared archive prior to an imaging study being performed	AMA-PCPI
N/A/ N/A	Optimizing Patient Exposure to Ionizing Radiation: Appropriateness: Follow-up CT Imaging for Incidentally Detected Pulmonary Nodules According to Recommended Guidelines: Percentage of final reports for CT imaging studies of the thorax for patients aged 18 years and older with documented follow-up recommendations for incidentally detected pulmonary nodules (eg, follow-up CT imaging studies needed or that no follow-up is needed) based at a minimum on nodule size AND patient risk factors	AMA-PCPI

TABLE 80: Measures in the Group Practice Reporting Option Web Interface for 2014 and Beyond

NQF/ PQRS	GPRO Disease Module	NQS Domain	Measure and Title Description ^y	Measure Steward	Other Quality Reporting Programs
0059/ 1	Diabetes Mellitus	Effective Clinical Care	Diabetes: Hemoglobin A1c Poor Control: Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period	NCQA	MU2 ACO

NQF/ PQRS	GPRO Disease Module	NQS Domain	Measure and Title Description ¹	Measure Steward	Other Quality Reporting Programs
0083/ 8	Heart Failure	Effective Clinical Care	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD): Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed beta-blocker therapy either within a 12 month period when seen in the outpatient setting OR at <u>each</u> hospital discharge	AMA- PCPI/ ACCF/ AHA	MU2 ACO
0097/ 46	Care Coordination/ Patient Safety	Patient Safety	Medication Reconciliation: Percentage of patients aged 65 years and older <u>discharged from any inpatient facility</u> (e.g. hospital, skilled nursing facility, or rehabilitation facility) and <u>seen within 30 days following discharge</u> in the office by the physician, prescribing practitioner, registered nurse, or clinical pharmacist providing on-going care who had a reconciliation of the discharge medications with the current medication list in the outpatient medical record documented	AMA- PCPI/ NCQA	ACO
0041/ 110	Preventive Care	Community/Population Health	Preventive Care and Screening: Influenza Immunization: Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization	AMA-PCPI	MU2 ACO

NQF/ PQRS	GPRO Disease Module	NQS Domain	Measure and Title Description ¹	Measure Steward	Other Quality Reporting Programs
0043/ 111	Preventive Care	Effective Clinical Care	Pneumonia Vaccination Status for Older Adults: Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine	NCQA	MU2 ACO
N/A/ 112	Preventive Care	Effective Clinical Care	Breast Cancer Screening: Percentage of women 50 through 74 years of age who had a mammogram to screen for breast cancer within 27 months	NCQA	MU2 ACO
0034/ 113	Preventive Care	Effective Clinical Care	Colorectal Cancer Screening: Percentage of patients 50 through 75 years of age who had appropriate screening for colorectal cancer	NCQA	MU2 ACO
0066/ 118	Coronary Artery Disease	Effective Clinical Care	Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy -- Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%): Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who also have diabetes OR a current or prior Left Ventricular Ejection Fraction (LVEF) < 40% who were prescribed ACE inhibitor or ARB therapy	AMA- PCPI/ACCF/AHA	ACO

NQF/ PQRS	GPRO Disease Module	NQS Domain	Measure and Title Description ¹	Measure Steward	Other Quality Reporting Programs
0421/ 128	Preventive Care	Community/Population Health	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up: Percentage of patients aged 18 years and older with a documented BMI during the current encounter or during the previous 6 months AND when the BMI is outside of normal parameters, a follow-up plan is documented during the encounter or during the previous 6 months of the encounter Normal Parameters: Age 65 years and older BMI ≥ 23 and < 30 ; Age 18-64 years BMI ≥ 18.5 and < 25	CMS	MU2 ACO
0418/ 134	Preventive Care	Community/Population Health	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan: Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen	CMS	MU2 ACO
0074/ 197	Coronary Artery Disease	Effective Clinical Care	Coronary Artery Disease (CAD): Lipid Control: Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who have a LDL-C result < 100 mg/dL OR patients who have a LDL-C result ≥ 100 mg/dL and have a documented plan of care to achieve LDL-C < 100 mg/dL, including at a minimum the prescription of a statin	AMA- PCPI/ ACCF/ AHA	ACO

NQF/ PQRS	GPRO Disease Module	NQS Domain	Measure and Title Description ¹	Measure Steward	Other Quality Reporting Programs
0068/ 204	Ischemic Vascular Disease	Effective Clinical Care	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic: Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period and who had documentation of use of aspirin or another antithrombotic during the measurement period	NCQA	MU2 ACO Million Hearts
0028/ 226	Preventive Care	Community/Population Health	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention: Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user	AMA-PCPI	MU2 ACO Million Hearts
0018/ 236	Hypertension	Effective Clinical Care	Controlling High Blood Pressure: Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (< 140/90 mmHg) during the measurement period.	NCQA	MU2 ACO Million Hearts

NQF/ PQRS	GPRO Disease Module	NQS Domain	Measure and Title Description ¹	Measure Steward	Other Quality Reporting Programs
0075/ 241	Ischemic Vascular Disease	Effective Clinical Care	Ischemic Vascular Disease (IVD): Complete Lipid Profile and (LDL-C) Control (<100 mg/dL): Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had each of the following during the measurement period: a complete lipid profile and LDL-C was adequately controlled (< 100 mg/dL)	NCQA	MU2 ACO Million Hearts
N/A/ 317	Preventive Care	Community/Population Health	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented: Percentage of patients aged 18 years and older seen during the measurement period who were screened for high blood pressure (BP) AND a recommended follow-up plan is documented based on the current blood pressure reading as indicated	CMS	MU2 ACO Million Hearts
0101/ 318	Care Coordination/ Patient Safety	Patient Safety	Falls: Screening for Fall Risk: Percentage of patients 65 years of age and older who were screened for future fall risk at least once during the measurement period	NCQA	MU2 ACO

NQF/ PQRS	GPRO Disease Module	NQS Domain	Measure and Title Description [¥]	Measure Steward	Other Quality Reporting Programs
0729/ 319	Diabetes Mellitus	Effective Clinical Care	Diabetes Composite: Optimal Diabetes Care: Patients ages 18 through 75 with a diagnosis of diabetes, who meet all the numerator targets of this composite measure: <ul style="list-style-type: none"> • A1c < 8.0% • LDL < 100 mg/dL • blood pressure < 140/90 mmHg • tobacco non-user and • (for patients with a diagnosis of ischemic vascular disease) daily aspirin use unless contraindicated 	MNCM	ACO

[¥] Titles and descriptions in this table are aligned with the 2014 Physician Quality Reporting System Claims and Registry measure titles and descriptions, and may differ from existing measures in other programs. Please reference the National Quality Forum (NQF) and Physician Quality Reporting System numbers for clarification.

TABLE 81: Methodology for setting benchmarks using flat percentages

Percentile	30 th	40 th	50 th	60 th	70 th	80 th	90 th
Performance rates using all available FFS data	85.83	86.21	86.76	87.15	87.65	88.21	89.23
Revised benchmark using flat percentages when the 60 th percentile is 80 percent or more.	30.00	40.00	50.00	60.00	70.00	80.00	90.00
Quality points earned by the ACO**	1.10	1.25	1.40	1.55	1.70	1.85	2.0

Example is for illustration purposes only and is not based on actual data

**Note: points are double the points shown here for the EHR measure.

TABLE 82: Proposed Methodology to Reduce Clustered Performance Rates

Percentile	30 th	40 th	50 th	60 th	70 th	80 th	90 th
Original performance rates using all available data	75.83	76.21	76.76	77.15	77.65	78.21	79.23
Performance rates using methodology to reduce clustering	74.15	75.15	76.15	77.15	78.15	79.15	80.15

*Example is for illustration purposes only and is not based on actual data

TABLE 83: Total Points for Each Domain within the Quality Performance Standard

Domain	Total Individual Measures (Table F1)	Total Measures for Scoring Purposes	Total Potential Points Per Domain	Domain Weight
Patient/Caregiver Experience	7	1 measure, with 6 survey module measures combined, plus 1 individual measure	4	25%
Care Coordination/Patient Safety	6	6 measures, plus the EHR measure double-weighted (4 points)	14	25%
Preventative Health	8	8 measures	16	25%
At Risk Population	12	7 measures, including 5 component diabetes composite measure and 2 component CAD composite measure	14	25%
Total	33	23	48	100%

*from Table 4 in the Shared Savings Program Final Rule (76 FR 67899)

TABLE 84: Modified Total Points for Each Domain within the Quality Performance Standard

Domain	Total Individual Measures (Table F1)	Total Measures for Scoring Purposes	Total Potential Points Per Domain	Domain Weight
Patient/Caregiver Experience	7	7 individual survey module measures	14	25%
Care Coordination/Patient Safety	6	6 measures, plus the EHR measure double-weighted (4 points)	14	25%
Preventative Health	8	8 measures	16	25%
At Risk Population	12	7 measures, including 5 component diabetes composite measure and 2 component CAD composite measure	14	25%

Total	33	28	58	100%

Table 85: 2016 Value-Based Payment Modifier Amounts

CY 2016			
Cost/Quality	Low quality	Average quality	High quality
Low cost	+0.0%	+1.0x*	+2.0x*
Average cost	-1.0%	+0.0%	+1.0x*
High cost	-2.0%	-1.0%	+0.0%

* Groups of physicians eligible for an additional +1.0x if reporting Physician Quality Reporting System quality measures and average beneficiary risk score is in the top 25 percent of all beneficiary risk scores.

**TABLE 86: Reliability of Medicare Spending per Beneficiary Measure
for all TINs with at Least One Eligible Professional (May 2011- December 2011)**

MSPB Episodes Attributed	Number of TINs	Percent of TINs	Mean risk-adjusted standardized cost per MSPB episode	Average Reliability
1-9	59,419	47%	\$20,493	0.65
10-19	12,332	10%	\$21,260	0.79
20-29	7,774	6%	\$21,225	0.83
30-39	5,839	5%	\$21,340	0.85
40-49	4,511	4%	\$21,324	0.87
50-99	12,648	10%	\$21,353	0.89
100-124	3,702	3%	\$21,403	0.91
125-149	2,761	2%	\$21,342	0.92
150-174	2,134	2%	\$21,316	0.93
175-199	1,673	1%	\$21,119	0.93
200+	14,933	12%	\$20,562	0.96

**TABLE 87: Example of Calculating Specialty-Adjusted Total Per Capita Cost:
Assumptions**

TIN	Risk- Adjusted Per Capita Cost	Number of Attributed Beneficiaries	Number of EPs in TIN by Specialty Type A or B	Specialty Share of EPs in TIN	Specialty Share of Part B Payments in TIN
TIN 1	\$12,000	1,500	A: 10; B: 30	A: 25%; B: 75%	A: 35%; B: 65%
TIN 2	\$8,000	2,000	A: 21; B: 39	A: 35%; B: 65%	A: 60%; B: 40%

TABLE 88: Example of Calculating Specialty-Adjusted Total Per Capita Cost: Calculations

COLUMN	A	B	C	D
TIN	Total Per Capita Cost	Specialty-Adjusted Expected Cost	National Average Per Capita Cost	Specialty-Adjusted Total Per Capita Cost: ((Column A / Column B) * Column C)
TIN 1	\$12,000	\$9,324	\$9,714	\$12,502
TIN 2	\$8,000	\$9,127	\$9,714	\$8,514

TABLE 89: Additions to the Physician Self-Referral List of CPT^{1/}/HCPCS Codes

CLINICAL LABORATORY SERVICES
{No additions}
PHYSICAL THERAPY, OCCUPATIONAL THERAPY, AND OUTPATIENT SPEECH-LANGUAGE PATHOLOGY SERVICES
92521 Evaluation of speech fluency
92522 Evaluate speech production
92523 Speech sound lang comprehen
92524 Behavral qualit analys voice
97610 Low frequency non-thermal US
G0460 Autologous PRP for ulcers
RADIOLOGY AND CERTAIN OTHER IMAGING SERVICES
97610 Low frequency non-thermal US
0330T Tear film img uni/bi w/i&r
0331T Heart symp image plnr
0332T Heart symp image plnr spect
0346T+ Ultrasound elastography
A9520 Tc99 Tilmanocept diag 0.5mci
A9586 Florbetapir F18
C9734 U/S trtmt, not leiomyomata
RADIATION THERAPY SERVICES AND SUPPLIES
C9734 U/S trtmt, not leiomyomata
EPO AND OTHER DIALYSIS-RELATED DRUGS
{No additions}

PREVENTIVE SCREENING TESTS, IMMUNIZATIONS AND VACCINES
90661 Flu vacc cell cult prsv free
90673 Flu vacc RIV3 no preserv
90685 Flu vac no prsv 4 val 6-35 m
90686 Flu vac no prsv 4 val 3 yrs+
90688 Flu vacc 4 val 3 yrs plus im

¹CPT codes and descriptions only are copyright 2013 AMA. All rights are reserved and applicable FARS/DFARS clauses apply.

TABLE 90: Deletions from the Physician Self-Referral List of CPT¹/HCPCS Codes

CLINICAL LABORATORY SERVICES
{No deletions}
PHYSICAL THERAPY, OCCUPATIONAL THERAPY, AND OUTPATIENT SPEECH-LANGUAGE PATHOLOGY SERVICES
0183T Wound Ultrasound
92506 Speech/hearing evaluation
RADIOLOGY AND CERTAIN OTHER IMAGING SERVICES
{No deletions}
RADIATION THERAPY SERVICES AND SUPPLIES
{No deletions}
EPO AND OTHER DIALYSIS-RELATED DRUGS
{No deletions}
PREVENTIVE SCREENING TESTS, IMMUNIZATIONS AND VACCINES
{No deletions}

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TABLE 91: Estimated Costs for Reporting PQRS Quality Measures Data for Eligible Professionals

	Hours	Cases	Number of Measures	Hourly Rate	Cost Per Respondent	Number of Respondents	Total Cost
Individual Eligible Professional (EP): Preparation	5.0	1	N/A	\$16	\$80	320,422	\$32,000,000
Individual EP: Claims	0.2	6	3	\$40	\$144	230,000	\$33,120,000
Individual EP: Registry	N/A	1	N/A	N/A	Minimal	40,422	N/A ¹
Individual EP: EHR	N/A	1	N/A	N/A	Minimal	50,000	N/A ¹
Group Practice: Self-Nomination	6.0	1	N/A	\$16	\$96	5,100	\$489,600
Group Practice: Reporting	79	1	N/A	\$40	\$3,160	340	\$1,074,400

¹ We believe that eligible professionals who choose to report quality measures data to PQRS using a registry, a qualified clinical data registry, an EHR, or an EHR data submission vendor are already submitting quality measures data for other purposes. Therefore, there is little to no burden associated with reporting the quality data to CMS under PQRS.

TABLE 92: Estimated Costs to Registries to Participate in PQRS

	Hours	Hourly Rate	Cost	Number of Respondents	Total Cost
Registry: Self-Nomination	10	\$16	\$160	50	\$8,000

TABLE 93: CY 2014 PFS Final Rule with Comment Period Estimated Impact Table: Impacts of Work, Practice Expense, and Malpractice RVUs, and the MEI Adjustment*

(A) Specialty	(B) Allowed Charges (mil)	Impact of RVU Changes		(E) Impact of Adjusting the RVUs to Match the Revised MEI Weights	(F) Combined Impact
		(C) Impact of Work and MP RVU Changes	(D) Impact of PE RVU Changes		
TOTAL	\$87,552	0%	0%	0%	0%
01-ALLERGY/IMMUNOLOGY	\$214	0%	0%	-3%	-3%
02-ANESTHESIOLOGY	\$1,871	0%	0%	1%	1%
03-CARDIAC SURGERY	\$357	0%	0%	2%	2%

(A) Specialty	(B) Allowed Charges (mil)	Impact of RVU Changes		(E) Impact of Adjusting the RVUs to Match the Revised MEI Weights	(F) Combined Impact
		(C) Impact of Work and MP RVU Changes	(D) Impact of PE RVU Changes		
04-CARDIOLOGY	\$6,461	0%	2%	-1%	1%
05-COLON AND RECTAL SURGERY	\$159	0%	0%	0%	0%
06-CRITICAL CARE	\$276	0%	0%	2%	2%
07-DERMATOLOGY	\$3,123	-1%	1%	-2%	-2%
08-EMERGENCY MEDICINE	\$2,946	0%	0%	2%	2%
09-ENDOCRINOLOGY	\$449	0%	0%	0%	0%
10-FAMILY PRACTICE	\$6,402	0%	0%	0%	0%
11-GASTROENTEROLOGY	\$1,909	-1%	-1%	0%	-2%
12-GENERAL PRACTICE	\$536	0%	0%	0%	0%
13-GENERAL SURGERY	\$2,254	0%	0%	0%	0%
14-GERIATRICS	\$235	0%	0%	1%	1%
15-HAND SURGERY	\$151	0%	0%	-1%	-1%
16-HEMATOLOGY/ONCOLOGY	\$1,896	0%	0%	-2%	-2%
17-INFECTIOUS DISEASE	\$639	0%	0%	2%	2%
18-INTERNAL MEDICINE	\$11,503	0%	0%	1%	1%
19-INTERVENTIONAL PAIN MGMT	\$644	-1%	-2%	-1%	-4%
20-INTERVENTIONAL RADIOLOGY	\$221	-1%	0%	-1%	-2%
21-MULTISPECIALTY CLINIC/OTHER PHY	\$80	0%	-1%	1%	0%
22-NEPHROLOGY	\$2,134	0%	0%	1%	1%
23-NEUROLOGY	\$1,509	0%	-1%	0%	-1%
24-NEUROSURGERY	\$718	0%	0%	0%	0%
25-NUCLEAR MEDICINE	\$51	0%	0%	0%	0%
27-OBSTETRICS/GYNECOLOGY	\$693	0%	2%	-1%	1%
28-OPHTHALMOLOGY	\$5,609	0%	0%	0%	0%
29-ORTHOPEDIC SURGERY	\$3,702	-1%	-1%	0%	-2%
30-OTOLARNGOLOGY	\$1,133	0%	-1%	-1%	-2%
31-PATHOLOGY	\$1,141	-4%	-2%	0%	-6%
32-PEDIATRICS	\$64	0%	0%	0%	0%
33-PHYSICAL MEDICINE	\$1,007	0%	-1%	0%	-1%
34-PLASTIC SURGERY	\$372	0%	0%	0%	0%

(A) Specialty	(B) Allowed Charges (mil)	Impact of RVU Changes		(E) Impact of Adjusting the RVUs to Match the Revised MEI Weights	(F) Combined Impact
		(C) Impact of Work and MP RVU Changes	(D) Impact of PE RVU Changes		
35-PSYCHIATRY	\$1,181	4%	1%	1%	6%
36-PULMONARY DISEASE	\$1,783	0%	0%	1%	1%
37-RADIATION ONCOLOGY	\$1,788	0%	3%	-2%	1%
38-RADIOLOGY	\$4,655	0%	-2%	0%	-2%
39-RHEUMATOLOGY	\$553	0%	-2%	-2%	-4%
40-THORACIC SURGERY	\$335	0%	0%	1%	1%
41-UROLOGY	\$1,864	0%	-1%	0%	-1%
42-VASCULAR SURGERY	\$931	0%	-1%	-1%	-2%
43-AUDIOLOGIST	\$57	0%	1%	-1%	0%
44-CHIROPRACTOR	\$729	5%	6%	1%	12%
45-CLINICAL PSYCHOLOGIST	\$587	6%	-1%	3%	8%
46-CLINICAL SOCIAL WORKER	\$414	6%	-2%	4%	8%
47-DIAGNOSTIC TESTING FACILITY	\$790	0%	-6%	-5%	-11%
48-INDEPENDENT LABORATORY	\$818	-2%	0%	-3%	-5%
49-NURSE ANES / ANES ASST	\$1,061	0%	0%	3%	3%
50-NURSE PRACTITIONER	\$1,954	0%	0%	1%	1%
51-OPTOMETRY	\$1,116	0%	0%	-1%	-1%
52-ORAL/MAXILLOFACIAL SURGERY	\$45	0%	1%	-2%	-1%
53-PHYSICAL/OCCUPATIONAL THERAPY	\$2,818	0%	1%	-1%	0%
54-PHYSICIAN ASSISTANT	\$1,414	0%	0%	0%	0%
55-PODIATRY	\$1,998	0%	0%	-1%	-1%
56-PORTABLE X-RAY SUPPLIER	\$113	0%	2%	-4%	-2%
57-RADIATION THERAPY CENTERS	\$63	0%	5%	-6%	-1%
98-OTHER	\$25	0%	0%	1%	1%

*Table 93 shows only the payment impact on PFS services. These impacts use a constant conversion factor and thus do not include the effects of the January 2014 conversion factor change required under current law.

TABLE 94: Impact of Final Rule with Comment Period on CY 2014 Payment for Selected Procedures*

CPT/ HCPCS ¹	MOD	Short Descriptor	Facility					Non-Facility				
			CY 2013 ²	CY 2014 ³ (pre update)	% Change (pre update)	CY 2014 ⁴ (post update)	% Change (post update)	CY 2013 ²	CY 2014 ³ (pre update)	% Change (pre update)	CY 2014 ⁴ (post update)	% Change (post update)
11721		Debride nail 6 or more	\$24.50	\$25.30	3%	\$18.59	-24%	\$44.91	\$44.89	0%	\$33.00	-27%
17000		Destruct premalg lesion	\$57.16	\$53.09	-7%	\$39.02	-32%	\$83.36	\$74.82	-10%	\$54.99	-34%
27130		Total hip arthroplasty	\$1,454.48	\$1,393.78	-4%	\$1,024.43	-30%	NA	NA	NA	NA	NA
27244		Treat thigh fracture	\$1,242.18	\$1,260.53	1%	\$926.49	-25%	NA	NA	NA	NA	NA
27447		Total knee arthroplasty	\$1,552.81	\$1,393.06	-10%	\$1,023.91	-34%	NA	NA	NA	NA	NA
33533		Cabg arterial single	\$1,906.31	\$1,958.13	3%	\$1,439.23	-25%	NA	NA	NA	NA	NA
35301		Rechannelling of artery	\$1,096.22	\$1,201.38	10%	\$883.02	-19%	NA	NA	NA	NA	NA
43239		Egd biopsy single/multiple	\$174.54	\$152.13	-13%	\$111.82	-36%	\$359.28	\$404.02	12%	\$296.96	-17%
66821		After cataract laser surgery	\$325.26	\$323.50	-1%	\$237.78	-27%	\$344.99	\$341.32	-1%	\$250.87	-27%
66984		Cataract surg w/iol 1 stage	\$667.87	\$671.59	1%	\$493.62	-26%	NA	NA	NA	NA	NA
67210		Treatment of retinal lesion	\$520.55	\$521.95	0%	\$383.64	-26%	\$538.92	\$539.41	0%	\$396.47	-26%
71010		Chest x-ray 1 view frontal	NA	NA	NA	NA	NA	\$23.82	\$23.87	0%	\$17.55	-26%
71010	26	Chest x-ray 1 view frontal	\$8.85	\$9.26	5%	\$6.81	-23%	\$8.85	\$9.26	5%	\$6.81	-23%
77056		Mammogram both breasts	NA	NA	NA	NA	NA	\$114.66	\$115.44	1%	\$84.85	-26%
77056	26	Mammogram both breasts	\$42.19	\$44.18	5%	\$32.47	-23%	\$42.19	\$44.18	5%	\$32.47	-23%
77057		Mammogram screening	NA	NA	NA	NA	NA	\$81.66	\$82.30	1%	\$60.49	-26%
77057	26	Mammogram screening	\$34.02	\$35.63	5%	\$26.19	-23%	\$34.02	\$35.63	5%	\$26.19	-23%
77427		Radiation tx management	\$178.28	\$185.62	4%	\$136.43	-23%	\$178.28	\$185.62	4%	\$136.43	-23%
88305	26	Tissue exam by pathologist	\$36.74	\$38.12	4%	\$28.02	-24%	\$36.74	\$38.12	4%	\$28.02	-24%
90935		Hemodialysis one	\$71.11	\$73.04	3%	\$53.68	-25%	NA	NA	NA	NA	NA
92012		Eye exam establish patient	\$53.08	\$54.51	3%	\$40.07	-25%	\$87.44	\$86.58	-1%	\$63.63	-27%
92014		Eye exam&tx estab pt	\$80.29	\$82.30	2%	\$60.49	-25%	\$126.23	\$125.41	-1%	\$92.18	-27%
93000		Electrocardiogram complete	NA	NA	NA	NA	NA	\$18.37	\$16.75	-9%	\$12.31	-33%
93010		Electrocardiogram report	\$8.17	\$8.55	5%	\$6.28	-23%	\$8.17	\$8.55	5%	\$6.28	-23%
93015		Cardiovascular stress test	NA	NA	NA	NA	NA	\$79.61	\$75.53	-5%	\$55.52	-30%

CPT/ HCPCS ¹	MOD	Short Descriptor	Facility					Non-Facility				
			CY 2013 ²	CY 2014 ³ (pre update)	% Change (pre update)	CY 2014 ⁴ (post update)	% Change (post update)	CY 2013 ²	CY 2014 ³ (pre update)	% Change (pre update)	CY 2014 ⁴ (post update)	% Change (post update)
93307	26	Tte w/o doppler complete	\$44.23	\$45.60	3%	\$33.52	-24%	\$44.23	\$45.60	3%	\$33.52	-24%
93458	26	L hrt artery/ventricle angio	\$315.73	\$326.00	3%	\$239.61	-24%	\$315.73	\$326.00	3%	\$239.61	-24%
98941		Chiropract manj 3-4 regions	\$30.62	\$35.27	15%	\$25.92	-15%	\$36.40	\$41.33	14%	\$30.38	-17%
99203		Office/outpatient visit new	\$75.19	\$76.96	2%	\$56.56	-25%	\$108.19	\$107.95	0%	\$79.35	-27%
99213		Office/outpatient visit est	\$49.67	\$51.30	3%	\$37.71	-24%	\$72.81	\$72.68	0%	\$53.42	-27%
99214		Office/outpatient visit est	\$76.55	\$78.74	3%	\$57.87	-24%	\$106.83	\$107.24	0%	\$78.82	-26%
99222		Initial hospital care	\$134.73	\$138.24	3%	\$101.60	-25%	NA	NA	NA	NA	NA
99223		Initial hospital care	\$198.01	\$203.44	3%	\$149.53	-24%	NA	NA	NA	NA	NA
99231		Subsequent hospital care	\$38.11	\$39.19	3%	\$28.81	-24%	NA	NA	NA	NA	NA
99232		Subsequent hospital care	\$70.09	\$71.97	3%	\$52.90	-25%	NA	NA	NA	NA	NA
99233		Subsequent hospital care	\$101.05	\$104.03	3%	\$76.47	-24%	NA	NA	NA	NA	NA
99236		Observ/hosp same date	\$212.30	\$218.40	3%	\$160.53	-24%	NA	NA	NA	NA	NA
99239		Hospital discharge day	\$104.79	\$106.88	2%	\$78.56	-25%	NA	NA	NA	NA	NA
99283		Emergency dept visit	\$59.88	\$61.64	3%	\$45.30	-24%	NA	NA	NA	NA	NA
99284		Emergency dept visit	\$114.66	\$117.93	3%	\$86.68	-24%	NA	NA	NA	NA	NA
99291		Critical care first hour	\$217.75	\$223.75	3%	\$164.45	-24%	\$272.18	\$273.62	1%	\$201.11	-26%
99292		Critical care addl 30 min	\$109.55	\$112.23	2%	\$82.49	-25%	\$120.78	\$122.92	2%	\$90.34	-25%
99348		Home visit est patient	NA	NA	NA	NA	NA	\$82.34	\$84.08	2%	\$61.80	-25%
99350		Home visit est patient	NA	NA	NA	NA	NA	\$173.52	\$177.78	2%	\$130.67	-25%
G000		Immunization admin	NA	NA	NA	NA	NA	\$25.86	\$24.94	-4%	\$18.33	-29%

¹ CPT codes and descriptions are copyright 2013 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

² Payments based on the 2013 conversion factor of 34.0230.

³ Payments based on the 2013 conversion factor of 34.0230, adjusted to 35.6446 to include the budget neutrality adjustment.

⁴ Payments based on the estimated 2014 conversion factor of 27.2006.

TABLE 95: Estimated Costs for Reporting PQRS Quality Measures Data per Eligible

	Estimated Hours	Estimated Cases	Number of Measures	Hourly Rate	Total Cost
Individual Eligible Professional (EP): Preparation	5.0	1	N/A	\$16	\$80
Individual EP: Claims	1.8	6	9	\$40	\$3,888
Individual EP: Registry	N/A	1	N/A	N/A	Minimal
Individual EP: EHR	N/A	1	N/A	N/A	Minimal
Group Practice: Self-Nomination	6.0	1	N/A	\$16	\$96
Group Practice: Reporting	79	1	N/A	\$40	\$3,160

TABLE 96: Estimated Costs per Vendor to Participate in the PQRS

	Estimated Hours	Hourly Rate	Total Cost
Registry: Self-Nomination	10	\$16	\$160

TABLE 97: Accounting Statement: Classification of Estimated Expenditures

CATEGORY	TRANSFERS
CY 2014 Annualized Monetized Transfers	Estimated decrease in expenditures of \$18.8 billion for PFS conversion factor update.
From Whom To Whom?	Federal Government to physicians, other practitioners and providers and suppliers who receive payment under Medicare.
CY 2014 Annualized Monetized Transfers	Estimated increase in payment of \$286 million.
From Whom To Whom?	Federal Government to eligible professionals who satisfactorily participate in the Physician Quality Reporting System (PQRS).
CY 2014 Annualized Monetized Transfers	Estimated decrease in expenditures of \$50 million for liability for overpayments to or on behalf of individuals including payments to providers or other persons.
From Whom To Whom?	Federal Government to physicians, other practitioners and providers and suppliers who receive payment under Medicare.

TABLE 98: Accounting Statement: Classification of Estimated Costs, Transfer, and Savings

Category	Transfer
CY 2014 Annualized Monetized Transfers of beneficiary cost coinsurance.	-\$29 million
From Whom to Whom?	Beneficiaries to Physicians and Nonphysician Practitioners
Category	Cost
CY 2014 Annualized Monetized Cost to eligible professionals of Participating in the PQRS Program	\$66.6 million

CY 2015 Value-Based Payment Modifier Amounts for the Quality-Tiering Approach

Quality/cost	Low cost	Average cost	High cost
High quality	+2.0x*	+1.0x*	+0.0%
Average quality	+1.0x*	+0.0%	-0.5%
Low quality	+0.0%	-0.5%	-1.0%

* Groups of physicians eligible for an additional +1.0x if (1) reporting Physician Quality Reporting System quality measures through the GPRO web-interface or CMS-qualified registry, and (2) average beneficiary risk score is in the top 25 percent of all beneficiary risk scores.

CY 2016 Value-Based Payment Modifier Amounts for the Quality-Tiering Approach

Quality/cost	Low cost	Average cost	High cost
High quality	+2.0x*	+1.0x*	+0.0%
Average quality	+1.0x*	+0.0%	-1.0%
Low quality	+0.0%	-1.0%	-2.0%

* Groups of physicians eligible for an additional +1.0x if reporting Physician Quality Reporting System quality measures and average beneficiary risk score is in the top 25 percent of all beneficiary risk scores.