



2016 Physician Quality Reporting System (PQRS) List of Eligible Professionals

Eligible Professionals

Under PQRS, an eligible professional (EP) is defined as one of the following types of professionals:

1. Medicare physicians

- Doctor of Medicine
- Doctor of Osteopathy
- Doctor of Podiatric Medicine
- Doctor of Optometry
- Doctor of Oral Surgery
- Doctor of Dental Medicine
- Doctor of Chiropractic

2. Practitioners

- Physician Assistant
- Nurse Practitioner*
- Clinical Nurse Specialist*
- Certified Registered Nurse Anesthetist* (and Anesthesiologist Assistant)
- Certified Nurse Midwife*
- Clinical Social Worker
- Clinical Psychologist
- Registered Dietician
- Nutrition Professional
- Audiologists

**Includes Advanced Practice Registered Nurse (APRN)*

3. Therapists

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

Eligible and Able to Participate

Under PQRS, covered professional and institutional services are those paid under or based on Medicare Physician Fee Schedule (MPFS). **Only those EPs who render denominator-eligible, Part B MPFS professional and/or institutional services are considered able to**

participate in PQRS and will be analyzed for future PQRS negative payment adjustments.

If you need assistance determining whether or not you render services under Part B MPFS via the CMS-1500 or 1450 claim form, or the electronic equivalent, contact your Medicare Administrative Contractor (MAC). For MAC contact information, see the [Review Contractor Directory](#).

PQRS EPs who are able to participate, and their office staff, should familiarize themselves with the PQRS reporting requirements and the measures that are applicable to their practice. The PQRS reporting requirements and measures are updated on an annual basis; therefore, EPs are strongly encouraged to review program materials on an annual basis. To access the measures list and related materials, visit the [PQRS Measures Codes webpage](#).

Please see the [How To Get Started webpage](#) on the CMS website for information on reportable measures, reporting mechanisms, and PQRS program requirements. Additionally, a glossary of terms and definitions is located in the 2016 PQRS Implementation Guide.

Eligible but Not Able to Participate

EPs who bill Medicare Part B services, but do not fall into the denominator for any measures are not able to report PQRS. Additionally, some EPs may not be able to participate due to their billing methodologies. Following are different scenarios in which an eligible EP is not able to participate in PQRS:

Scenario 1: Does not bill services payable under the MPFS

An EP renders services under an organization that is registered as a federally qualified health center (FQHC) and **only** bills professional services that are payable under the FQHC methodology. Since the EP's professional services are not covered by the MPFS, then (s)he is not able to participate in PQRS.

Note: If an eligible PQRS EP renders services under the MPFS in addition to services under other billing schedules or methodologies, then (s)he must meet the PQRS reporting requirements for those services that fall under the MPFS in order to avoid future payment adjustments regardless of the organization's participation in other fee schedules or methodologies.

Scenario 2: Does not submit individual rendering National Provider Identifier (NPI)

An EP who **does not** bill Medicare at an individual NPI level, where the rendering provider's individual NPI is entered on the professional or institutional form associated with specific line-item services, is not *able* to participate in PQRS. Independent Diagnostic Testing Facilities (IDTF) and Independent Laboratories (IL) are examples of organizations that fall into this category and would not be subject to the PQRS payment adjustment.

Note: Any MPFS services an EP bills, using their NPI, under a non-IDTF or IL will be subject to PQRS participation rules.