

**2012 PHYSICIAN QUALITY REPORTING SYSTEM (PHYSICIAN
QUALITY REPORTING) MEASURE-APPLICABILITY
VALIDATION (MAV) PROCESS FOR
CLAIMS-BASED REPORTING OF INDIVIDUAL MEASURES**

The 2012 Physician Quality Reporting System (Physician Quality Reporting) will include validation processes. Under the claims-based reporting method of individual measure(s), the determination of satisfactory reporting will itself serve as a general validation because the analysis will assess whether quality-data codes (QDCs) are appropriately submitted in a sufficient proportion of the instances when a reporting opportunity exists. In addition, for those eligible professionals who satisfactorily submit QDCs for fewer than three Physician Quality Reporting measures, a measure-applicability validation process will determine whether they should have submitted QDCs for additional measures.

CMS will apply a two-step process to operationalize measure-applicability validation: (1) a “clinical relation” test, and (2) a “minimum threshold” test. Those who fail the validation process will not earn the Physician Quality Reporting incentive payment for 2012.

CMS may determine that it is necessary to modify the measure-applicability validation process after the start of the 2012 reporting period. However, any changes will result in the process being applied more leniently, thereby (1) allowing a greater number of eligible professionals to pass validation and (2) causing no eligible professional who would otherwise have passed to fail.

Prerequisites for Measure-Applicability Validation

Eligible professionals who submit QDCs for only one or only two Physician Quality Reporting measures for at least 50 percent of their patients or encounters eligible for each measure and who do not submit any QDCs for any other measure will be subject to the measure-applicability validation process. Selection of eligible professionals for measure-applicability validation may be accomplished through a sampling mechanism.

Step 1: Clinical Relation Test

The clinical relation test is the first step in the two-step measure-applicability validation that will be applied to those who are subject to the validation process. This test is based on: (1) an extension of the statutory presumption that if an eligible professional submits data for a measure, then that measure applies to her/his practice and (2) the concept that if one measure in a cluster of measures related to a particular clinical topic or eligible professional service is applicable to an eligible professional’s practice, then other closely-related measures (measures in that same cluster) may also be applicable.

The following is an example of how the clinical relation test will be applied: An eligible professional who is subject to measure-applicability validation submitted QDCs for one of the Physician Quality Reporting measures related to pneumonia. The eligible professional’s claims will then be analyzed using the minimum threshold test described below in Step 2 to determine whether another pneumonia measure (or two more pneumonia measures) could also have been submitted.

The list of clusters of related measures and the Physician Quality Reporting measures that are included within each cluster are presented below. CMS may determine this list should be modified to apply the measure-applicability validation process more leniently. Any such modifications will be published on the CMS Physician Quality Reporting website as soon as possible after a determination has been made.

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**Clusters of Clinically Related Measures Used in Step 1 of the 2012 Physician Quality Reporting
Measure-Applicability Validation for Claims-Based Reporting of Individual Measures**

| Cluster Number | Cluster Title | Measure Number | Measure Title |
|-----------------------|-----------------------|-----------------------|---|
| 1 | Preventive | 39 | Screening or Therapy for Osteoporosis for Women Aged 65 Years and Older |
| | | 48 | Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older |
| | | 110 | Preventive Care and Screening: Influenza Immunization |
| | | 111 | Preventive Care and Screening: Pneumonia Vaccination for Patients 65 Years and Older |
| | | 112 | Preventive Care and Screening: Screening Mammography |
| | | 113 | Preventive Care and Screening: Colorectal Cancer Screening |
| 2 | Chronic Diabetic Care | 1 | Diabetes Mellitus: Hemoglobin A1c Poor Control in Diabetes Mellitus |
| | | 2 | Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control in Diabetes Mellitus |
| | | 3 | Diabetes Mellitus: High Blood Pressure Control in Diabetes Mellitus |
| | | 163 | Diabetes Mellitus: Foot Exam |
| 3 | COPD Care | 51 | Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation |
| | | 52 | Chronic Obstructive Pulmonary Disease (COPD): Bronchodilator Therapy |
| 4 | Asthma Care | 53 | Asthma: Pharmacologic Therapy for Persistent Asthma |
| | | 64 | Asthma: Assessment of Asthma Control |
| | | 231 | Asthma: Tobacco Use: Screening - Ambulatory Care Setting |
| | | 232 | Asthma: Tobacco Use: Intervention - Ambulatory Care Setting |
| 5 | Pneumonia Care | 56 | Emergency Medicine: Community-Acquired Pneumonia (CAP): Vital Signs |
| | | 57 | Emergency Medicine: Community-Acquired Pneumonia (CAP): Assessment of Oxygen Saturation |
| | | 58 | Emergency Medicine: Community-Acquired Pneumonia (CAP): Assessment of Mental Status |
| | | 59 | Emergency Medicine: Community-Acquired Pneumonia (CAP): Empiric Antibiotic |
| 6 | Cancer Care 1 | 67 | Hematology: Myelodysplastic Syndrome (MDS) and Acute Leukemias: Baseline Cytogenetic Testing Performed on Bone Marrow |
| | | 68 | Hematology: Myelodysplastic Syndrome (MDS): Documentation of Iron Stores in Patients Receiving Erythropoietin Therapy |

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| Cluster Number | Cluster Title | Measure Number | Measure Title |
|-----------------------|-----------------------------------|-----------------------|---|
| | | 69 | Hematology: Multiple Myeloma: Treatment with Bisphosphonates |
| | | 70 | Hematology: Chronic Lymphocytic Leukemia (CLL): Baseline Flow Cytometry |
| 7 | Cancer Care 2 | 72 | Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients |
| | | 194 | Oncology: Cancer Stage Documented |
| 8 | Cancer Care 3: Radiation Oncology | 104 | Prostate Cancer: Adjuvant Hormonal Therapy for High-Risk Prostate Cancer Patients |
| | | 105 | Prostate Cancer: Three-Dimensional (3D) Radiotherapy |
| 9 | Breast Cancer Care | 71 | Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast cancer |
| | | 262 | Image Confirmation of Successful Excision of Image-Localized Breast Lesion |
| | | 263 | Preoperative Diagnosis of Breast Cancer |
| 10 | Urinary Incontinence Care | 49 | Urinary Incontinence: Characterization of Urinary Incontinence in Women Aged 65 Years and Older |
| | | 50 | Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older |
| 11 | Fracture Follow-Up Care | 24 | Osteoporosis: Communication with the Physician Managing On-Going Care Post-Fracture of Hip, Spine, or Distal Radius for Men and Women Aged 50 Years and Older |
| | | 40 | Osteoporosis: Management Following Fracture of Hip, Spine, or Distal Radius for Men and Women Aged 50 Years and Older |
| 12 | Ear, Nose, Throat Care | 91 | Acute Otitis Externa (AOE): Topical Therapy |
| | | 92 | Acute Otitis Externa (AOE): Pain Assessment |
| | | 93 | Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use |
| 13 | Pediatric ENT | 65 | Treatment for Children with Upper Respiratory Infection (URI): Avoidance of Inappropriate Use |
| | | 66 | Appropriate Testing for Children with Pharyngitis |
| 14 | Emergency Care | 28 | Aspirin at Arrival for Acute Myocardial Infarction (AMI) |
| | | 54 | Emergency Medicine: 12-Lead Electrocardiogram (ECG) Performed for Non-Traumatic Chest Pain |
| | | 55 | Emergency Medicine: 12-Lead Electrocardiogram (ECG) Performed for Syncope |

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| Cluster Number | Cluster Title | Measure Number | Measure Title |
|-----------------------|----------------------|-----------------------|---|
| | | 252 | Anticoagulation for Acute Pulmonary Embolus Patients |
| | | 253 | Pregnancy Test for Female Abdominal Pain Patients |
| | | 254 | Ultrasound Determination of Pregnancy Location for Pregnant Patients with Abdominal Pain |
| | | 255 | Rh Immunoglobulin (Rhogam) for Rh-Negative Pregnant Women at Risk of Fetal Blood Exposure |
| 15 | Pathology | 99 | Breast Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade |
| | | 100 | Colorectal Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade |
| | | 249 | Barrett's Esophagus |
| | | 250 | Radical Prostatectomy Pathology Reporting |
| | | 251 | Immunohistochemical (IHC) Evaluation of Human Epidermal Growth Factor Receptor 2 Testing (HER2) for Breast Cancer Patients |
| 16 | Diagnostic Imaging | 10 | Stroke and Stroke Rehabilitation: Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) Reports |
| | | 145 | Radiology: Exposure Time Reported for Procedures Using Fluoroscopy |
| | | 146 | Radiology: Inappropriate Use of "Probably Benign" Assessment Category in Mammography Screening |
| | | 147 | Nuclear Medicine: Correlation with Existing Imaging Studies for All Patients Undergoing Bone Scintigraphy |
| | | 225 | Radiology: Reminder System for Mammograms |
| 17 | Depression | 9 | Major Depressive Disorder (MDD): Antidepressant Medication During Acute Phase for Patients with MDD |
| | | 106 | Major Depressive Disorder (MDD): Diagnostic Evaluation |
| | | 107 | Major Depressive Disorder (MDD): Suicide Risk Assessment |
| 18 | Eye Care 1 | 12 | Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation |
| | | 141 | Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care |
| 19 | Eye Care 2 | 18 | Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy |
| | | 19 | Diabetic Retinopathy: Communication with the Physician Managing On-Going Diabetes Care |
| 20 | Eye Care 3 | 14 | Age-Related Macular Degeneration (AMD): Dilated Macular Examination |

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| Cluster Number | Cluster Title | Measure Number | Measure Title |
|-----------------------|-----------------------|-----------------------|---|
| | | 140 | Age-Related Macular Degeneration (AMD): Counseling on Antioxidant Supplement |
| 21 | Hepatitis Care | 84 | Hepatitis C: Ribonucleic Acid (RNA) Testing Before Initiating Treatment |
| | | 85 | Hepatitis C: HCV Genotype Testing Prior to Treatment |
| | | 86 | Hepatitis C: Antiviral Treatment Prescribed |
| | | 87 | Hepatitis C: HCV Ribonucleic Acid (RNA) Testing at Week 12 of Treatment |
| | | 89 | Hepatitis C: Counseling Regarding Risk of Alcohol Consumption |
| | | 90 | Hepatitis C: Counseling Regarding Use of Contraception Prior to Antiviral Treatment |
| | | 183 | Hepatitis C: Hepatitis A Vaccination in Patients with HCV |
| | | 184 | Hepatitis C: Hepatitis B Vaccination in Patients with HCV |
| 22 | Renal Disease Care | 121 | Adult Kidney Disease: Laboratory Testing Lipid Profile |
| | | 122 | Adult Kidney Disease: Blood Pressure Management |
| | | 123 | Adult Kidney Disease: Patients on Erythropoiesis-Stimulating Agents (ESA) Hemoglobin Level >12.0 g/dL |
| 23 | Stroke Management | 31 | Stroke and Stroke Rehabilitation: Deep Vein Thrombosis (DVT) Prophylaxis for Ischemic Stroke or Intracranial Hemorrhage |
| | | 35 | Stroke and Stroke Rehabilitation: Screening for Dysphagia |
| 24 | Stroke Discharge | 32 | Stroke and Stroke Rehabilitation: Discharged on Antithrombotic Therapy |
| | | 36 | Stroke and Stroke Rehabilitation: Rehabilitation Services Ordered |
| 25 | Surgical Care | 20 | Perioperative Care: Timing of Antibiotic Prophylaxis – Ordering Physician |
| | | 21 | Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin |
| | | 22 | Perioperative Care: Discontinuation of Prophylactic Antibiotics (Non-Cardiac Procedures) |
| | | 23 | Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients) |
| 26 | Cardiac Surgical Care | 43 | Coronary Artery Bypass Graft (CABG): Use of Internal Mammary Artery (IMA) in Patients with Isolated CABG Surgery |
| | | 44 | Coronary Artery Bypass Graft (CABG): Preoperative Beta-Blocker in Patients with Isolated CABG Surgery |
| | | 45 | Perioperative Care: Discontinuation of Prophylactic Antibiotics (Cardiac Procedures) |

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| Cluster Number | Cluster Title | Measure Number | Measure Title |
|-----------------------|---------------------------|-----------------------|--|
| 27 | Diabetic Foot Care | 126 | Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy – Neurological Evaluation |
| | | 127 | Diabetes Mellitus: Diabetic Foot and Ankle Care, Ulcer Prevention – Evaluation of Footwear |
| 28 | Osteoarthritis Care | 109 | Osteoarthritis (OA): Function and Pain Assessment |
| | | 142 | Osteoarthritis (OA): Assessment for Use of Anti-Inflammatory or Analgesic Over-the-Counter (OTC) Medications |
| 29 | Rheumatoid Arthritis Care | 108 | Rheumatoid Arthritis (RA): Disease Modifying Anti-Rheumatic Drug (DMARD) Therapy |
| | | 176 | Rheumatoid Arthritis (RA): Tuberculosis Screening |
| | | 177 | Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity |
| | | 178 | Rheumatoid Arthritis (RA): Functional Status Assessment |
| | | 179 | Rheumatoid Arthritis (RA): Assessment and Classification of Disease Prognosis |
| | | 180 | Rheumatoid Arthritis (RA): Glucocorticoid Management |
| 30 | Falls | 154 | Falls: Risk Assessment |
| | | 155 | Falls: Plan of Care |
| 31 | Anesthesia Care 1 | 30 | Perioperative Care: Timely Administration of Prophylactic Parenteral Antibiotics |
| | | 76 | Prevention of Catheter-Related Bloodstream Infections (CRBSI): Central Venous Catheter (CVC) Insertion Protocol |
| | | | <i>When reporting #76 alone, it is not subject to MAV</i> |
| 32 | Anesthesia Care 2 | 76 | Prevention of Catheter-Related Bloodstream Infections (CRBSI): Central Venous Catheter (CVC) Insertion Protocol |
| | | 193 | Perioperative Temperature Management |
| | | | <i>When reporting #76 alone, it is not subject to MAV</i> |
| 33 | Ear Care | 188 | Referral for Otologic Evaluation for Patients with Congenital or Traumatic Deformity of the Ear |
| | | 189 | Referral for Otologic Evaluation for Patients with a History of Active Drainage from the Ear Within the Previous 90 Days |
| | | 190 | Referral for Otologic Evaluation for Patients with a History of Sudden or Rapidly Progressive Hearing Loss |
| | | 261 | Referral for Otologic Evaluation for Patients with Acute or Chronic Dizziness |

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| Cluster Number | Cluster Title | Measure Number | Measure Title |
|-----------------------|---------------------------|-----------------------|---|
| 34 | Ischemic Vascular Disease | 201 | Ischemic Vascular Disease (IVD): Blood Pressure Management Control |
| | | 241 | Ischemic Vascular Disease (IVD): Complete Lipid Profile and Low Density Lipoprotein (LDL-C) Control |
| | | 204 | Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic |
| 35 | Chronic Wound Care | 245 | Chronic Wound Care: Use of Wound Surface Culture Technique in Patients with Chronic Skin Ulcers |
| | | 246 | Chronic Wound Care: Use of Wet to Dry Dressings in Patients with Chronic Skin Ulcers |
| | | 186 | Wound Care: Use of Compression System in Patients with Venous Ulcers |
| 36 | Epilepsy Care | 266 | Epilepsy: Seizure Types(s) and Current Seizure Frequency(ies) |
| | | 267 | Epilepsy: Documentation of Etiology of Epilepsy or Epilepsy Syndrome |
| | | 268 | Epilepsy: Counseling for Women of Childbearing Potential with Epilepsy |
| 37 | Substance Use Disorders | 247 | Substance Use Disorders: Counseling Regarding Psychosocial and Pharmacologic Treatment Options for Alcohol Dependence |
| | | 248 | Substance Use Disorders: Screening for Depression Among Patients with Substance Abuse or Dependence. |

Measures Not Included Within a Cluster in 2012 Physician Quality Reporting

For 2012 measure-applicability validation, CMS will not include measures that are deemed to be generally or broadly applicable to all or many Medicare patients and, therefore, potentially unreasonable to attribute to individual eligible professionals using claims-based data. Other measures are not included in a cluster of closely clinically related measures for other clinical or technical reasons, such as: (1) the measure may not fit any cluster; or (2) the measure may fit reasonably with more than one cluster.

Measures excluded from 2012 measure-applicability validation for claims-based participation may or may not be included in groupings of measures used in validation protocols for other mechanisms of data submission, such as those based on extracts from medical registries or electronic health records, or for other purposes or programs.

Based on such developments as refinements to a particular measure's specifications or enhancements of the Physician Quality Reporting list of available claims-based measures, any measure excluded from measure-applicability validation for 2012 may also, in subsequent program years, be included in a measure-applicability validation for claims-based participation in Physician Quality Reporting.

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At a minimum, the following claim-based measures will be excluded from measure-applicability validation for 2012:

| | |
|-------------|---|
| Measure 6 | Coronary Artery Disease (CAD): Antiplatelet Therapy |
| Measure 41 | Osteoporosis: Pharmacologic Therapy for Men and Women Aged 50 Years and Older |
| Measure 46 | Medication Reconciliation: Reconciliation After Discharge from an Inpatient Facility |
| Measure 47 | Advance Care Plan |
| Measure 102 | Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low-Risk Prostate Cancer Patients |
| Measure 116 | Antibiotic Treatment for Adults with Acute Bronchitis: Avoidance of Inappropriate Use |
| Measure 117 | Diabetes Mellitus: Dilated Eye Exam in Diabetic Patient |
| Measure 119 | Diabetes Mellitus: Urine Screening for Microalbumin or Medical Attention for Nephropathy in Diabetic Patients |
| Measure 124 | Health Information Technology (HIT): Adoption/Use of Electronic Health Records (EHR) |
| Measure 128 | Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up |
| Measure 130 | Documentation of Current Medications in the Medical Record |
| Measure 131 | Pain Assessment and Follow-Up |
| Measure 134 | Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan |
| Measure 156 | Oncology: Radiation Dose Limits to Normal Tissues |
| Measure 157 | Thoracic Surgery: Recording of Clinical Stage Prior to Lung Cancer or Esophageal Cancer Resection |
| Measure 158 | Carotid Endarterectomy: Use of Patch During Conventional Carotid Endarterectomy |
| Measure 172 | Hemodialysis Vascular Access Decision-Making by Surgeon to Maximize Placement of Autogenous Arterial Venous (AV) Fistula |
| Measure 173 | Preventive Care and Screening: Unhealthy Alcohol Use – Screening |
| Measure 181 | Elder Maltreatment Screen and Follow-Up Plan |
| Measure 182 | Functional Outcome Assessment |
| Measure 185 | Endoscopy & Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use |
| Measure 195 | Radiology: Stenosis Measurement in Carotid Imaging Studies |
| Measure 226 | Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention |
| Measure 235 | Hypertension (HTN): Plan of Care |

Prior to performing the analysis to determine satisfactory reporting, CMS may determine that additional Physician Quality Reporting measures should be excluded from measure-applicability validation. Any additions to this list will be published on the CMS Physician Quality Reporting website as soon as possible after a determination has been made.

Step 2: Minimum Threshold Test

This second step will be applied to those who are subject to measure-applicability validation and who have potential additional measures that could have been submitted identified during the clinical relation test.

The minimum threshold test is based on the concept that during the 2012 reporting period January 1, 2012 through December 31, 2012, if an eligible professional treated more than a certain number of Medicare patients with a condition to which a certain measure applied (that is, the eligible professional treated more than a “threshold” number of patients or encounters), then that eligible professional should be accountable for submitting the QDC(s) for that measure. The common minimum threshold, based on statistical and clinical frequency considerations, will not be less than 15 patients (or encounters) for the 12-month reporting period for each 2012 Physician Quality Reporting measure.

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The following are examples of how the minimum threshold test will be applied: An emergency department physician treated 20 Medicare patients with pneumonia during the 12-month reporting period for 2012. If that emergency department physician is subject to validation and was found to have submitted a QDC for at least one of the pneumonia measures under the clinical relation test, then the physician would be deemed responsible for submitting QDCs for at least one other Physician Quality Reporting pneumonia measure and will not earn the 2012 incentive payment. Alternatively, if an internist was subject to validation and was found to have submitted a QDC for at least one of the pneumonia measures under the clinical relation test, but treated only two Medicare patients with pneumonia during the same period, then the internist would not be responsible for submitting the additional pneumonia measures and would not be precluded from receiving an incentive payment.

During the reporting period, CMS will determine a minimum threshold for each individual Physician Quality Reporting measure based on analysis of Part B claims data. However, no threshold will fall below the common threshold of 15 patients (or encounters) described above.

Other Program Integrity Considerations

QDCs submitted on claims must be supported in medical record documentation. Other laws and regulations relating to Medicare program integrity may also apply to Physician Quality Reporting.

Measures Reported via Registry or Measures Group Only - Not Applicable to MAV

The following list of measures will be reported through qualified registries or by measure group reporting only, therefore, are not subject to measure-applicability validation.

| | |
|-------------|---|
| Measure 5 | Heart Failure: Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD) |
| Measure 7 | Coronary Artery Disease (CAD): Beta-Blocker Therapy - Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF < 40%) |
| Measure 8 | Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD) |
| Measure 33 | Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation (AF) at Discharge |
| Measure 81 | Adult Kidney Disease: Hemodialysis Adequacy: Solute |
| Measure 82 | Adult Kidney Disease: Peritoneal Dialysis Adequacy: Solute |
| Measure 83 | Hepatitis C: Testing for Chronic Hepatitis C – Confirmation of Hepatitis C Viremia |
| Measure 118 | Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Patients with CAD and Diabetes and/or Left Ventricular Systolic Dysfunction (LVSD) |
| Measure 137 | Melanoma: Continuity of Care-Recall System |
| Measure 138 | Melanoma: Coordination of Care |
| Measure 143 | Oncology: Medical and Radiation – Pain Intensity Quantified |
| Measure 144 | Oncology: Medical and Radiation – Plan of Care for Pain |
| Measure 148 | Back Pain: Initial Visit |
| Measure 149 | Back Pain: Physical Exam |
| Measure 150 | Back Pain: Advice for Normal Activities |
| Measure 151 | Back Pain: Advice Against Bed Rest |
| Measure 159 | HIV/AIDS: CD4+ Cell Count or CD4+ Percentage |
| Measure 160 | HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis |
| Measure 161 | HIV/AIDS: Adolescent and Adult Patients with HIV/AIDS Who Are Prescribed Potent Antiretroviral Therapy |
| Measure 162 | HIV/AIDS: HIV RNA Control After Six Months of Potent Antiretroviral Therapy |
| Measure 164 | Coronary Artery Bypass Graft (CABG): Prolonged Intubation |
| Measure 165 | Coronary Artery Bypass Graft (CABG): Deep Sternal Wound Infection Rate |
| Measure 166 | Coronary Artery Bypass Graft (CABG): Stroke |

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|-------------|---|
| Measure 167 | Coronary Artery Bypass Graft (CABG): Postoperative Renal Failure |
| Measure 168 | Coronary Artery Bypass Graft (CABG): Surgical Re-Exploration |
| Measure 169 | Coronary Artery Bypass Graft (CABG): Antiplatelet Medications at Discharge |
| Measure 170 | Coronary Artery Bypass Graft (CABG): Beta-Blockers Administered at Discharge |
| Measure 171 | Coronary Artery Bypass Graft (CABG): Anti-Lipid Treatment at Discharge |
| Measure 187 | Stroke and Stroke Rehabilitation: Thrombolytic Therapy |
| Measure 191 | Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery |
| Measure 192 | Cataracts: Complication within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures |
| Measure 196 | Coronary Artery Disease (CAD): Symptom and Activity Assessment |
| Measure 197 | Coronary Artery Disease (CAD): Lipid Control |
| Measure 198 | Heart Failure: Left Ventricular Ejection Fraction (LVEF) Assessment |
| Measure 205 | HIV/AIDS: Sexually Transmitted Disease Screening for Chlamydia and Gonorrhea |
| Measure 206 | HIV/AIDS: Screening for High Risk Sexual Behaviors |
| Measure 207 | HIV/AIDS: Screening for Injection Drug Use |
| Measure 208 | HIV/AIDS: Sexually Transmitted Disease Screening for Syphilis |
| Measure 209 | Functional Communication Measure - Spoken Language Comprehension |
| Measure 210 | Functional Communication Measure – Attention |
| Measure 211 | Functional Communication Measure – Memory |
| Measure 212 | Functional Communication Measure - Motor Speech |
| Measure 213 | Functional Communication Measure – Reading |
| Measure 214 | Functional Communication Measure – Spoken Language Expression |
| Measure 215 | Functional Communication Measure – Writing |
| Measure 216 | Functional Communication Measure – Swallowing |
| Measure 217 | Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Knee Impairments |
| Measure 218 | Functional Deficit: Change in Risk- Adjusted Functional Status for Patients with Hip Impairments |
| Measure 219 | Functional Deficit: Change in Risk- Adjusted Functional Status for Patients with Lower Leg, Foot or Ankle Impairments |
| Measure 220 | Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Lumbar Spine Impairments |
| Measure 221 | Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Shoulder Impairments |
| Measure 222 | Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Elbow, Wrist or Hand Impairments |
| Measure 223 | Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Neck, Cranium, Mandible, Thoracic Spine, Ribs, or Other General Orthopedic Impairments |
| Measure 224 | Melanoma: Overutilization of Imaging Studies in Melanoma |
| Measure 228 | Heart Failure (HF): Left Ventricular Function (LVF) Testing |
| Measure 233 | Thoracic Surgery: Recording of Performance Status Prior to Lung or Esophageal Cancer Resection |
| Measure 234 | Thoracic Surgery: Pulmonary Function Tests Before Major Anatomic Lung Resection (Pneumectomy, Lobectomy, or Formal Segmentectomy) |
| Measure 236 | Hypertension (HTN) Controlling High Blood Pressure |
| Measure 242 | Coronary Artery Disease (CAD): Symptom Management |
| Measure 243 | Cardiac Rehabilitation Patient Referral from an Outpatient Setting |
| Measure 244 | Hypertension: Blood Pressure Management |
| Measure 256 | Surveillance after Endovascular Abdominal Aortic Aneurysm Repair (EVAR) |
| Measure 257 | Statin Therapy at Discharge after Lower Extremity Bypass (LEB) |
| Measure 258 | Rate of Open Elective Repair of Small or Moderate Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home by Post-Operative Day #7) |
| Measure 259 | Rate of Elective Endovascular Aortic Repair (EVAR) of Small or Moderate Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home Post-Operative Day #2) |
| Measure 260 | Rate of Carotid Endarterectomy (CEA) for Asymptomatic Patients, without Major Complications (Discharged to Home Post-Operative #2) |
| Measure 264 | Sentinel Lymph Node Biopsy for Invasive Breast Cancer |
| Measure 265 | Biopsy Follow-Up |
| Measure 269 | Inflammatory Bowel Disease (IBD): Type, Anatomic Location and Activity All Documented |
| Measure 270 | Inflammatory Bowel Disease (IBD): Preventive Care: Corticosteroid Sparring Therapy |

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| Measure 271 | Inflammatory Bowel Disease (IBD): Preventive Care: Corticosteroid Related Iatrogenic Injury – Bone Loss Assessment |
| Measure 272 | Inflammatory Bowel Disease (IBD): Preventive Care: Influenza Immunization |
| Measure 273 | Inflammatory Bowel Disease (IBD): Preventive Care: Pneumococcal Immunization |
| Measure 274 | Inflammatory Bowel Disease (IBD): Testing for Latent TB Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy |
| Measure 275 | Inflammatory Bowel Disease (IBD): Assessment of Hepatitis B Virus (HBV) Status Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy |
| Measure 276 | Sleep Apnea: Assessment of Sleep Symptoms |
| Measure 277 | Sleep Apnea: Severity Assessment at Initial Diagnosis |
| Measure 278 | Sleep Apnea: Positive Airway Pressure Therapy Prescribed |
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