



# 2013 Physician Quality Reporting System (PQRS)





## Measures List

11/16/2012

## 2013 PQRS Measures List

The Physician Quality Reporting System (PQRS) measures were developed by various organizations for 2013. The following is a list of each measure's NQF number, PQRS number, developer, and available reporting method. Contact information for specific measure developers is available on the last page of the 2013 PQRS Measures List. Questions regarding the construct of a measure or its intent should be referred to the measure developer/contact as outlined in Appendix II (on page 44). Please note that gaps in the PQRS measure numbering reflects measures retired from prior PQRS program years. Please reference the List of Retired PQRS Measure Specifications for specific information regarding measures' year of retirement from PQRS. This table is contained within the 2013 PQRS Measure Specifications Manual for Claims and Registry Reporting of Individual Measures at the following link: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html>.

This measure list is intended as a summary list to assist eligible professionals initially reviewing the measures and should not be used as a replacement for the measure specifications, which contain detailed reporting and coding instructions. A list of PQRS Measure Specifications by reporting method may be found in Appendix I (on page 43).

NQF #	PQRS #	National Quality Strategy Domain	Measure Description <sup>a</sup>	Measure Developer	Reporting Options
0059	1 GPRO DM-2	Clinical Process/ Effectiveness	<b>Diabetes Mellitus: Hemoglobin A1c Poor Control:</b> Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent hemoglobin A1c greater than 9.0%	 NCQA	Claims, Registry <sup>b</sup> , EHR, GPRO/ACO <sup>c</sup> , DM Measures Group (C/R)
0064	2	Clinical Process/ Effectiveness	<b>Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control:</b> Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent LDL-C level in control (less than 100 mg/dL)	 NCQA	Claims, Registry, EHR, DM Measures Group (C/R), Cardiovascular Prevention Measures Group (C/R)
0061	3	Clinical Process/ Effectiveness	<b>Diabetes Mellitus: High Blood Pressure Control:</b> Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent blood pressure in control (less than 140/90 mmHg)	 NCQA	Claims, Registry, EHR, DM Measures Group (C/R)
0081	5	Clinical Process/ Effectiveness	<b>Heart Failure: Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD):</b> 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	Registry, EHR, HF Measures Group (R)

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0067	6	Clinical Process/ Effectiveness	<b>Coronary Artery Disease (CAD): Antiplatelet Therapy:</b> 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	Claims, Registry, EHR, CAD Measures Group (R)
0070	7	Clinical Process/ Effectiveness	<b>Coronary Artery Disease (CAD): Beta-Blocker Therapy - Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF &lt; 40%):</b> Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who also have prior MI OR a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed beta-blocker therapy	▶ AMA-PCPI/ACCF/AHA	Registry, EHR
0083	8 GPRO HF-6	Clinical Process/ Effectiveness	<b>Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD):</b> 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 <b>each</b> hospital discharge	▶ AMA-PCPI/ACCF/AHA	Registry, EHR, GPRO/ACO, HF Measures Group (R)
0105	9	Clinical Process/ Effectiveness	<b>Major Depressive Disorder (MDD): Antidepressant Medication During Acute Phase for Patients with MDD:</b> Percentage of patients aged 18 years and older diagnosed with new episode of MDD and documented as treated with antidepressant medication during the entire 84-day (12-week) acute treatment phase	◆ NCQA	Claims, Registry, EHR
0086	12	Clinical Process/ Effectiveness	<b>Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation:</b> Percentage of patients aged 18 years and older with a diagnosis of primary open-angle glaucoma who have an optic nerve head evaluation during one or more office visits within 12 months	* AMA-PCPI/NCQA	Claims, Registry, EHR
0087	14	Clinical Process/ Effectiveness	<b>Age-Related Macular Degeneration (AMD): Dilated Macular Examination:</b> Percentage of patients aged 50 years and older with a diagnosis of 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	* AMA-PCPI/NCQA	Claims, Registry








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0088	18	Clinical Process/ Effectiveness	<b>Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy:</b> 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	* AMA-PCPI/NCQA	Claims, Registry, EHR
0089	19	Clinical Process/ Effectiveness	<b>Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care:</b> Percentage of patients aged 18 years 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	* AMA-PCPI/NCQA	Claims, Registry, EHR
0270	20	Patient Safety	<b>Perioperative Care: Timing of Prophylactic Parenteral Antibiotic – Ordering Physician:</b> 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	Claims, Registry, Periop Measures Group (C/R)
0268	21	Patient Safety	<b>Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin:</b> 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 cefazolin OR cefuroxime for antimicrobial prophylaxis	* AMA-PCPI/NCQA	Claims, Registry, Periop Measures Group (C/R)
0271	22	Patient Safety	<b>Perioperative Care: Discontinuation of Prophylactic Parenteral Antibiotics (Non-Cardiac Procedures):</b> 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	Claims, Registry, Periop Measures Group (C/R)






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0239	23	Patient Safety	<b>Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients):</b> 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	Claims, Registry, Periop Measures Group (C/R)
0045	24	Care Coordination	<b>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:</b> 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	* AMA-PCPI/NCQA	Claims, Registry
0092	28	Clinical Process/ Effectiveness	<b>Aspirin at Arrival for Acute Myocardial Infarction (AMI):</b> Percentage of patients, regardless of age, with an emergency department discharge diagnosis of AMI who had documentation of receiving aspirin within 24 hours before emergency department arrival or during emergency department stay	* AMA-PCPI/NCQA	Claims, Registry
0269	30	Patient Safety	<b>Perioperative Care: Timely Administration of Prophylactic Parenteral Antibiotics:</b> 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 the 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)	* AMA-PCPI/NCQA	Claims, Registry
0240	31	Clinical Process/ Effectiveness	<b>Stroke and Stroke Rehabilitation: Deep Vein Thrombosis (DVT) Prophylaxis for Ischemic Stroke or Intracranial Hemorrhage:</b> Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or intracranial hemorrhage who were administered DVT prophylaxis by end of hospital day two	* AMA-PCPI/NCQA	Claims, Registry
0325	32	Clinical Process/ Effectiveness	<b>Stroke and Stroke Rehabilitation: Discharged on Antithrombotic Therapy:</b> 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	* AMA-PCPI/NCQA	Claims, Registry

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0241	33	Clinical Process/ Effectiveness	<b>Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation (AF) at Discharge:</b> 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	 AMA-PCPI/NCQA	Registry
0243	35	Clinical Process/ Effectiveness	<b>Stroke and Stroke Rehabilitation: Screening for Dysphagia:</b> 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	 AMA-PCPI/NCQA	Claims, Registry
0244	36	Clinical Process/ Effectiveness	<b>Stroke and Stroke Rehabilitation: Rehabilitation Services Ordered:</b> 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	 AMA-PCPI/NCQA	Claims, Registry
0046	39	Clinical Process/ Effectiveness	<b>Screening or Therapy for Osteoporosis for Women Aged 65 Years and Older:</b> 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	Claims, Registry, EHR, Prev Care Measures Group (C/R)
0048	40	Clinical Process/ Effectiveness	<b>Osteoporosis: Management Following Fracture of Hip, Spine or Distal Radius for Men and Women Aged 50 Years and Older:</b> Percentage of patients aged 50 years and older 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	 AMA-PCPI/NCQA	Claims, Registry
0049	41	Clinical Process/ Effectiveness	<b>Osteoporosis: Pharmacologic Therapy for Men and Women Aged 50 Years and Older:</b> Percentage of patients aged 50 years and older with a diagnosis of osteoporosis who were prescribed pharmacologic therapy within 12 months	 AMA-PCPI/NCQA	Claims, Registry
0134	43	Clinical Process/ Effectiveness	<b>Coronary Artery Bypass Graft (CABG): Use of Internal Mammary Artery (IMA) in Patients with Isolated CABG Surgery:</b> Percentage of patients aged 18 years and older undergoing isolated CABG surgery who received an IMA graft	 STS	Claims, Registry, CABG Measures Group (R)

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0236	44	Clinical Process/ Effectiveness	<b>Coronary Artery Bypass Graft (CABG): Preoperative Beta-Blocker in Patients with Isolated CABG Surgery:</b> 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/QIP	Claims, Registry, CABG Measures Group (R)
0637	45	Patient Safety	<b>Perioperative Care: Discontinuation of Prophylactic Parenteral Antibiotics (Cardiac Procedures):</b> 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	 AMA-PCPI/NCQA	Claims, Registry
0097	46 GPRO CARE-1	Patient Safety	<b>Medication Reconciliation:</b> 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 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	Claims, Registry, GPRO/ACO
0326	47	Care Coordination	<b>Advance Care Plan:</b> 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	 AMA-PCPI/NCQA	Claims, Registry, EHR
0098	48	Clinical Process/ Effectiveness	<b>Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older:</b> 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	Claims, Registry, EHR, Prev Care Measures Group (C/R)

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0099	49	Clinical Process/ Effectiveness	<b>Urinary Incontinence: Characterization of Urinary Incontinence in Women Aged 65 Years and Older:</b> 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	* AMA-PCPI/NCQA	Claims, Registry
0100	50	Patient and Family Engagement	<b>Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older:</b> 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	* AMA-PCPI/NCQA	Claims, Registry
0091	51	Clinical Process/ Effectiveness	<b>Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation:</b> Percentage of patients aged 18 years and older with a diagnosis of COPD who had spirometry evaluation results documented	▲ AMA-PCPI	Claims, Registry, COPD Measures Group (C/R)
0102	52	Clinical Process/ Effectiveness	<b>Chronic Obstructive Pulmonary Disease (COPD): Bronchodilator Therapy:</b> Percentage of patients aged 18 years and older with a diagnosis of COPD and who have an FEV <sub>1</sub> /FVC less than 60% and have symptoms who were prescribed an inhaled bronchodilator	▲ AMA-PCPI	Claims, Registry, COPD Measures Group (C/R)
0047	53	Clinical Process/ Effectiveness	<b>Asthma: Pharmacologic Therapy for Persistent Asthma - Ambulatory Care Setting:</b> Percentage of patients aged 5 through 50 years with a diagnosis of persistent asthma and at least one medical encounter for asthma during the measurement year who were prescribed long-term control medication	◻ AMA-PCPI/NCQA	Claims, Registry, EHR, Asthma Measures Group (C/R)
0090	54	Clinical Process/ Effectiveness	<b>Emergency Medicine: 12-Lead Electrocardiogram (ECG) Performed for Non-Traumatic Chest Pain:</b> Percentage of patients aged 40 years and older with an emergency department discharge diagnosis of non-traumatic chest pain who had a 12-lead ECG performed	* AMA-PCPI/NCQA	Claims, Registry
0093	55	Clinical Process/ Effectiveness	<b>Emergency Medicine: 12-Lead Electrocardiogram (ECG) Performed for Syncope:</b> Percentage of patients aged 60 years and older with an emergency department discharge diagnosis of syncope who had a 12-lead ECG performed	* AMA-PCPI/NCQA	Claims, Registry
0232	56	Clinical Process/ Effectiveness	<b>Emergency Medicine: Community-Acquired Pneumonia (CAP): Vital Signs:</b> Percentage of patients aged 18 years and older with a diagnosis of community-acquired bacterial pneumonia with vital signs documented and reviewed	* AMA-PCPI/NCQA	Claims, Registry



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0096	59	Clinical Process/ Effectiveness	<b>Emergency Medicine: Community-Acquired Pneumonia (CAP): Empiric Antibiotic:</b> Percentage of patients aged 18 years and older with a diagnosis of community-acquired bacterial pneumonia with an appropriate empiric antibiotic prescribed	 AMA-PCPI/NCQA	Claims, Registry
0001	64	Clinical Process/ Effectiveness	<b>Asthma: Assessment of Asthma Control – Ambulatory Care Setting:</b> Percentage of patients aged 5 through 50 years with a diagnosis of asthma who were evaluated at least once for asthma control (comprising asthma impairment and asthma risk)	 AMA-PCPI/NCQA	Claims, Registry, EHR, Asthma Measures Group (C/R)
0069	65	Efficient Use of Healthcare Resources	<b>Appropriate Treatment for Children with Upper Respiratory Infection (URI):</b> Percentage of children aged 3 months through 18 years with a diagnosis of URI who were <b>not prescribed or dispensed</b> an antibiotic prescription on or within 3 days of the initial date of service	 NCQA	Claims, Registry
0002	66	Efficient Use of Healthcare Resources	<b>Appropriate Testing for Children with Pharyngitis:</b> Percentage of children aged 2 through 18 years with a diagnosis of pharyngitis, who were prescribed an antibiotic and who received a group A streptococcus (strep) test for the episode. A higher rate represents better performance (i.e. appropriate testing).	 NCQA	Claims, Registry, EHR
0377	67	Clinical Process/ Effectiveness	<b>Hematology: Myelodysplastic Syndrome (MDS) and Acute Leukemias: Baseline Cytogenetic Testing Performed on Bone Marrow:</b> Percentage of patients aged 18 years and older with a diagnosis of MDS or an acute leukemia who had baseline cytogenetic testing performed on bone marrow	 AMA-PCPI/ASH	Claims, Registry
0378	68	Clinical Process/ Effectiveness	<b>Hematology: Myelodysplastic Syndrome (MDS): Documentation of Iron Stores in Patients Receiving Erythropoietin Therapy:</b> Percentage of patients aged 18 years and older with a diagnosis of MDS who are receiving erythropoietin therapy with documentation of iron stores within 60 days prior to initiating erythropoietin therapy	 AMA-PCPI/ASH	Claims, Registry
0380	69	Clinical Process/ Effectiveness	<b>Hematology: Multiple Myeloma: Treatment with Bisphosphonates:</b> 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	 AMA-PCPI/ASH	Claims, Registry

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0379	70	Clinical Process/ Effectiveness	<b>Hematology: Chronic Lymphocytic Leukemia (CLL): Baseline Flow Cytometry:</b> Percentage of patients aged 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	 AMA-PCPI/ASH	Claims, Registry
0387	71	Clinical Process/ Effectiveness	<b>Breast Cancer: Hormonal Therapy for Stage IC - IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer:</b> 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	Claims, Registry, EHR, Oncology Measures Group (R)
0385	72	Clinical Process/ Effectiveness	<b>Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients:</b> 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	Claims, Registry, EHR, Oncology Measures Group (R)
0464	76	Patient Safety	<b>Prevention of Catheter-Related Bloodstream Infections (CRBSI): Central Venous Catheter (CVC) Insertion Protocol:</b> 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 per current guideline)] followed	 AMA-PCPI	Claims, Registry
0323	81	Care Coordination	<b>Adult Kidney Disease: Hemodialysis Adequacy: Solute:</b> Percentage of calendar months within a 12-month period during which patients aged 18 years and older with a diagnosis of ESRD receiving hemodialysis three times a week for $\geq 90$ days who have a $spKt/V \geq 1.2$	 AMA-PCPI	Registry
0321	82	Care Coordination	<b>Adult Kidney Disease: Peritoneal Dialysis Adequacy: Solute:</b> Percentage of patients aged 18 years and older with a diagnosis of ESRD receiving peritoneal dialysis who have a total $Kt/V \geq 1.7$ per week measured once every 4 months	 AMA-PCPI	Registry







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0393	83	Clinical Process/ Effectiveness	<b>Hepatitis C: Testing for Chronic Hepatitis C – Confirmation of Hepatitis C Viremia:</b> Percentage of patients aged 18 years and older with a diagnosis of hepatitis C seen for an initial evaluation who had HCV RNA testing ordered or previously performed	▲ AMA-PCPI	Registry
0395	84	Clinical Process/ Effectiveness	<b>Hepatitis C: Ribonucleic Acid (RNA) Testing Before Initiating Treatment:</b> Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment for whom quantitative HCV RNA testing was performed within 6 months prior to initiation of antiviral treatment	▲ AMA-PCPI	Claims, Registry, Hep C Measures Group (C/R)
0396	85	Clinical Process/ Effectiveness	<b>Hepatitis C: HCV Genotype Testing Prior to Treatment:</b> Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment for whom HCV genotype testing was performed prior to initiation of antiviral treatment	▲ AMA-PCPI	Claims, Registry, Hep C Measures Group (C/R)
0397	86	Clinical Process/ Effectiveness	<b>Hepatitis C: Antiviral Treatment Prescribed:</b> 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	▲ AMA-PCPI	Claims, Registry, Hep C Measures Group (C/R)
0398	87	Clinical Process/ Effectiveness	<b>Hepatitis C: HCV Ribonucleic Acid (RNA) Testing at Week 12 of Treatment:</b> Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment for whom quantitative HCV RNA testing was performed at no greater than 12 weeks from the initiation of antiviral treatment	▲ AMA-PCPI	Claims, Registry, Hep C Measures Group (C/R)
0401	89	Clinical Process/ Effectiveness	<b>Hepatitis C: Counseling Regarding Risk of Alcohol Consumption:</b> Percentage of patients aged 18 years and older with a diagnosis of hepatitis C who were counseled about the risks of alcohol use at least once within 12-months	▲ AMA-PCPI	Claims, Registry, Hep C Measures Group (C/R)
0394	90	Clinical Process/ Effectiveness	<b>Hepatitis C: Counseling Regarding Use of Contraception Prior to Antiviral Therapy:</b> 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	▲ AMA-PCPI	Claims, Registry, Hep C Measures Group (C/R)
0653	91	Clinical Process/ Effectiveness	<b>Acute Otitis Externa (AOE): Topical Therapy:</b> Percentage of patients aged 2 years and older with a diagnosis of AOE who were prescribed topical preparations	▲ AMA-PCPI	Claims, Registry







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0654	93	Care Coordination	<b>Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use:</b> Percentage of patients aged 2 years and older with a diagnosis of AOE who were <b>not prescribed</b> systemic antimicrobial therapy	▲ AMA-PCPI	Claims, Registry
0391	99	Clinical Process/ Effectiveness	<b>Breast Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade:</b> Percentage of breast cancer resection pathology reports that include the pT category (primary tumor), the pN category (regional lymph nodes), and the histologic grade	€ AMA-PCPI/CAP	Claims, Registry
0392	100	Clinical Process/ Effectiveness	<b>Colorectal Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade:</b> 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	€ AMA-PCPI/CAP	Claims, Registry
0389	102	Efficient Use of Healthcare Resources	<b>Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients:</b> 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 <b>not</b> have a bone scan performed at any time since diagnosis of prostate cancer	▲ AMA-PCPI	Claims, Registry, EHR
0390	104	Clinical Process/ Effectiveness	<b>Prostate Cancer: Adjuvant Hormonal Therapy for High Risk Prostate Cancer Patients:</b> 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 were prescribed adjuvant hormonal therapy (GnRH agonist or antagonist)	▲ AMA-PCPI	Claims, Registry
0103	106	Clinical Process/ Effectiveness	<b>Adult Major Depressive Disorder (MDD): Comprehensive Depression Evaluation: Diagnosis and Severity:</b> Percentage of patients aged 18 years and older with a diagnosis of major depressive disorder (MDD) with evidence that they met the 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	▲ AMA-PCPI	Claims, Registry
0104	107	Clinical Process/ Effectiveness	<b>Adult Major Depressive Disorder (MDD): Suicide Risk Assessment:</b> Percentage of patients aged 18 years and older with a diagnosis of major depressive disorder (MDD) with a suicide risk assessment completed during the visit in which a new diagnosis or recurrent episode was identified	▲ AMA-PCPI	Claims, Registry







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0054	108	Clinical Process/ Effectiveness	<b>Rheumatoid Arthritis (RA): Disease Modifying Anti-Rheumatic Drug (DMARD) Therapy:</b> 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	Claims, Registry, RA Measures Group (C/R)
0050	109	Patient and Family Engagement	<b>Osteoarthritis (OA): Function and Pain Assessment:</b> Percentage of patient visits for patients aged 21 years and older with a diagnosis of OA with assessment for function and pain	 AMA-PCPI	Claims, Registry
0041	110 GPRO PREV-7	Population/ Public Health	<b>Preventive Care and Screening: Influenza Immunization:</b> 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	Claims, Registry, EHR, GPRO/ACO, COPD Measures Group (C/R), Prev Care Measures Group (C/R), CKD Measures Group (C/R), Oncology Measures Group (R)
0043	111 GPRO PREV-8	Clinical Process/ Effectiveness	<b>Preventive Care and Screening: Pneumococcal Vaccination for Patients 65 Years and Older:</b> Percentage of patients aged 65 years and older who have ever received a pneumococcal vaccine	 NCQA	Claims, Registry, EHR, GPRO/ACO, COPD Measures Group (C/R), Prev Care Measures Group (C/R)
0031	112 GPRO PREV-5	Clinical Process/ Effectiveness	<b>Preventive Care and Screening: Breast Cancer Screening:</b> Percentage of women aged 40 through 69 years who had a mammogram to screen for breast cancer within 24 months	 NCQA	Claims, Registry, EHR, GPRO/ACO, Prev Care Measures Group (C/R)
0034	113 GPRO PREV-6	Clinical Process/ Effectiveness	<b>Preventive Care and Screening: Colorectal Cancer Screening:</b> Percentage of patients aged 50 through 75 years who received the appropriate colorectal cancer screening	 NCQA	Claims, Registry, EHR, GPRO/ACO, Prev Care Measures Group (C/R)







## 2013 PQRS Measures List

NQF #	PQRS #	National Quality Strategy Domain	Measure Description <sup>a</sup>	Measure Developer	Reporting Options
0058	116	Efficient Use of Healthcare Resources	<b>Antibiotic Treatment for Adults with Acute Bronchitis: Avoidance of Inappropriate Use:</b> Percentage of adults aged 18 through 64 years with a diagnosis of acute bronchitis who were <u>not prescribed or dispensed</u> an antibiotic prescription on or within 3 days of the initial date of service	 NCOA	Claims, Registry
0055	117	Clinical Process/ Effectiveness	<b>Diabetes Mellitus: Dilated Eye Exam:</b> Percentage of patients aged 18 through 75 years with a diagnosis of diabetes mellitus who had a dilated eye exam	 NCOA	Claims, Registry, EHR, DM Measures Group (C/R)
0066	118 GPRO CAD-7	Clinical Process/ Effectiveness	<b>Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy - Diabetes or Left Ventricular Systolic Dysfunction (LVEF &lt; 40%):</b> 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	Registry, GPRO/ACO
0062	119	Clinical Process/ Effectiveness	<b>Diabetes Mellitus: Medical Attention for Nephropathy:</b> Percentage of patients aged 18 through 75 years with diabetes mellitus who received urine protein screening or medical attention for nephropathy during at least one office visit within 12 months	 NCOA	Claims, Registry, EHR, DM Measures Group (C/R)
AQA adopted	121	Clinical Process/ Effectiveness	<b>Adult Kidney Disease: Laboratory Testing (Lipid Profile):</b> Percentage of patients aged 18 years and older with a diagnosis of 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	Claims, Registry, CKD Measures Group (C/R)
AQA adopted	122	Clinical Process/ Effectiveness	<b>Adult Kidney Disease: Blood Pressure Management:</b> Percentage of patient visits for those patients aged 18 years and older with a diagnosis of CKD (stage 3, 4, or 5, not receiving Renal Replacement Therapy [RRT]) and documented proteinuria with a blood pressure < 130/80 mmHg OR ≥ 130/80 mmHg with a documented plan of care	 AMA-PCPI	Claims, Registry, CKD Measures Group (C/R)

## 2013 PQRS Measures List

NQF #	PQRS #	National Quality Strategy Domain	Measure Description <sup>a</sup>	Measure Developer	Reporting Options
AQA adopted	123	Clinical Process/ Effectiveness	<b>Adult Kidney Disease: Patients On Erythropoiesis-Stimulating Agent (ESA) - Hemoglobin Level &gt; 12.0 g/dL:</b> 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 RRT [Renal Replacement Therapy]) or End Stage Renal Disease (ESRD) (who are on hemodialysis or peritoneal dialysis) who are also receiving ESA therapy AND have a Hemoglobin level > 12.0 g/dL	 AMA-PCPI	Claims, Registry, CKD Measures Group (C/R)
0486	125	Care Coordination/ Patient Safety	Refer to the Electronic Prescribing (eRx) Incentive Program	 CMS/QIP	Claims, Registry, EHR, GPRO/ACO
0417	126	Clinical Process/ Effectiveness	<b>Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy – Neurological Evaluation:</b> 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	 APMA	Claims, Registry
0416	127	Clinical Process/ Effectiveness	<b>Diabetes Mellitus: Diabetic Foot and Ankle Care, Ulcer Prevention – Evaluation of Footwear:</b> Percentage of patients aged 18 years and older with a diagnosis of diabetes mellitus who were evaluated for proper footwear and sizing	 APMA	Claims, Registry
0421	128 GPRO PREV-9	Population/ Public Health	<b>Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up:</b> Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is <u>outside of normal parameters</u> , a follow-up plan is documented within the past six months or during the current visit <u>Normal Parameters:</u> Age 65 years and older BMI ≥ 23 and < 30; Age 18 – 64 years BMI ≥ 18.5 and < 25	 CMS/QIP	Claims, Registry, EHR, GPRO/ACO, Prev Care Measures Group (C/R)
0419	130	Patient Safety	<b>Documentation of Current Medications in the Medical Record:</b> Percentage of specified visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications to the best of his/her knowledge and ability. This list <u>must</u> include ALL 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/QIP	Claims, Registry, Oncology Measure Group (R)

## 2013 PQRS Measures List









NQF #	PQRS #	National Quality Strategy Domain	Measure Description <sup>a</sup>	Measure Developer	Reporting Options
0420	131	Population/ Public Health	<b>Pain Assessment and Follow-Up:</b> Percentage of visits for patients aged 18 years and older with documentation of a pain assessment through discussion with the patient including the use of a standardized tool(s) on each visit AND documentation of a follow-up plan when pain is present	 CMS/QIP	Claims, Registry
0418	134 GPRO PREV- 12	Population/ Public Health	<b>Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan:</b> Percentage of patients aged 12 years and older screened for clinical depression on the date of 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/QIP	Claims, Registry, GPRO/ACO
0650	137	Clinical Process/ Effectiveness	<b>Melanoma: Continuity of Care – Recall System:</b> 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 month period, into a recall system that includes: <ul style="list-style-type: none"> <li>• A target date for the next complete physical skin exam, AND</li> <li>• A process to follow up with patients who either did not make an appointment within the specified timeframe or who missed a scheduled appointment</li> </ul>	 AMA- PCPI/NCQA	Registry
0561	138	Care Coordination	<b>Melanoma: Coordination of Care:</b> 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 one month of diagnosis	 AMA- PCPI/NCQA	Registry
0566	140	Clinical Process/ Effectiveness	<b>Age-Related Macular Degeneration (AMD): Counseling on Antioxidant Supplement:</b> Percentage of patients aged 50 years and older with a diagnosis of age-related macular degeneration 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	 AMA- PCPI/NCQA	Claims, Registry
0563	141	Care Coordination	<b>Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care:</b> Percentage of patients aged 18 years and older with a diagnosis of primary open-angle glaucoma whose glaucoma treatment has not failed (the most recent IOP was reduced by at 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	 AMA- PCPI/NCQA	Claims, Registry










## 2013 PQRS Measures List

NQF #	PQRS #	National Quality Strategy Domain	Measure Description <sup>a</sup>	Measure Developer	Reporting Options
0051	142	Clinical Process/ Effectiveness	<b>Osteoarthritis (OA): Assessment for Use of Anti-Inflammatory or Analgesic Over-the-Counter (OTC) Medications:</b> Percentage of patient visits for patients aged 21 years and older with a diagnosis of OA with an assessment for use of anti-inflammatory or analgesic OTC medications	▲ AMA-PCPI	Claims, Registry
0384	143	Patient and Family Engagement	<b>Oncology: Medical and Radiation – Pain Intensity Quantified:</b> 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	▲ AMA-PCPI	Registry, Oncology Measures Group (R)
0383	144	Patient and Family Engagement	<b>Oncology: Medical and Radiation – Plan of Care for Pain:</b> 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	Registry, Oncology Measures Group (R)
0510	145	Patient Safety	<b>Radiology: Exposure Time Reported for Procedures Using Fluoroscopy:</b> Percentage of final reports for procedures using fluoroscopy that include documentation of radiation exposure or exposure time	◻ AMA-PCPI/NCQA	Claims, Registry
0508	146	Efficient Use of Healthcare Resources	<b>Radiology: Inappropriate Use of “Probably Benign” Assessment Category in Mammography Screening:</b> Percentage of final reports for screening mammograms that are classified as “probably benign”	◻ AMA-PCPI/NCQA	Claims, Registry
0511	147	Care Coordination	<b>Nuclear Medicine: Correlation with Existing Imaging Studies for All Patients Undergoing Bone Scintigraphy:</b> 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	▲ AMA-PCPI	Claims, Registry
0322	148	Efficient Use of Healthcare Resources	<b>Back Pain: Initial Visit:</b> 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	Back Pain Measures Group (C/R)
0319	149	Clinical Process/ Effectiveness	<b>Back Pain: Physical Exam:</b> 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	Back Pain Measures Group (C/R)









## 2013 PQRS Measures List

NQF #	PQRS #	National Quality Strategy Domain	Measure Description <sup>a</sup>	Measure Developer	Reporting Options
0314	150	Clinical Process/ Effectiveness	<b>Back Pain: Advice for Normal Activities:</b> 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	Back Pain Measures Group (C/R)
0313	151	Clinical Process/ Effectiveness	<b>Back Pain: Advice Against Bed Rest:</b> 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	Back Pain Measures Group (C/R)
0101	154	Patient Safety	<b>Falls: Risk Assessment:</b> Percentage of patients aged 65 years and older with a history of falls who had a risk assessment for falls completed within 12 months	 AMA-PCPI/NCQA	Claims, Registry
0101	155	Care Coordination	<b>Falls: Plan of Care:</b> 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	 AMA-PCPI/NCQA	Claims, Registry
0382	156	Patient Safety	<b>Oncology: Radiation Dose Limits to Normal Tissues:</b> 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	Claims, Registry
0455	157	Patient Safety	<b>Thoracic Surgery: Recording of Clinical Stage Prior to Lung Cancer or Esophageal Cancer Resection:</b> Percentage of surgical patients aged 18 years and older undergoing resection for lung or esophageal cancer who had clinical staging provided prior to surgery	 STS	Claims, Registry
0404	159	Clinical Process/ Effectiveness	<b>HIV/AIDS: CD4+ Cell Count or CD4+ Percentage:</b> 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	Registry, HIV/AIDS Measures Group (R)
0405	160	Clinical Process/ Effectiveness	<b>HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis:</b> Percentage of patients aged 6 years and older with a diagnosis of HIV/AIDS and CD4+ cell count < 200 cells/mm <sup>3</sup> who were prescribed PCP prophylaxis within 3 months of low CD4+ cell count	 AMA-PCPI/NCQA	Registry, HIV/AIDS Measures Group (R)








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NQF #	PQRS #	National Quality Strategy Domain	Measure Description <sup>a</sup>	Measure Developer	Reporting Options
0406	161	Clinical Process/ Effectiveness	<b>HIV/AIDS: Adolescent and Adult Patients with HIV/AIDS Who Are Prescribed Potent Antiretroviral Therapy:</b> 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/mm <sup>3</sup> 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	 AMA-PCPI/NCQA	Registry, HIV/AIDS Measures Group (R)
0407	162	Clinical Process/ Effectiveness	<b>HIV/AIDS: HIV RNA Control After Six Months of Potent Antiretroviral Therapy:</b> 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	 AMA-PCPI/NCQA	Registry, HIV/AIDS Measures Group (R)
0056	163	Clinical Process/ Effectiveness	<b>Diabetes Mellitus: Foot Exam:</b> The percentage of patients aged 18 through 75 years with diabetes who had a foot examination	 NCQA	Claims, Registry, EHR, DM Measures Group (C/R)
0129	164	Clinical Process/ Effectiveness	<b>Coronary Artery Bypass Graft (CABG): Prolonged Intubation:</b> Percentage of patients aged 18 years and older undergoing isolated CABG surgery who require intubation > 24 hours	 STS	Registry, CABG Measures Group (R)
0130	165	Clinical Process/ Effectiveness	<b>Coronary Artery Bypass Graft (CABG): Deep Sternal Wound Infection Rate:</b> 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	Registry, CABG Measures Group (R)
0131	166	Clinical Process/ Effectiveness	<b>Coronary Artery Bypass Graft (CABG): Stroke:</b> Percentage of patients aged 18 years and older undergoing isolated CABG surgery who have a <b>postoperative</b> 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	Registry, CABG Measures Group (R)
0114	167	Clinical Process/ Effectiveness	<b>Coronary Artery Bypass Graft (CABG): Postoperative Renal Failure:</b> 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	Registry, CABG Measures Group (R)






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NQF #	PQRS #	National Quality Strategy Domain	Measure Description <sup>a</sup>	Measure Developer	Reporting Options
0115	168	Clinical Process/ Effectiveness	<b>Coronary Artery Bypass Graft (CABG): Surgical Re-Exploration:</b> 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	Registry, CABG Measures Group (R)
0116	169	Clinical Process/ Effectiveness	<b>Coronary Artery Bypass Graft (CABG): Antiplatelet Medications at Discharge:</b> Percentage of patients aged 18 years and older undergoing isolated CABG surgery who were discharged on antiplatelet medication	 STS	Registry, CABG Measures Group (R)
0117	170	Clinical Process/ Effectiveness	<b>Coronary Artery Bypass Graft (CABG): Beta-Blockers Administered at Discharge:</b> Percentage of patients aged 18 years and older undergoing isolated CABG surgery who were discharged on beta-blockers	 STS	Registry, CABG Measures Group (R)
0118	171	Clinical Process/ Effectiveness	<b>Coronary Artery Bypass Graft (CABG): Anti-Lipid Treatment at Discharge:</b> Percentage of patients aged 18 years and older undergoing isolated CABG surgery who were discharged on a statin or other lipid-lowering regimen	 STS	Registry, CABG Measures Group (R)
0259	172	Clinical Process/ Effectiveness	<b>Hemodialysis Vascular Access Decision-Making by Surgeon to Maximize Placement of Autogenous Arterial Venous (AV) Fistula:</b> Percentage of patients aged 18 years and older with a diagnosis of advanced Chronic Kidney Disease (CKD) (stage 4 or 5) or End Stage Renal Disease (ESRD) requiring hemodialysis vascular access documented by surgeon to have received autogenous AV fistula	 SVS	Claims, Registry
AQA adopted	173	Population/ Public Health	<b>Preventive Care and Screening: Unhealthy Alcohol Use – Screening:</b> 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	Claims, Registry, EHR, Prev Care Measures Group (C/R)
AQA adopted	176	Clinical Process/ Effectiveness	<b>Rheumatoid Arthritis (RA): Tuberculosis Screening:</b> Percentage of patients aged 18 years and older with a diagnosis of 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/NCQA	Claims, Registry, RA Measures Group (C/R)
AQA adopted	177	Clinical Process/ Effectiveness	<b>Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity:</b> Percentage of patients aged 18 years and older with a diagnosis of RA who have an assessment and classification of disease activity within 12 months	 AMA-PCPI/NCQA	Claims, Registry, RA Measures Group (C/R)

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NQF #	PQRS #	National Quality Strategy Domain	Measure Description <sup>a</sup>	Measure Developer	Reporting Options
AQA adopted	178	Clinical Process/ Effectiveness	<b>Rheumatoid Arthritis (RA): Functional Status Assessment:</b> Percentage of patients aged 18 years and older with a diagnosis of RA for whom a functional status assessment was performed at least once within 12 months	 AMA-PCPI/NCQA	Claims, Registry, RA Measures Group (C/R)
AQA adopted	179	Clinical Process/ Effectiveness	<b>Rheumatoid Arthritis (RA): Assessment and Classification of Disease Prognosis:</b> Percentage of patients aged 18 years and older with a diagnosis of RA who have an assessment and classification of disease prognosis at least once within 12 months	 AMA-PCPI/NCQA	Claims, Registry, RA Measures Group (C/R)
AQA adopted	180	Care Coordination	<b>Rheumatoid Arthritis (RA): Glucocorticoid Management:</b> Percentage of patients aged 18 years and older with a diagnosis of 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	 AMA-PCPI/NCQA	Claims, Registry, RA Measures Group (C/R)
AQA adopted	181	Patient Safety	<b>Elder Maltreatment Screen and Follow-Up Plan:</b> Percentage of patients aged 65 years and older with a documented elder maltreatment screen on the date of encounter AND a documented follow-up plan on the date of positive screen	 CMS/QIP	Claims, Registry
AQA adopted	182	Care Coordination	<b>Functional Outcome Assessment:</b> 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 the encounter AND documentation of a care plan based on identified functional outcome deficiencies on the date of the identified deficiencies	 CMS/QIP	Claims, Registry
0399	183	Population/ Public Health	<b>Hepatitis C: Hepatitis A Vaccination in Patients with HCV:</b> Percentage of patients aged 18 years and older with a diagnosis of hepatitis C who received at least one injection of hepatitis A vaccine, or who have documented immunity to hepatitis A	 AMA-PCPI	Claims, Registry, Hep C Measures Group (C/R)
0400	184	Population/ Public Health	<b>Hepatitis C: Hepatitis B Vaccination in Patients with HCV:</b> Percentage of patients aged 18 years and older with a diagnosis of hepatitis C who received at least one injection of hepatitis B vaccine, or who have documented immunity to hepatitis B	 AMA-PCPI	Claims, Registry, Hep C Measures Group (C/R)

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NQF #	PQRS #	National Quality Strategy Domain	Measure Description <sup>a</sup>	Measure Developer	Reporting Options
0659	185	Care Coordination	<b>Endoscopy &amp; Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use:</b> Percentage of patients aged 18 years and older receiving a surveillance colonoscopy with a history of a prior colonic polyp(s) in previous colonoscopy findings, who had an interval of 3 or more years since their last colonoscopy	 AMA-PCPI/NCQA	Claims, Registry
0437	187	Clinical Process/ Effectiveness	<b>Stroke and Stroke Rehabilitation: Thrombolytic Therapy:</b> 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	 AHA/ASA/TJC	Registry
N/A	188.	Care Coordination	<b>Referral for Otologic Evaluation for Patients with Congenital or Traumatic Deformity of the Ear:</b> 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 or traumatic deformity of the ear (internal or external)	 AQC	Claims, Registry
0565	191	Clinical Process/ Effectiveness	<b>Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery:</b> 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	Registry, Cataract Measures Group (R)
0564	192	Patient Safety	<b>Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures:</b> 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	Registry, Cataract Measures Group (R)

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NQF #	PQRS #	National Quality Strategy Domain	Measure Description <sup>a</sup>	Measure Developer	Reporting Options
0454	193	Patient Safety	<b>Perioperative Temperature Management:</b> 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 either 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 minutes immediately after anesthesia end time	▲ AMA-PCPI	Claims, Registry
0386	194	Clinical Process/ Effectiveness	<b>Oncology: Cancer Stage Documented:</b> Percentage of patients, regardless of age, with a diagnosis of cancer who are seen in the ambulatory setting who have a baseline AJCC cancer stage or documentation that the cancer is metastatic in the medical record at least once within 12 months	♥ AMA-PCPI/ASCO	Claims, Registry, Oncology Measure Group (R)
0507	195	Clinical Process/ Effectiveness	<b>Radiology: Stenosis Measurement in Carotid Imaging Reports:</b> Percentage of final reports for carotid imaging studies (neck magnetic resonance 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	✱ AMA-PCPI/NCQA	Claims, Registry
0074	197 GPRO CAD-2	Clinical Process/ Effectiveness	<b>Coronary Artery Disease (CAD): Lipid Control:</b> 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	Registry, EHR, GPRO/ACO, CAD Measures Group (R)

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NQF #	PQRS #	National Quality Strategy Domain	Measure Description <sup>a</sup>	Measure Developer	Reporting Options
0079	198	Clinical Process/ Effectiveness	<b>Heart Failure: Left Ventricular Ejection Fraction (LVEF) Assessment:</b> 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	Registry, HF Measures Group (R)
0084	200	Clinical Process/ Effectiveness	<b>Heart Failure: Warfarin Therapy for Patients with Atrial Fibrillation:</b> 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	▶ AMA-PCPI/ACCF/AHA	EHR
0073	201	Clinical Process/ Effectiveness	<b>Ischemic Vascular Disease (IVD): Blood Pressure Management:</b> 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)	◆ NCQA	Claims, Registry, EHR, IVD Measures Group (C/R)
0068	204 GPRO IVD-2	Clinical Process/ Effectiveness	<b>Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic:</b> Percentage of patients aged 18 years and older with Ischemic Vascular Disease (IVD) with documented use of aspirin or another antithrombotic	◆ NCQA	Claims, Registry, EHR, GPRO/ACO, IVD Measures Group (C/R), Cardiovascular Prevention Measures Group (C/R)
0409	205	Clinical Process/ Effectiveness	<b>HIV/AIDS: Sexually Transmitted Disease Screening for Chlamydia and Gonorrhea:</b> Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS for whom chlamydia and gonorrhea screenings were performed at least once since the diagnosis of HIV infection	◻ AMA-PCPI/NCQA	Registry, HIV/AIDS Measures Group (R)
0410	208	Clinical Process/ Effectiveness	<b>HIV/AIDS: Sexually Transmitted Disease Screening for Syphilis:</b> 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	◻ AMA-PCPI/NCQA	Registry, HIV/AIDS Measures Group (R)
0445	209	Clinical Process/ Effectiveness	<b>Functional Communication Measure - Spoken Language Comprehension:</b> 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 Comprehension Functional Communication Measure	▶ ASHA	Registry
0449	210	Clinical Process/ Effectiveness	<b>Functional Communication Measure - Attention:</b> 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	▶ ASHA	Registry







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NQF #	PQRS #	National Quality Strategy Domain	Measure Description <sup>a</sup>	Measure Developer	Reporting Options
0448	211	Clinical Process/ Effectiveness	<b>Functional Communication Measure - Memory:</b> 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	 ASHA	Registry
0447	212	Clinical Process/ Effectiveness	<b>Functional Communication Measure - Motor Speech:</b> 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	 ASHA	Registry
0446	213	Clinical Process/ Effectiveness	<b>Functional Communication Measure - Reading:</b> 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	 ASHA	Registry
0444	214	Clinical Process/ Effectiveness	<b>Functional Communication Measure - Spoken Language Expression:</b> 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	 ASHA	Registry
0442	215	Clinical Process/ Effectiveness	<b>Functional Communication Measure - Writing:</b> 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	 ASHA	Registry
0443	216	Clinical Process/ Effectiveness	<b>Functional Communication Measure - Swallowing:</b> Percentage of patients aged 16 years and older with a diagnosis of late effects of cerebrovascular disease (CVD) that make progress on the Swallowing Functional Communication Measure	 ASHA	Registry
0422	217	Care Coordination	<b>Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Knee Impairments:</b> 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	 FOTO	Registry
0423	218	Care Coordination	<b>Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Hip Impairments:</b> 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	 FOTO	Registry








## 2013 PQRS Measures List

NQF #	PQRS #	National Quality Strategy Domain	Measure Description <sup>a</sup>	Measure Developer	Reporting Options
0424	219	Care Coordination	<b>Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Lower Leg, Foot or Ankle Impairments:</b> 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	 FOTO	Registry
0425	220	Care Coordination	<b>Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Lumbar Spine Impairments:</b> 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	 FOTO	Registry
0426	221	Care Coordination	<b>Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Shoulder Impairments:</b> Percentage of patients aged 18 or older that receive treatment for a functional deficit secondary to a diagnosis that affects the shoulder in which the change in their Risk-Adjusted Functional Status is measured	 FOTO	Registry
0427	222	Care Coordination	<b>Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Elbow, Wrist or Hand Impairments:</b> 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	 FOTO	Registry
0428	223	Care Coordination	<b>Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Neck, Cranium, Mandible, Thoracic Spine, Ribs, or Other General Orthopedic Impairments:</b> 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	 FOTO	Registry
0562	224	Efficient Use of Healthcare Resources	<b>Melanoma: Overutilization of Imaging Studies in Melanoma:</b> 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 whom no diagnostic imaging studies were ordered	 AMA-PCPI/NCQA	Registry






## 2013 PQRS Measures List

NQF #	PQRS #	National Quality Strategy Domain	Measure Description <sup>a</sup>	Measure Developer	Reporting Options
0509	225	Care Coordination	<b>Radiology: Reminder System for Mammograms:</b> 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	 AMA-PCPI/NCQA	Claims, Registry
0028	226 GPRO PREV-10	Population/ Public Health	<b>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention:</b> Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months <b>AND</b> who received cessation counseling intervention if identified as a tobacco user	 AMA-PCPI	Claims, Registry, EHR, GPRO/ACO, CAD Measures Group (R), COPD Measures Group (C/R), HF Measures Group (R), IBD Measures Group (R), IVD Measures Group (C/R), Prev Care Measures Group (C/R), Cardiovascular Prevention Measures Group (C/R), Oncology Measure Group (R)
N/A	228	Clinical Process/ Effectiveness	<b>Heart Failure (HF): Left Ventricular Function (LVF) Testing:</b> Percentage of patients 18 years and older with Left Ventricular Function (LVF) testing performed within the previous 12 months for patients who are hospitalized with a principal diagnosis of Heart Failure (HF) during the reporting period	 CMS/QIP	Registry
N/A	231	Clinical Process/ Effectiveness	<b>Asthma: Tobacco Use: Screening - Ambulatory Care Setting:</b> Percentage of patients (or their primary caregiver) aged 5 through 50 years with a diagnosis of asthma 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	Claims, Registry, Asthma Measures Group (C/R)








## 2013 PQRS Measures List

NQF #	PQRS #	National Quality Strategy Domain	Measure Description <sup>a</sup>	Measure Developer	Reporting Options
N/A	232	Clinical Process/ Effectiveness	<b>Asthma: Tobacco Use: Intervention - Ambulatory Care Setting:</b> Percentage of patients (or their primary caregiver) aged 5 through 50 years with a diagnosis of asthma who were identified as tobacco users (patients who currently use tobacco AND patients who do not currently use tobacco, but are exposed to second hand smoke in their home environment) who received tobacco cessation intervention at least once during the one-year measurement period	 AMA-PCPI/NCQA	Claims, Registry, Asthma Measures Group (C/R)
0457	233	Clinical Process/ Effectiveness	<b>Thoracic Surgery: Recording of Performance Status Prior to Lung or Esophageal Cancer Resection:</b> Percentage of patients aged 18 years and older undergoing resection for lung or esophageal cancer who had performance status documented and reviewed within 2 weeks prior to surgery	 STS	Registry
0458	234	Patient Safety	<b>Thoracic Surgery: Pulmonary Function Tests Before Major Anatomic Lung Resection (Pneumonectomy, Lobectomy, or Formal Segmentectomy):</b> 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)	 STS	Registry
0018	236 GPRO HTN-2	Clinical Process/ Effectiveness	<b>Hypertension (HTN): Controlling High Blood Pressure:</b> Percentage of patients aged 18 through 85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (< 140/90 mmHg)	 NCQA	Claims, Registry, EHR, GPRO/ACO, Cardiovascular Prevention Measures Group (C/R)
0013	237	Clinical Process/ Effectiveness	<b>Hypertension (HTN): Blood Pressure Measurement:</b> Percentage of patient visits for patients aged 18 years and older with a diagnosis of hypertension with blood pressure (BP) recorded	 AMA-PCPI	EHR
0022	238	Patient Safety	<b>Drugs to be Avoided in the Elderly:</b> Percentage of patients ages 65 years and older who received at least one drug to be avoided in the elderly and/or two different drugs to be avoided in the elderly in the measurement period	 NCQA	EHR
0024	239	Population/ Public Health	<b>Weight Assessment and Counseling for Children and Adolescents:</b> Percentage of children 2 through 17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement period	 NCQA	EHR








## 2013 PQRS Measures List

NQF #	PQRS #	National Quality Strategy Domain	Measure Description <sup>a</sup>	Measure Developer	Reporting Options
0038	240	Population/ Public Health	<b>Childhood Immunization Status:</b> The percentage of children two years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, rubella (MMR); three H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); two hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday	 NCOA	EHR
0075	241 GPRO IVD-1	Clinical Process/ Effectiveness	<b>Ischemic Vascular Disease (IVD): Complete Lipid Panel and Low Density Lipoprotein (LDL-C) Control:</b> Percentage of patients aged 18 years and older with Ischemic Vascular Disease (IVD) who received at least one lipid profile within 12 months and whose most recent LDL-C level was in control (less than 100 mg/dL)	 NCOA	Claims, Registry, EHR, GPRO/ACO, IVD Measures Group (C/R), Cardiovascular Prevention Measures Group (C/R)
N/A	242	Clinical Process/ Effectiveness	<b>Coronary Artery Disease (CAD): Symptom Management:</b> Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period with 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	Registry, CAD Measures Group (R)
0643	243	Clinical Process/ Effectiveness	<b>Cardiac Rehabilitation Patient Referral from an Outpatient Setting:</b> 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	 ACCF- AHA	Registry
N/A	244	Clinical Process/ Effectiveness	<b>Hypertension: Blood Pressure Management:</b> 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	 AMA- PCPI/ACCF/ AHA	Registry








## 2013 PQRS Measures List

NQF #	PQRS #	National Quality Strategy Domain	Measure Description <sup>a</sup>	Measure Developer	Reporting Options
AQA adopted	245	Clinical Process/ Effectiveness	<b>Chronic Wound Care: Use of Wound Surface Culture Technique in Patients with Chronic Skin Ulcers (Overuse Measure):</b> 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	 AMA-PCPI/NCQA	Claims, Registry
AQA adopted	246	Clinical Process/ Effectiveness	<b>Chronic Wound Care: Use of Wet to Dry Dressings in Patients with Chronic Skin Ulcers (Overuse Measure):</b> 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	 AMA-PCPI/NCQA	Claims, Registry
AQA adopted	247	Clinical Process/ Effectiveness	<b>Substance Use Disorders: Counseling Regarding Psychosocial and Pharmacologic Treatment Options for Alcohol Dependence:</b> 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	 AMA-PCPI/NCQA	Claims, Registry
AQA adopted	248	Clinical Process/ Effectiveness	<b>Substance Use Disorders: Screening for Depression Among Patients with Substance Abuse or Dependence:</b> 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	 AMA-PCPI/NCQA	Claims, Registry
N/A	249	Clinical Process/ Effectiveness	<b>Barrett's Esophagus:</b> Percentage of esophageal biopsy reports that document the presence of Barrett's mucosa that also include a statement about dysplasia	 CAP	Claims, Registry
N/A	250	Clinical Process/ Effectiveness	<b>Radical Prostatectomy Pathology Reporting:</b> Percentage of radical prostatectomy pathology reports that include the pT category, the pN category, the Gleason score and a statement about margin status	 CAP	Claims, Registry
N/A	251	Clinical Process/ Effectiveness	<b>Immunohistochemical (IHC) Evaluation of Human Epidermal Growth Factor Receptor 2 Testing (HER2) for Breast Cancer Patients:</b> 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	 CAP	Claims, Registry

## 2013 PQRS Measures List

NQF #	PQRS #	National Quality Strategy Domain	Measure Description <sup>a</sup>	Measure Developer	Reporting Options
0503	252	Clinical Process/ Effectiveness	<b>Anticoagulation for Acute Pulmonary Embolus Patients:</b> Anticoagulation ordered for patients who have been discharged from the emergency department (ED) with a diagnosis of acute pulmonary embolus	 ACEP	Claims, Registry
0651	254	Clinical Process/ Effectiveness	<b>Ultrasound Determination of Pregnancy Location for Pregnant Patients with Abdominal Pain:</b> 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	 ACEP	Claims, Registry
0652	255	Clinical Process/ Effectiveness	<b>Rh Immunoglobulin (Rhogam) for Rh-Negative Pregnant Women at Risk of Fetal Blood Exposure:</b> 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)	 ACEP	Claims, Registry
N/A	256	Care Coordination	<b>Surveillance after Endovascular Abdominal Aortic Aneurysm Repair (EVAR):</b> Percentage of patients 18 years of 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	 SVS	Registry
N/A	257	Clinical Process/ Effectiveness	<b>Statin Therapy at Discharge after Lower Extremity Bypass (LEB):</b> Percentage of patients aged 18 years and older undergoing infra-inguinal lower extremity bypass who are prescribed a statin medication at discharge	 SVS	Registry
N/A	258	Care Coordination	<b>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):</b> 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)	 SVS	Registry
N/A	259	Care Coordination	<b>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):</b> 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)	 SVS	Registry

## 2013 PQRS Measures List

NQF #	PQRS #	National Quality Strategy Domain	Measure Description <sup>a</sup>	Measure Developer	Reporting Options
N/A	260	Care Coordination	<b>Rate of Carotid Endarterectomy (CEA) for Asymptomatic Patients, without Major Complications (Discharged to Home by Post-Operative Day #2):</b> Percent of asymptomatic patients undergoing CEA who are discharged to home no later than post-operative day #2	 SVS	Registry
N/A	261.	Care Coordination	<b>Referral for Otologic Evaluation for Patients with Acute or Chronic Dizziness:</b> 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	 AQC	Claims, Registry
N/A	262	Patient Safety	<b>Image Confirmation of Successful Excision of Image-Localized Breast Lesion:</b> 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 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.	 ASBS	Claims, Registry
N/A	263	Clinical Process/ Effectiveness	<b>Preoperative Diagnosis of Breast Cancer:</b> The percent of patients undergoing breast cancer operations who obtained the diagnosis of breast cancer preoperatively by a minimally invasive biopsy method	 ASBS	Claims, Registry
N/A	264	Clinical Process/ Effectiveness	<b>Sentinel Lymph Node Biopsy for Invasive Breast Cancer:</b> The percentage of clinically node negative (clinical stage T1N0M0 or T2N0M0) breast cancer patients who undergo a sentinel lymph node (SLN) procedure	 ASBS	Registry
0645	265	Care Coordination	<b>Biopsy Follow-Up:</b> Percentage of new patients whose biopsy results have been reviewed and communicated to the primary care/referring physician and patient by the performing physician	 AAD	Registry
N/A	266	Clinical Process/ Effectiveness	<b>Epilepsy: Seizure Type(s) and Current Seizure Frequency(ies):</b> 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	Claims, Registry



## 2013 PQRS Measures List

NQF #	PQRS #	National Quality Strategy Domain	Measure Description <sup>a</sup>	Measure Developer	Reporting Options
N/A	267	Clinical Process/ Effectiveness	<b>Epilepsy: Documentation of Etiology of Epilepsy or Epilepsy Syndrome:</b> 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	AAN	Claims, Registry
N/A	268	Clinical Process/ Effectiveness	<b>Epilepsy: Counseling for Women of Childbearing Potential with Epilepsy:</b> 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	AAN	Claims, Registry
N/A	269	Clinical Process/ Effectiveness	<b>Inflammatory Bowel Disease (IBD): Type, Anatomic Location and Activity All Documented:</b> 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	IBD Measures Group (R)
N/A	270	Clinical Process/ Effectiveness	<b>Inflammatory Bowel Disease (IBD): Preventive Care: Corticosteroid Sparing Therapy:</b> 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	IBD Measures Group (R)
N/A	271	Clinical Process/ Effectiveness	<b>Inflammatory Bowel Disease (IBD): Preventive Care: Corticosteroid Related Iatrogenic Injury – Bone Loss Assessment:</b> 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	IBD Measures Group (R)
N/A	272	Clinical Process/ Effectiveness	<b>Inflammatory Bowel Disease (IBD): Preventive Care: Influenza Immunization:</b> 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	AGA	IBD Measures Group (R)
N/A	273	Clinical Process/ Effectiveness	<b>Inflammatory Bowel Disease (IBD): Preventive Care: Pneumococcal Immunization:</b> Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease that had pneumococcal vaccination administered or previously received	AGA	IBD Measures Group (R)








## 2013 PQRS Measures List

NQF #	PQRS #	National Quality Strategy Domain	Measure Description <sup>a</sup>	Measure Developer	Reporting Options
N/A	274	Clinical Process/ Effectiveness	<b>Inflammatory Bowel Disease (IBD): Testing for Latent Tuberculosis (TB) Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy:</b> 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	IBD Measures Group (R)
N/A	275	Clinical Process/ Effectiveness	<b>Inflammatory Bowel Disease (IBD): Assessment of Hepatitis B Virus (HBV) Status Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy:</b> Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease who had Hepatitis B Virus (HBV) status assessed and results interpreted within one year prior to receiving a first course of anti-TNF (tumor necrosis factor) therapy	■ AGA	IBD Measures Group (R)
N/A	276	Clinical Process/ Effectiveness	<b>Sleep Apnea: Assessment of Sleep Symptoms:</b> Percentage of visits for patients aged 18 years and older with a diagnosis of obstructive sleep apnea that includes documentation of an assessment of symptoms, including presence or absence of snoring and daytime sleepiness	⌘ AMA-PCPI/NCQA	Sleep Apnea Measures Group (R)
N/A	277	Clinical Process/ Effectiveness	<b>Sleep Apnea: Severity Assessment at Initial Diagnosis:</b> 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	Sleep Apnea Measures Group (R)
N/A	278	Clinical Process/ Effectiveness	<b>Sleep Apnea: Positive Airway Pressure Therapy Prescribed:</b> 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	Sleep Apnea Measures Group (R)
N/A	279	Clinical Process/ Effectiveness	<b>Sleep Apnea: Assessment of Adherence to Positive Airway Pressure Therapy:</b> 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	Sleep Apnea Measures Group (R)
N/A	280	Care Coordination	<b>Dementia: Staging of Dementia:</b> 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	Dementia Measures Group (C/R)

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NQF #	PQRS #	National Quality Strategy Domain	Measure Description <sup>a</sup>	Measure Developer	Reporting Options
N/A	281	Clinical Process/ Effectiveness	<b>Dementia: Cognitive Assessment:</b> 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	Dementia Measures Group (C/R)
N/A	282	Clinical Process/ Effectiveness	<b>Dementia: Functional Status Assessment:</b> Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of patient's functional status is performed and the results reviewed at least once within a 12 month period	▲ AMA-PCPI	Dementia Measures Group (C/R)
N/A	283	Clinical Process/ Effectiveness	<b>Dementia: Neuropsychiatric Symptom Assessment:</b> 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	▲ AMA-PCPI	Dementia Measures Group (C/R)
N/A	284	Clinical Process/ Effectiveness	<b>Dementia: Management of Neuropsychiatric Symptoms:</b> 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	Dementia Measures Group (C/R)
N/A	285	Clinical Process/ Effectiveness	<b>Dementia: Screening for Depressive Symptoms:</b> Percentage of patients, regardless of age, with a diagnosis of dementia who were screened for depressive symptoms within a 12 month period	▲ AMA-PCPI	Dementia Measures Group (C/R)
N/A	286	Patient Safety	<b>Dementia: Counseling Regarding Safety Concerns:</b> 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	Dementia Measures Group (C/R)
N/A	287	Clinical Process/ Effectiveness	<b>Dementia: Counseling Regarding Risks of Driving:</b> 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	Dementia Measures Group (C/R)
N/A	288	Clinical Process/ Effectiveness	<b>Dementia: Caregiver Education and Support:</b> 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	Dementia Measures Group (C/R)








## 2013 PQRS Measures List

NQF #	PQRS #	National Quality Strategy Domain	Measure Description <sup>a</sup>	Measure Developer	Reporting Options
N/A	289	Clinical Process/ Effectiveness	<b>Parkinson's Disease: Annual Parkinson's Disease Diagnosis Review:</b> 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	Parkinson's Disease Measures Group (R)
N/A	290	Clinical Process/ Effectiveness	<b>Parkinson's Disease: Psychiatric Disorders or Disturbances Assessment:</b> 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	Parkinson's Disease Measures Group (R)
N/A	291	Clinical Process/ Effectiveness	<b>Parkinson's Disease: Cognitive Impairment or Dysfunction Assessment:</b> All patients with a diagnosis of Parkinson's disease who were assessed for cognitive impairment or dysfunction at least annually	 AAN	Parkinson's Disease Measures Group (R)
N/A	292	Clinical Process/ Effectiveness	<b>Parkinson's Disease: Querying about Sleep Disturbances:</b> All patients with a diagnosis of Parkinson's disease (or caregivers, as appropriate) who were queried about sleep disturbances at least annually.	 AAN	Parkinson's Disease Measures Group (R)
N/A	293	Clinical Process/ Effectiveness	<b>Parkinson's Disease: Rehabilitative Therapy Options:</b> 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	Parkinson's Disease Measures Group (R)
N/A	294	Clinical Process/ Effectiveness	<b>Parkinson's Disease: Parkinson's Disease Medical and Surgical Treatment Options Reviewed:</b> 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	Parkinson's Disease Measures Group (R)
N/A	295	Clinical Process/ Effectiveness	<b>Hypertension: Appropriate Use of Aspirin or Other Antithrombotic Therapy:</b> 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	Hypertension Measures Group (R)







## 2013 PQRS Measures List

NQF #	PQRS #	National Quality Strategy Domain	Measure Description <sup>a</sup>	Measure Developer	Reporting Options
N/A	296	Clinical Process/ Effectiveness	<b>Hypertension: Complete Lipid Profile:</b> Percentage of patients aged 18 through 90 years old with a diagnosis of hypertension who received a complete lipid profile within <b><u>60 months</u></b>	● ABIM	Hypertension Measures Group (R)
N/A	297	Clinical Process/ Effectiveness	<b>Hypertension: Urine Protein Test:</b> 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 <b><u>36 months</u></b>	● ABIM	Hypertension Measures Group (R)
N/A	298	Clinical Process/ Effectiveness	<b>Hypertension: Annual Serum Creatinine Test:</b> Percentage of patients aged 18 through 90 years old with a diagnosis of hypertension who had a serum creatinine test done within <b><u>12 months</u></b>	● ABIM	Hypertension Measures Group (R)
N/A	299	Clinical Process/ Effectiveness	<b>Hypertension: Diabetes Mellitus Screening Test:</b> Percentage of patients aged 18 through 90 years old with a diagnosis of hypertension who had a diabetes screening test within <b><u>36 months</u></b>	● ABIM	Hypertension Measures Group (R)
N/A	300	Clinical Process/ Effectiveness	<b>Hypertension: Blood Pressure Control:</b> Percentage of patients aged 18 through 90 years old with a diagnosis of hypertension who had most recent blood pressure level under control (at goal)	● ABIM	Hypertension Measures Group (R)
N/A	301	Clinical Process/ Effectiveness	<b>Hypertension: Low Density Lipoprotein (LDL-C) Control:</b> Percentage of patients aged 18 through 90 years old with a diagnosis of hypertension who had most recent LDL cholesterol level under control (at goal)	● ABIM	Hypertension Measures Group (R)
N/A	302	Clinical Process/ Effectiveness	<b>Hypertension: Dietary and Physical Activity Modifications Appropriately Prescribed:</b> 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 <b><u>12 months</u></b>	● ABIM	Hypertension Measures Group (R)
N/A	303	Clinical Process/ Effectiveness	<b>Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery:</b> 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	Registry, Cataract Measures Group (R)




## 2013 PQRS Measures List

NQF #	PQRS #	National Quality Strategy Domain	Measure Description <sup>a</sup>	Measure Developer	Reporting Options
N/A	304	Patient and Family Engagement Safety	<b>Cataracts: Patient Satisfaction within 90 Days Following Cataract Surgery:</b> 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	Registry, Cataract Measures Group (R)
0004	305	Clinical Process/ Effectiveness	<b>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment:</b> (a) <b>Initiation</b> , (b) <b>Engagement:</b> Percentage of adolescent and adult patients with a new episode of alcohol or other drug (AOD) dependence who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis and who initiated treatment <b>AND</b> who had two or more additional services with an AOD diagnosis within 30 days of the initial visit	 NCOA	EHR
0012	306	Population/ Public Health	<b>Prenatal Care: Screening for Human Immunodeficiency Virus (HIV):</b> 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	 AMA-PCPI	EHR
0014	307	Patient Safety	<b>Prenatal Care: Anti-D Immune Globulin:</b> 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	 AMA-PCPI	EHR
0027	308	Population/ Public Health	<b>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:</b> Percentage of patients aged 18 years and 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	 NCOA	EHR
0032	309	Clinical Process/ Effectiveness	<b>Cervical Cancer Screening:</b> Percentage of women aged 21 through 63 years who received one or more Pap tests to screen for cervical cancer	 NCOA	EHR
0033	310	Population/ Public Health	<b>Chlamydia Screening for Women:</b> Percentage of women aged 15 through 24 years who were identified as sexually active and who had at least one test for chlamydia during the measurement year	 NCOA	EHR

## 2013 PQRS Measures List

NQF #	PQRS #	National Quality Strategy Domain	Measure Description <sup>a</sup>	Measure Developer	Reporting Options
0036	311	Clinical Process/ Effectiveness	<b>Use of Appropriate Medications for Asthma:</b> Percentage of patients aged 5 through 50 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement year	 NCOA	EHR
0052	312	Efficient Use of Healthcare Resources	<b>Low Back Pain: Use of Imaging Studies:</b> Percentage of patients with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of diagnosis	 NCOA	EHR
0575	313	Clinical Process/ Effectiveness	<b>Diabetes Mellitus: Hemoglobin A1c Control (&lt; 8%):</b> The percentage of patients 18 through 75 years of age with a diagnosis of diabetes (type 1 or type 2) who had HbA1c < 8%	 NCOA	EHR
N/A	316	Clinical Process/ Effectiveness	<b>Preventive Care and Screening: Cholesterol – Fasting Low Density Lipoprotein (LDL) Test Performed AND Risk-Stratified Fasting LDL:</b> Percentage of patients aged 20 through 79 years whose risk factors* have been assessed and a fasting LDL test has been performed *There are three criteria for this measure based on the patient's risk category. 1. Highest Level of Risk: Coronary Heart Disease (CHD) or CHD Risk Equivalent 2. Moderate Level of Risk: Multiple (2+) Risk Factors 3. Lowest Level of Risk: 0 or 1 Risk Factor	 CMS/QIP	EHR
N/A	317 GPRO PREV-11	Population/ Public Health	<b>Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented:</b> Percentage of patients aged 18 years and older seen during the reporting 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/QIP	Claims, Registry, EHR, GPRO/ACO, Cardiovascular Prevention Measures Group (C/R)
0101	318 GPRO CARE-2	Patient Safety	<b>Falls: Screening for Future Fall Risk:</b> Percentage of patients aged 65 years and older who were screened for future fall risk at least once within the reporting period	 AMA-PCPI/NCOA	GPRO/ACO

## 2013 PQRS Measures List

NQF #	PQRS #	National Quality Strategy Domain	Measure Description <sup>a</sup>	Measure Developer	Reporting Options
0729	319 GPRO DM-13 thru DM-17	Clinical Process/ Effectiveness	<p><b>Diabetes Composite: Optimal Diabetes Care:</b> 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"> <li>• A1c &lt; 8.0%, LDL &lt; 100 mg/dL,</li> <li>• blood pressure &lt; 140/90 mmHg,</li> <li>• tobacco non-user and for patients with a diagnosis of ischemic vascular disease daily aspirin use unless contraindicated</li> </ul>		GPRO/ACO
0658	320	Care Coordination	<p><b>Endoscopy/Polyp Surveillance: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients:</b> 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>		Claims, Registry
0493	321	Care Coordination	<p><b>Participation by a Hospital, Physician or Other Clinician in a Systematic Clinical Database Registry that Includes Consensus Endorsed Quality:</b> Participation in a systematic qualified clinical database registry involves:</p> <ol style="list-style-type: none"> <li>a. Physician or other clinician submits standardized data elements to registry.</li> <li>b. Data elements are applicable to consensus endorsed quality measures.</li> <li>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.</li> <li>d. Registry provides calculated measures results, benchmarking, and quality improvement information to individual physicians and clinicians.</li> <li>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.</li> <li>f. Registry may provide feedback directly to the provider's local registry if one exists.</li> </ol>		Claims, Registry



## 2013 PQRS Measures List

NQF #	PQRS #	National Quality Strategy Domain	Measure Description <sup>a</sup>	Measure Developer	Reporting Options
0670	322	Efficient Use of Healthcare Resources	<b>Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low Risk Surgery Patients:</b> 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	◆ ACC	Registry
0671	323	Efficient Use of Healthcare Resources	<b>Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Routine Testing After Percutaneous Coronary Intervention (PCI):</b> 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	◆ ACC	Registry
0672	324	Efficient Use of Healthcare Resources	<b>Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Testing in Asymptomatic, Low-Risk Patients:</b> 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 asymptomatic, low coronary heart disease (CHD) risk patients 18 years and older for initial detection and risk assessment	◆ ACC	Registry
N/A	325	Clinical Process/ Effectiveness	<b>Adult Major Depressive Disorder (MDD): Coordination of Care of Patients with Specific Comorbid Conditions:</b> Percentage of medical records of patients aged 18 years and older with a diagnosis of major depressive disorder (MDD) and a diagnosed comorbid condition (diabetes, coronary artery disease, ischemic stroke, intracranial hemorrhage, chronic kidney disease [stages 4 or 5], ESRD or congestive heart failure) being treated by another clinician with communication to the other clinician treating the comorbid condition	▲ AMA-PCPI	Registry

## 2013 PQRS Measures List

NQF #	PQRS #	National Quality Strategy Domain	Measure Description <sup>a</sup>	Measure Developer	Reporting Options
1525	326	Patient Safety	<b>Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy:</b> Patients aged 18 and older with a diagnosis of nonvalvular AF or atrial flutter whose assessment of 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 were prescribed warfarin OR another oral anticoagulant drug that is FDA approved for the prevention of thromboembolism	▶AMA-PCPI/ACCF/AHA	Claims, Registry
N/A	327	Clinical Process/ Effectiveness	<b>Pediatric Kidney Disease: Adequacy of Volume Management:</b> 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	▲AMA-PCPI	Claims, Registry
1667	328	Clinical Process/ Effectiveness	<b>Pediatric Kidney Disease: ESRD Patients Receiving Dialysis: Hemoglobin Level &lt; 10g/dL:</b> 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	▲AMA-PCPI	Claims, Registry

- a) Measure titles and descriptions for some measures may vary by measure reporting options/methods for a particular program year. This is due to the timing of measure specification preparation for the various reporting options/methods. The titles and descriptions referenced in this document refer to the claims/registry measure specifications. Please refer to the measure specifications that apply to the other reporting options/methods for the measure details (e.g., measure titles and descriptions) that apply to those specific options/methods.
- b) A list of Registries and qualified EHR vendors and products for the 2013 program year will be available on the Alternative Reporting Mechanisms section available from the navigation bar on the left side of the CMS PQRS website. Please visit this site periodically for updates and contact your EHR vendor or registry to determine if they are planning to become qualified for upcoming program years.
1. PQRS Registry website: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Registry-Reporting.html>
  2. PQRS EHR: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Electronic-Health-Record-Reporting.html>
- c) The Group Practice Reporting Option (GPRO) is only available to those group practices participating in the PQRS group practice reporting option (GPRO) reporting via the Web Interface. For information on how to self-nominate/register to participate in the GPRO, refer to the downloads on the Group Practice Reporting Option section available from the navigation bar on the left side of the CMS PQRS website. Please visit this site periodically for updates.
1. PQRS GPRO website: [http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Group\\_Practice\\_Reporting\\_Option.html](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Group_Practice_Reporting_Option.html)

## 2013 PQRS Measures List

Appendix I - Measure Specifications		
Reporting Option/Method	Measure Specification Name	CMS PQRS website location
Claims	2013 PQRS Measure Specifications Manual for Claims and Registry Reporting of Individual Measures and Release Notes	<a href="http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html">http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html</a> 2013 PQRS Measure Specifications Manual for Claims and Registry Reporting of Individual Measures and Release Notes ZIP file
Registry	2013 PQRS Measure Specifications Manual for Claims and Registry Reporting of Individual Measures and Release Notes	<a href="http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html">http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html</a> 2013 PQRS Measure Specifications Manual for Claims and Registry Reporting of Individual Measures and Release Notes ZIP file
EHR Electronic Health Record	2013 EHR Measure Specifications and Release Notes	<a href="http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Electronic-Health-Record-Reporting.html">http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Electronic-Health-Record-Reporting.html</a> EHR Documents for Eligible Professionals ZIP file
Measures Groups	2013 PQRS Measures Groups Specifications Manual and Release Notes  NOTE: Refer to these measure specifications for more information on which reporting mechanism (claims or registry) may be used to submit each Measures Group.	<a href="http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html">http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html</a> 2013 PQRS Measures Groups Specifications Manual and Release Notes ZIP file
GPRO Group Practice Reporting Option	2013 PQRS GPRO Narrative Measure Specifications and Release Notes	<a href="http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Group_Practice_Reporting_Option.html">http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Group_Practice_Reporting_Option.html</a> 2013 PQRS GPRO Narrative Measure Specifications and Release Notes ZIP file

## 2013 PQRS Measures List

Appendix II - Measure Developer/Contact Information		
Acronym	Full Name	Contact
AAD	American Academy of Dermatology	e-mail questions and comments to <a href="mailto:sweinberg@aad.org">sweinberg@aad.org</a>
AAN	American Academy of Neurology	e-mail questions and comments to <a href="mailto:ggjorvad@aan.com">ggjorvad@aan.com</a>
AAO	American Academy of Ophthalmology	e-mail questions and comments to <a href="mailto:flum@aao.org">flum@aao.org</a> or <a href="mailto:kkurth@aaodc.org">kkurth@aaodc.org</a>
ABIM	American Board of Internal Medicine	e-mail questions and comments to <a href="mailto:measures@abim.org">measures@abim.org</a>
ACC	American College of Cardiology	e-mail questions and comments to <a href="mailto:mshahria@acc.org">mshahria@acc.org</a>
ACEP	American College of Emergency Physicians	e-mail questions and comments to <a href="mailto:sjones@acep.org">sjones@acep.org</a>
AGA	American Gastroenterological Association	e-mail questions and comments to <a href="mailto:drobin@gastro.org">drobin@gastro.org</a>
AHA	American Heart Association	e-mail questions and comments to <a href="mailto:guidelinesinfo@heart.org">guidelinesinfo@heart.org</a>
AMA-PCPI	American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® (PCPI™)	e-mail questions and comments to the PCPI at <a href="mailto:cpe@ama-assn.org">cpe@ama-assn.org</a>
APMA	American Podiatric Medical Association	e-mail questions and comments to <a href="mailto:jrchristina@apma.org">jrchristina@apma.org</a>
ASBS	American Society of Breast Surgeons	e-mail questions and comments to <a href="mailto:sgrutman@breastsurgeons.org">sgrutman@breastsurgeons.org</a>
ASH	American Society of Hematology	e-mail questions and comments to <a href="mailto:ash@hematology.org">ash@hematology.org</a>
ASCO	American Society of Clinical Oncology	<a href="http://www.asco.org">http://www.asco.org</a> and click on "Contact Us"
ASHA	American Speech-Language-Hearing Association	e-mail questions and comments to <a href="mailto:rmullen@asha.org">rmullen@asha.org</a>
ASA	American Stroke Association	<a href="http://www.heart.org/HEARTORG/General/Contact-Us_UCM_308813_Article.jsp">http://www.heart.org/HEARTORG/General/Contact-Us_UCM_308813_Article.jsp</a>
AQC	Audiology Quality Consortium	e-mail questions and comments to <a href="mailto:lsatterfield@asha.org">lsatterfield@asha.org</a> or <a href="mailto:pfarrell@asha.org">pfarrell@asha.org</a>
CAP	College of American Pathologists	e-mail questions and comments to <a href="http://www.cap.org">http://www.cap.org</a>
CMS	Centers for Medicare & Medicaid Services	e-mail questions and comments to <a href="mailto:qnetsupport@sdps.org">qnetsupport@sdps.org</a>
MNCM	Minnesota Community Measurement	e-mail questions and comments to <a href="mailto:info@mncm.org">info@mncm.org</a>
OFMQ	Oklahoma Foundation for Medical Quality	email questions and comments to <a href="https://cms-ip.custhelp.com/">https://cms-ip.custhelp.com/</a>
QIP	Quality Insights of Pennsylvania	<a href="http://www.usqualitymeasures.org/For-Your-Information/contact.aspx">http://www.usqualitymeasures.org/For-Your-Information/contact.aspx</a>
FOTO	Focus on Therapeutic Outcomes	e-mail questions and comments to <a href="mailto:fotoregistry@fotoinc.com">fotoregistry@fotoinc.com</a>
NCCN	National Comprehensive Cancer Network	<a href="http://www.nccn.org/about/contact.asp">http://www.nccn.org/about/contact.asp</a>
NCQA	National Committee for Quality Assurance	<a href="http://www.ncqa.org">http://www.ncqa.org</a> and click on "Contact Us"
STS	The Society of Thoracic Surgeons	e-mail questions and comments to <a href="mailto:jhan@sts.org">jhan@sts.org</a>
SVS	Society for Vascular Surgery	e-mail questions and comments at <a href="http://www.vascularweb.org">http://www.vascularweb.org</a>