# What's New for the 2009 Physician Quality Reporting Initiative (PQRI) 

http://www.cms.hhs.gov/PQRI

This fact sheet includes important information about the 2009 PQRI. Similar to the 2008 PQRI, eligible professionals can choose whether to report quality measures data through claims submission or through a qualified PQRI registry. In addition, eligible professionals can choose to report on individual quality measures or on measures groups.

## Registry Reporting

CMS will conduct another self-nomination process for registries so additional registries can potentially be approved for submitting quality measures data for the 2009 PQRI. Registries qualified to submit data on behalf of their eligible professionals in 2008 are not required to self-nominate again for 2009 unless they are unsuccessful at submitting 2008 data by March 31, 2009. The list of qualified registries for the 2009 PQRI will be available at http://www.cms.hhs.gov/PQRI on the CMS website.

## Important Changes for the 2009 PQRI

The definition of "eligible professional" has been expanded to include qualified audiologists.
Eligible professionals who satisfactorily report at least three applicable quality measures shall be paid an incentive of $2.0 \%$ of estimated allowable charges submitted not later than 2 months after the end of the reporting period for 2009 PQRI quality measures. This is an increase of $0.5 \%$ from the incentive amount authorized for the 2008 PQRI.

If fewer than three PQRI quality measures apply to an eligible professional, he or she may still qualify for the $2.0 \%$ PQRI incentive payment by satisfactorily submitting quality-data codes for all applicable measures through claims submission. However, eligible professionals who satisfactorily submit quality-data codes for fewer than three PQRI measures will be subject to a measure-applicability validation (MAV) process to determine whether they should have submitted quality-data codes for additional measures.

The MAV process will be applied to determine whether quality-data codes for additional measures should have been submitted when eligible professionals satisfactorily submit quality-data codes for fewer than three PQRI measures. MAV consists of a two-step process: (1) a "clinical relation" test, and (2) a "minimum threshold" test. Those who fail the validation process will not earn the PQRI incentive payment for 2009. A detailed document describing how MAV will be applied for the 2009 PQRI will be available as a downloadable document in the Analysis/Payment section at http://www.cms.hhs.gov/PQRI on the CMS website.

## 2009 PQRI Individual Quality Measures

The final number of 2009 PQRI quality measures is 153 . This total includes 52 new measures. Whereas all 2008 PQRI quality measures were reportable through claims submission or through a qualified PQRI registry, a subset of the 2009 PQRI quality measures is reportable only through registries.

Appendix 1 lists 18 measures removed from the 2008 PQRI measures for 2009, Appendix 2 identifies the new measures, and Appendix 3 identifies 18 measures reportable only through registries in 2009.

Important Note: The detailed measure specifications for the 2008 PQRI quality measures selected for the 2009 PQRI may have been updated or modified during the National Quality Forum (NQF) endorsement process or for other reasons prior to 2009. The 2009 PQRI quality measure specifications for any given quality measure may, therefore, be different from specifications for the same quality measure used for 2008. Specifications for all 2009 PQRI quality measures, whether or not included in the 2008 PQRI program, must be obtained from the 2009 PQRI Quality Measures Specifications Manual for 2009 PQRI quality measures, which is available as a downloadable document in the Measures/ Codes section at http://www.cms.hhs.gov/PQRI on the CMS website.

[^0]
# Appendix 4 includes measures numbers, titles, and sources for each measures group: 1) Diabetes Mellitus, 

2) Chronic Kidney Disease, 3) Preventive Care, 4) Rheumatoid Arthritis,
3) Coronary Artery Bypass Graft (CABG) Surgery, 6) Perioperative Care, and 7) Back Pain.

The first three measures groups were retained from last year; however, except for the Preventive Care measures group, the measures selected for inclusion in these measures groups are different from the measures that were included in the 2008 measures groups. Please note that the ESRD measures group is removed from the PQRI for 2009.

In addition, measures groups specifications are different from those specifications for individually reported measures that form the group. Therefore, the specifications and reporting instructions for the 2009 PQRI measures groups are provided separately in the 2009 PQRI Measures Groups Specifications Manual available as a downloadable document in the Measures/Codes section at $h$ ttp://www.cms.hhs.gov/PQRI on the CMS website. Please note that new for 2009, if all quality actions for the applicable measures in a measures group have been performed for the patient, one G-code may be reported in lieu of the individual quality-data codes for each of the measures within the group.

Important Note: The measures in the Back Pain measures group are reportable solely as a measures group and not as individual quality measures. In addition, some of the measures in the CABG Surgery measures group are reportable only through a qualified PQRI registry. Therefore, the CABG Surgery measures group is reportable only through a qualified PQRI registry and is not reportable through claims submission.

## 2009 PQRI Reporting Options \& Criteria for Satisfactory Reporting

In total, there are 9 reporting options or ways in which an eligible professional can satisfactorily report for the 2009 PQRI. Although there are multiple reporting options for satisfactory reporting, an eligible professional only needs to satisfactorily report under one option to qualify for the $2.0 \%$ PQRI incentive payment for the applicable reporting period.

Important Note: Although the number of reporting options remains the same as in the 2008 PQRI, there are some differences between the 2008 PQRI reporting criteria and the 2009 reporting criteria. The criteria that will be used to determine whether an eligible professional satisfactorily reports for the 2009 PQRI are summarized in Tables 1 through 4 below.

Table 1: Criteria for Claims-based Reporting of Individual Measures

| Reporting Criteria | Reporting Period |
| :---: | :---: |
| At least 3 PQRI measures, or 1-2 measures if less than | January 1, 2009 - |
| 3 apply to the eligible professional, for 80\% of applicable | December 31, 2009 |
| Medicare Part B FFS patients of each eligible professional. |  |

Table 2: Criteria for Claims-based Reporting of Measures Groups

| Reporting Criteria | Reporting Period |
| :---: | :---: |
| One measures group for 30 consecutive Medicare Part B <br> FFS patients of each eligible professional. | January 1, 2009 - <br> December 31, 2009 |
| One measures group for 80\% of applicable Medicare Part B <br> FFS patients of each eligible professional (with a minimum of <br> 30 patients during the reporting period). | January 1, 2009 - |
| December 31, 2009 |  |
| One measures group for 80\% of applicable Medicare Part B <br> FFS patients of each eligible professional (with a minimum of <br> 15 patients during the reporting period). | July 1, 2009 - |

Table 3: Criteria for Registry-based Reporting of Individual Measures

| Reporting Criteria | Reporting Period |
| :---: | :---: |
| At least 3 PQRI measures for 80\% of applicable Medicare | January 1, 2009- |
| Part B FFS patients of each eligible professional. | December 31, 2009 |
| At least 3 PQRI measures for 80\% of applicable Medicare | July 1, 2009 - |
| Part B FFS patients of each eligible professional. | December 31, 2009 |

Table 4: Criteria for Registry-based Reporting of Measures Groups

| Reporting Criteria | Reporting Period |
| :---: | :---: |
| One measures group for 30 consecutive patients of each <br> eligible professional. Patients may include, but may not be <br> exclusively, non-Medicare Part B FFS patients. | January 1, 2009 - <br> December 31, 2009 |
| One measures group for 80\% of applicable Medicare Part B <br> FFS patients of each eligible professional (with a minimum <br> of 30 patients during the reporting period). | January 1, 2009 - <br> December 31, 2009 |
| One measures group for 80\% of applicable Medicare Part B <br> FFS patients of each eligible professional (with a minimum <br> of 15 patients during the reporting period). | July 1, 2009 - <br> December 31, 2009 |

## Public Reporting of 2009 PQRI Data

For 2009 PQRI submitted data, CMS plans to post the names of individual eligible professionals who satisfactorily report quality measures for the 2009 PQRI following completion of 2009 incentive payments.

Appendix 1: 2008 PQRI Measures Removed for 2009

| Measure Number | Measure Title |
| :---: | :---: |
| 4 | Screening for Future Fall Risk |
| 73 | Radiation Therapy Recommended for Invasive Breast Cancer Patients <br> who have Undergone Breast Conserving Surgery |
| 74 | Prevention of Ventilator-Associated Pneumonia - Head Elevation |
| 75 | Assessment of GERD Symptoms in Patients Receiving Chronic Medication for GERD |
| 77 | Vascular Access for Patients Undergoing Hemodialysis |
| 78 | Plan of Care for ESRD Patients with Anemia |
| 80 | Hepatitis A and B Vaccination in Patients with HCV |
| 88 | Otitis Media with Effusion (OME): Antihistamines or Decongestants - |
| 96 | Avoidance of Inappropriate Use |
| 97 | Otitis Media with Effusion (OME): Systemic Antimicrobials - Avoidance of Inappropriate Use |
| 101 | Apropriate Initial Evaluation of Patients with Prostate Cancer |
| 103 | Review of Treatment Options in Patients with Clinically Localized Prostate Cancer |
| 120 | ACE Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy in Patients with CKD |
| 125 | HIT - Adoption/Use of e-Prescribing |
| 129 | Universal Influenza Vaccine Screening and Counseling |
| 132 | Patient Co-Development of Treatment Plan/Plan of Care |
| 133 | Screening for Cognitive Impairment |

Appendix 2: New PQRI Measures in 2009 and Their Source

| Measure Number | Measure Title | Measure Source |
| :---: | :---: | :---: |
| 135 | Chronic Kidney Disease (CKD): Influenza Immunization | American Medical Association - Physician Consortium for Performance Improvement (AMA-PCPI) |
| 136 | Melanoma: Follow-Up Aspects of Care | AMA-PCPI/ National Committee for Quality Assurance (NCQA) |
| 137 | Melanoma: Continuity of Care - Recall System | AMA-PCPI/NCQA |
| 138 | Melanoma: Coordination of Care | AMA-PCPI/NCQA |
| 139 | Cataracts: Comprehensive Preoperative Assessment for Cataract Surgery with Intraocular Lens (IOL) Placement | AMA-PCPI/NCQA |
| 140 | Age-Related Macular Degeneration (AMD): Counseling on Antioxidant Supplement | AMA-PCPI/NCQA |
| 141 | Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by $15 \%$ OR Documentation of a Plan of Care | AMA-PCPI/NCQA |
| 142 | Osteoarthritis (OA): Assessment for Use of Anti-Inflammatory or Analgesic Over-the-Counter (OTC) Medications | AMA-PCPI |
| 143 | Oncology: Medical and Radiation - Pain Intensity Quantified | AMA-PCPI |
| 144 | Oncology: Medical and Radiation - Plan of Care for Pain | AMA-PCPI |
| 145 | Radiology: Exposure Time Reported for Procedures Using Fluoroscopy | AMA-PCPI/NCQA |
| 146 | Radiology: Inappropriate Use of "Probably Benign" Assessment Category in Mammography Screening | AMA-PCPI |
| 147 | Nuclear Medicine: Correlation with Existing Imaging Studies for all Patients Undergoing Bone Scintigraphy | AMA-PCPI |
| 148* | Back Pain: Initial Visit | NCQA |
| 149* | Back Pain: Physical Exam | NCQA |
| 150* | Back Pain: Advice for Normal Activities | NCQA |
| 151* | Back Pain: Advice Against Bed Rest | NCQA |
| 152 | Coronary Artery Disease (CAD): Lipid Profile in Patients with CAD | AMA-PCPI |
| 153 | Chronic Kidney Disease (CKD): Referral for Arteriovenous (AV) Fistula | AMA-PCPI |
| 154 | Falls: Risk Assessment | AMA-PCPI |
| 155 | Falls: Plan of Care | AMA-PCPI |
| 156 | Oncology: Radiation Dose Limits to Normal Tissues | AMA-PCPI |
| 157 | Thoracic Surgery: Recording of Clinical Stage for Lung Cancer and Esophageal Cancer Resection | Society of Thoracic Surgeons (STS) |
| 158 | Endarterectomy: Use of Patch During Conventional Endarterectomy | STS |
| 159 | HIV/AIDS: CD4+ Cell Count or CD4+ Percentage | AMA-PCPI/NCQA |
| 160 | HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis | AMA-PCPI/NCQA |

*These measures are reportable solely as part of the Back Pain measures group and not as individual quality measures.

Appendix 2: New PQRI Measures in 2009 and Their Source (continued)

| Measure Number | Measure Title | Measure Source |
| :---: | :---: | :---: |
| 161 | HIV/AIDS: Adolescent and Adult Patients with HIV/AIDS Who Are Prescribed Potent Antiretroviral Therapy | AMA-PCPI/NCQA |
| 162 | HIV/AIDS: HIV RNA Control After Six Months of Potent Antiretroviral Therapy | AMA-PCPI/NCQA |
| 163 | Diabetes Mellitus: Foot Exam | NCQA |
| 164 | Coronary Artery Bypass Graft (CABG): <br> Prolonged Intubation (Ventilation) | STS |
| 165 | Coronary Artery Bypass Graft (CABG): Deep Sternal Wound Infection Rate | STS |
| 166 | Coronary Artery Bypass Graft (CABG): Stroke/Cerebrovascular Accident (CVA) | STS |
| 167 | Coronary Artery Bypass Graft (CABG): <br> Postoperative Renal Insufficiency | STS |
| 168 | Coronary Artery Bypass Graft (CABG): Surgical Re-exploration | STS |
| 169 | Coronary Artery Bypass Graft (CABG): Antiplatelet Medications at Discharge | STS |
| 170 | Coronary Artery Bypass Graft (CABG): Beta-Blockers Administered at Discharge | STS |
| 171 | Coronary Artery Bypass Graft (CABG): Lipid Management and Counseling | STS |
| 172 | Hemodialysis Vascular Access Decision-Making by Surgeon to Maximize Placement of Autogenous Arterial Venous (AV) Fistula | SVS |
| 173 | Preventive Care and Screening: Unhealthy Alcohol Use - Screening | AMA-PCPI |
| 174 | Pediatric End Stage Renal Disease (ESRD): Plan of Care for Inadequate Hemodialysis | AMA-PCPI |
| 175 | Pediatric End Stage Renal Disease (ESRD): Influenza Immunization | AMA-PCPI |
| 176 | Rheumatoid Arthritis (RA): Tuberculosis Screening | AMA-PCPI/NCQA |
| 177 | Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity | AMA-PCPI/NCQA |
| 178 | Rheumatoid Arthritis (RA): Functional Status Assessment | AMA-PCPI/NCQA |
| 179 | Rheumatoid Arthritis (RA): <br> Assessment and Classification of Disease Prognosis | AMA-PCPI/NCQA |
| 180 | Rheumatoid Arthritis (RA): Glucocorticoid Management | AMA-PCPI/NCQA |
| 181 | Elder Maltreatment Screen and Follow-Up Plan | Quality Insights of Pennsylvania (QIP)/CMS |
| 182 | Functional Outcome Assessment in Chiropractic Care | QIP/CMS |
| 183 | Hepatitis C: Hepatitis A Vaccination in Patients with HCV | AMA-PCPI |
| 184 | Hepatitis C: Hepatitis B Vaccination in Patients with HCV | AMA-PCPI |
| 185 | Endoscopy \& Polyp Surveillance: <br> Colonoscopy Interval for Patients with a History of Adenomatous <br> Polyps - Avoidance of Inappropriate Use | AMA-PCPI/NCQA |
| 186 | Wound Care: <br> Use of Compression System in Patients with Venous Ulcers | AMA-PCPI/NCQA |

Appendix 3: 2009 Registry-only PQRI Measures and Their Source

| Measure Number | Measure Title | Measure Source |
| :---: | :---: | :---: |
| 7 | Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI) | AMA-PCPI |
| 33 | Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge | AMA-PCPI/NCQA |
| 46 | Medication Reconciliation: Reconciliation After Discharge from an Inpatient Facility | AMA-PCPI/NCQA |
| 81 | End Stage Renal Disease (ESRD): Plan of Care for Inadequate Hemodialysis in ESRD Patients | AMA-PCPI |
| 82 | End Stage Renal Disease (ESRD): Plan of Care for Inadequate Peritoneal Dialysis | AMA-PCPI |
| 159 | HIV/AIDS: CD4+ Cell Count or CD4+ Percentage | AMA-PCPI/NCQA |
| 160 | HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis | AMA-PCPI/NCQA |
| 161 | HIV/AIDS: Adolescent and Adult Patients with HIV/AIDS Who Are Prescribed Potent Antiretroviral Therapy | AMA-PCPI/NCQA |
| 162 | HIV/AIDS: HIV RNA Control After Six Months of Potent Antiretroviral Therapy | AMA-PCPI/NCQA |
| 164 | Coronary Artery Bypass Graft (CABG): Prolonged Intubation (Ventilation) | STS |
| 165 | Coronary Artery Bypass Graft (CABG): Deep Sternal Wound Infection Rate | STS |
| 166 | Coronary Artery Bypass Graft (CABG): <br> Stroke/Cerebrovascular Accident (CVA) | STS |
| 167 | Coronary Artery Bypass Graft (CABG): <br> Postoperative Renal Insufficiency | STS |
| 168 | Coronary Artery Bypass Graft (CABG): Surgical Re-exploration | STS |
| 169 | Coronary Artery Bypass Graft (CABG): <br> Antiplatelet Medications at Discharge | STS |
| 170 | Coronary Artery Bypass Graft (CABG): Beta-Blockers Administered at Discharge | STS |
| 171 | Coronary Artery Bypass Graft (CABG): Lipid Management and Counseling | STS |
| 174 | Pediatric End Stage Renal Disease (ESRD): Plan of Care for Inadequate Hemodialysis | AMA-PCPI |

## Appendix 4: Measures Groups

## 2009 Diabetes Mellitus Measures Group

| Measure Number | Measure Title | Measure Source |
| :---: | :---: | :---: |
| 1 | Diabetes Mellitus: Hemoglobin A1c <br> Poor Control in Diabetes Mellitus | NCQA |
| 2 | Diabetes Mellitus: Low Density Lipoprotein (LDL-C) |  |
| Control in Diabetes Mellitus |  |  |$\quad$ NCQA

*New measures added to this measures group for 2009 are denoted with an asterisk.

| Measure Number | Measure Title | Measure Source |
| :---: | :---: | :---: |
| 121 | Chronic Kidney Disease (CKD): Laboratory Testing (Calcium, <br> Phosphorus, Intact Parathyroid Hormone (iPTH) and Lipid Profile) | AMA-PCPI |
| 122 | Chronic Kidney Disease (CKD): Blood Pressure Management | AMA-PCPI |
| 123 | Chronic Kidney Disease (CKD): Plan of Care - Elevated <br> Hemoglobin for Patients Receiving Erythropoiesis - <br> Stimulating Agents (ESA) | AMA-PCPI |
| $135^{*}$ | Chronic Kidney Disease (CKD): Influenza Immunization | AMA-PCPI |
| $153^{*}$ | Chronic Kidney Disease (CKD): Referral <br> for Arteriovenous (AV) Fistula | AMA-PCPI |

*New measures added to this measures group for 2009 are denoted with an asterisk.
Measure \# 120 ACE Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy in Patients with Chronic Kidney Disease (CKD) has been removed from the CKD measures group for 2009.

## 2009 Preventive Care Measures Group

| Measure Number | Measure Title | Measure Source |
| :---: | :---: | :---: |
| 39 | Screening or Therapy for Osteoporosis <br> for Women Aged 65 Years and Older | AMA-PCPI/NCQA |
| 48 | Urinary Incontinence: Assessment of Presence or Absence <br> of Urinary Incontinence in Women Aged 65 Years and Older | AMA-PCPI/NCQA |
| 110 | Preventive Care and Screening: Influenza Immunization <br> for Patients $\geq 50$ Years Old | AMA-PCPI |
| 111 | Preventive Care and Screening: Pneumonia Vaccination |  |
| for Patients 65 Years and Older |  |  |$\quad$ NCQA

## 2009 Rheumatoid Arthritis Measures Group

| Measure Number | Measure Title | Measure Source |
| :---: | :---: | :---: |
| 108 | Rheumatoid Arthritis (RA): Disease Modifying <br> Anti-Rheumatic Drug (DMARD) Therapy | NCQA |
| 176 | Rheumatoid Arthritis (RA): Tuberculosis Screening | AMA-PCPI/NCQA |
| 177 | Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity | AMA-PCPI/NCQA |
| 178 | Rheumatoid Arthritis (RA): Functional Status Assess | AMA-PCPI/NCQA |
| 179 | Rheumatoid Arthritis (RA): Assessment and <br> Classification of Disease Prognosis | AMA-PCPI/NCQA |
| 180 | Rheumatoid Arthritis (RA): Glucocorticoid Management | AMA-PCPI/NCQA |

2009 CABG Measures Group (reportable only through a qualified PQRI registry)

| Measure Number | Measure Title | Measure Source |
| :---: | :---: | :---: |
| 43 | Coronary Artery Bypass Graft (CABG): Use of Internal Mammary <br> Artery (IMA) in Patients with Isolated CABG Surgery | STS |
| 44 | Coronary Artery Bypass Graft (CABG): <br> Preoperative Beta-Blocker in Patients with Isolated CABG Surgery | STS |
| $164^{*}$ | Coronary Artery Bypass Graft (CABG): <br> Prolonged Intubation (Ventilation) | STS |
| $165^{*}$ | Coronary Artery Bypass Graft (CABG): <br> Deep Sternal Wound Infection Rate | STS |
| $166^{*}$ | Coronary Artery Bypass Graft (CABG): <br> Stroke/Cerebrovascular Accident (CVA) | STS |
| $167^{*}$ | Coronary Artery Bypass Graft (CABG): <br> Postoperative Renal Insufficiency | STS |
| $168^{*}$ | Coronary Artery Bypass Graft (CABG): Surgical Re-exploration | STS |
| $169^{*}$ | Coronary Artery Bypass Graft (CABG): <br> Antiplatelet Medications at Discharge | STS |
| $171^{*}$ | Coronary Artery Bypass Graft (CABG): <br> Beta-Blockers Administered at Discharge | STS |
| Coronary Artery Bypass Graft (CABG): <br> Lipid Management and Counseling | STS |  |

*This measure is reportable only via registry-based reporting and is not reportable via claims-based reporting.
2009 Perioperative Care Measures Group

| Measure Number | Measure Title | Measure Source |
| :---: | :---: | :---: |
| 20 | Perioperative Care: Timing of Antibiotic Prophylaxis - |  |
| Ordering Physician | AMA-PCPI/NCQA |  |
| 21 | Perioperative Care: Selection of Prophylactic Antibiotic - <br> First OR Second Generation Cephalosporin | AMA-PCPI/NCQA |
| 22 | Perioperative Care: Discontinuation of Prophylactic Antibiotics <br> (Non-Cardiac Procedures) | AMA-PCPI/NCQA |
| 23 | Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis <br> (When Indicated in ALL Patients) | AMA-PCPI/NCQA |

2009 Back Pain Measures Group

| Measure Number | Measure Title | Measure Source |
| :---: | :---: | :---: |
| 148 | Back Pain: Initial Visit | NCQA |
| 149 | Back Pain: Physical Exam | NCQA |
| 150 | Back Pain: Advice for Normal Activities | NCQA |
| 151 | Back Pain: Advice Against Bed Rest | NCQA |

The measures in the Back Pain measures group are reportable only as a measures group and not as individual measures.



[^0]:    This fact sheet was prepared as a service to the public and is not intended to grant rights or impose obligations. This fact sheet may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

