



# **2015 Physician Quality Reporting System (PQRS) Measure-Applicability Validation (MAV) Process for Claims-Based Reporting of Individual Measures**

01/15/2015

# 2015 PQRS MEASURE-APPLICABILITY VALIDATION (MAV) PROCESS FOR CLAIMS-BASED REPORTING

The 2015 Physician Quality Reporting System (PQRS) requires eligible professionals to report at least nine measures across three domains within the period January 1, 2015 through December 31, 2015. The Centers for Medicare & Medicaid Services (CMS) recognizes that a limited number of eligible professionals may not be able to identify nine measures across three domains that are applicable to their practice. The purpose of this guidance document is to carefully delineate the measure applicability validation (MAV) processes and requirements as it pertains to PQRS reporting via claims. See the MAV Glossary for additional terms and review Appendices A, B, and C for measure specific-information.

The objective of claims-based MAV is for CMS to validate if there were additional measure(s) or domain(s) that may have been applicable to report by the eligible professional. MAV will apply a two-step validation process:

**Step 1:** Clinical/Domain Relation Test

And

**Step 2:** Minimum Threshold Test

The MAV process exists to help eligible professionals and group practices who might practice in specialties and may have a limitation of measures for which they can report, to still avoid the payment adjustments. However, MAV is an analytically complex process and while it may benefit some eligible professionals and group practices, it may also validate that some eligible professionals and group practices should be reporting more measures than they currently report. This might mean that the 2017 payment adjustment may apply to an eligible professional or group practice.

Eligible professionals that report less than nine measures or less than three National Quality Strategy (NQS) domains would be subject to MAV. If the eligible professional passes MAV, they would avoid the 2017 PQRS payment adjustment. For those eligible professionals who fail MAV, the 2017 PQRS payment adjustment would apply. Review Case Study 1 for an example of how CMS would apply MAV.

## Case Study 1: Ophthalmologist - When and How MAV Applies

If an ophthalmologist satisfactorily reports measures #130 and #226 and does not report on any other measures, then CMS will analyze claims data to

- 1) Complete the claims/relation domain test, and complete the
- 2) Minimum threshold test.

MAV is only applied if the ophthalmologist satisfactorily reports on one to eight measures or nine or more measures with less than three domains. If the ophthalmologist reports on at least 9 measures across three domains, then MAV does not apply.

**Note:** If the ophthalmologist does not report at least one cross-cutting measure (when applicable) then that individual provider *with face-to-face encounters* will be automatically subject to the 2017 PQRS payment adjustment and MAV will not be utilized.

**Step 1**, when claims-based MAV applies, CMS analyzes claims based data to evaluate if there are any other measures or domains that could have been applicable based on the clinical clusters as represented below. PQRS measure #130 is found in cluster three: Lung Care and #226 is found in cluster five: Cancer Care.

Next CMS would consider **Step 2** of the claims-based MAV process which is the minimum threshold test. CMS will evaluate the claims data to see if there were at least 15 denominator eligible events for the other measures within the clinical clusters of Lung Care and Cancer Care. If there were at least 15 denominator eligible events, based on the codes reported by the ophthalmologist, then CMS concludes that the ophthalmologist should have reported that measure(s) found within the Lung and Cancer Cluster and he/she would "fail" MAV. Failing MAV means the ophthalmologist would be subject to the 2016 payment adjustment. If there were less than 15 denominator eligible events, then CMS would not hold that ophthalmologist accountable for reporting the measure(s) and he/she would "pass" MAV. By "passing" MAV, the ophthalmologist may avoid the 2017 payment adjustment.

**For example**, Dr. Smith, an Ophthalmologist, feels that the only applicable measures for him to report are Measures #130 and #226. He reports these measures based on the CPT code 92012. This CPT code is found in the denominator criteria of both measures #130 and #226. Since he has satisfactorily reported on Measures #130 and #226, he is subject to the MAV analysis. CMS then evaluates which clinical clusters may be applicable to Dr. Smith based on the clusters as they are represented in the claims-based MAV document. If CMS determines that Dr. Smith may have been able to report the measures in Clusters: 3 and 5. CMS then performs the minimum threshold analysis. Dr. Smith codes billable CPT codes related to ocular procedures. CMS would analyze the claims data to determine if Dr. Smith had at least 15 denominator eligible events for any of the other measures contained within clinical clusters three and five. If CMS evaluates that Dr. Smith did not have claims data that meet the denominators of any of the other measures found within the applicable clusters, he would then "pass" MAV.

# 2015 PQRS MEASURE-APPLICABILITY VALIDATION (MAV) PROCESS FOR CLAIMS-BASED REPORTING

Figure 1: Eligibility for MAV

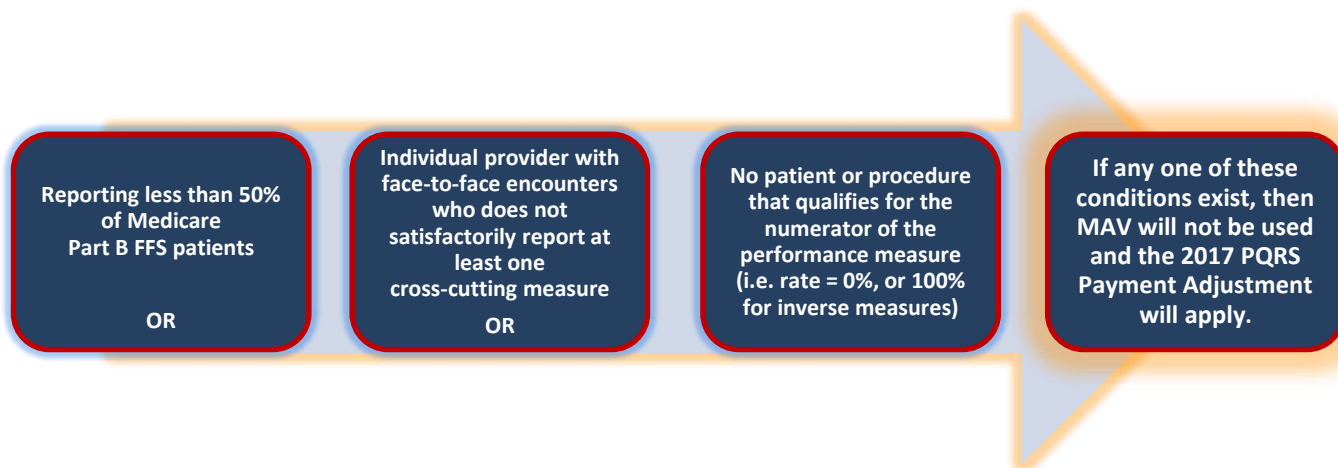


**MAV is Only Applied after the Following are Met (See Figure 1: Eligibility for MAV):**

- Eligible professionals who satisfactorily report quality data codes (QDCs) for **less than nine measures or less than three domains**.
 

**Note:** MAV is a process to review and validate an individual eligible professional’s inability to report on nine measures across three domains. CMS will analyze claims data to validate, using the clinical relation/domain test and the minimum threshold test to confirm that more measures and/or NQS domains were not applicable to the eligible professional’s practice. If additional measures or domains are found to be applicable though MAV, the eligible professional would be subject to the 2017 PQRS payment adjustment.
- Eligible professionals must satisfactorily report on at least 50 percent of their eligible patients or encounters for each measure.
- At least **one cross-cutting measure** must be satisfactorily reported for those individual providers with **face-to-face encounters**. CMS will analyze claims data to determine if at least 15 cross-cutting measure denominator eligible encounters can be associated with the eligible professional. If it is determined that at least one cross-cutting measure was **not** reported, the individual provider with face-to-face encounters will be automatically subject to the 2017 PQRS payment adjustment and MAV will not be utilized for that individual provider. For those individual providers with no face-to-face encounters, MAV will be utilized for those that report less than nine measures and/or less than three NQS domains.
- For measures reported there must be at least one patient or procedure in the numerator of the rate for the measure to be counted as meeting performance. For measures that move towards 100% to indicate higher quality outcome, the rate must be greater than 0%. For inverse measures where higher quality moves the rate towards 0% the rate must be less than 100%. Eligible professionals who fail these criteria for a reported measure will **not** proceed through MAV and will be subject to the 2017 payment adjustment.

Figure 2: 2017 PQRS Payment Adjustment Will Apply

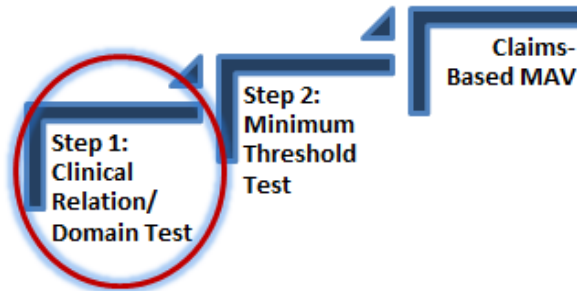


# 2015 PQRS MEASURE-APPLICABILITY VALIDATION (MAV) PROCESS FOR CLAIMS-BASED REPORTING

Please refer to Appendix ...for the 2015 Physician Quality Reporting System (PQRS) Measure-Applicability Validation (MAV) Process Flow for Claims-Based Reporting of Individual Measures for Payment Adjustment for further guidance.

The Measure-Applicability Validation process, shown in Figure 3 and Figure 4, has two distinct steps.

Figure 3: Step 1, Clinical Relation/Domain Test, for Claims-Based MAV



## **Step 1: Clinical Relation/Domain Test**

The clinical relation/domain test is the first step in the two-step, claims-based MAV process that will be applied to those who are subject to the validation process of satisfactorily reported measures **OR** NQS domains (i.e. those eligible professionals that reported less than nine measures or measures from less than three domains).

This test is based on two factors:

1. How the measure(s) satisfactorily reported currently apply within the eligible professionals practice, *and*
2. The concept that if one measure in a cluster of measures related to a particular clinical topic or eligible professional service is applicable to an eligible professional's practice, then other clinically related measures within the clinical cluster **may** also be applicable. Clinical clusters within MAV are measures that are clinically related based by patient type, procedure, or possible clinical action.

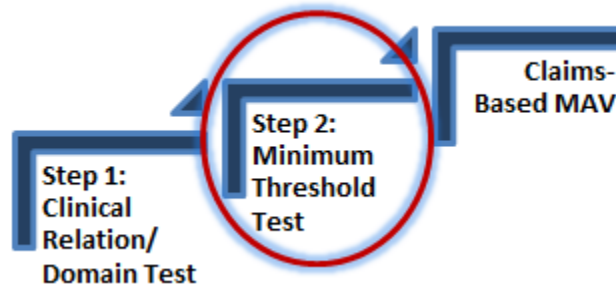
For those eligible professionals who satisfactorily submit QDCs for nine PQRS measures for **less than three NQS domains**, there will be a determination if additional measures with additional NQS domains may also apply to the eligible professional based on the clinical cluster. If no other measures or NQS domains are identified through this process the eligible professional would avoid the 2017 PQRS payment adjustment. Case Study 2 shows how the clinical relation/domain test will be applied for eligible professionals reporting via claims:

### **Case Study 2: Pathologist - How the Claims-based MAV Clinical Relation/Domain Test Will Be Applied:**

A pathologist, identified as an eligible professional who is subject to MAV due to meeting the pre-requisites for MAV, reported QDCs for Measure #395, one of the PQRS measures related to pathology. CMS will determine if the reported measure is contained within a cluster or is excluded from a cluster. If the measure is contained within a cluster, then CMS will analyze claims data to evaluate if any of the other measures or domains within the clinical cluster may have also been applicable. If there are other measure(s)' denominators criteria that are applicable, CMS will proceed to Step 2 (Minimum Threshold Test) to determine whether any of the other pathology measure(s) in the pathology cluster could also have been submitted. CMS determined that the reported measure was part of a measure cluster for pathologists. Upon further analysis CMS determined that some of the other measures in the cluster (left unreported by the physician) would be applicable to the physician's practice and could have been reported.

# 2015 PQRS MEASURE-APPLICABILITY VALIDATION (MAV) PROCESS FOR CLAIMS-BASED REPORTING

Figure 4: Step 2, Minimum Threshold Test, for Claims-Based MAV



## **Step 2: Minimum Threshold Test**

Figure 4 shows the second step of the MAV process which is applied to those eligible professionals who have had additional measures or domains identified during the first step (the clinical relation/domain test) that could have been reported. The minimum threshold test will be applied to these eligible professionals.

The minimum threshold test is based on the concept that during the 2015 PQRS reporting period (January 1, 2015 through December 31, 2015), if an eligible professional treated more than a certain number of Medicare patients meeting the denominator criteria of any of the other measures within the clinical cluster (that is, the eligible professional treated more than a “threshold” number of patients or encounters), then that eligible professional should have reported the QDCs for that measure. The common minimum threshold, based on statistical and clinical frequency considerations, will not be less than 15 patients (or encounters) for the reporting period for each 2015 PQRS measure.

### **Case Study 3: Pathologist - How the Claims-Based MAV Minimum Threshold Test Will Be Applied:**

The Pathologist, from Case Study 2, reported measure #395 Lung Cancer Reporting (Biopsy/Cytology Specimens) from Cluster 14: Pathology Lung Cancer. Based on Cluster 14, CMS will evaluate (Step 1 – the Clinical Relation/Domain Test) if measure #396 Lung Cancer Reporting (Resection Specimens) could have been reported.

CMS then proceeds to the next step (Step 2 – Minimum Threshold Test) which will evaluate if there were at least fifteen denominator eligible encounters for measure #396 for the eligible professional. If there are at least fifteen encounters, then CMS will conclude that this measure was applicable and should have been reported by the Pathologist. If less than fifteen encounters are identified, then CMS would not hold this eligible professionals accountable for reporting measure #396.

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

### **Other Program Integrity Considerations**

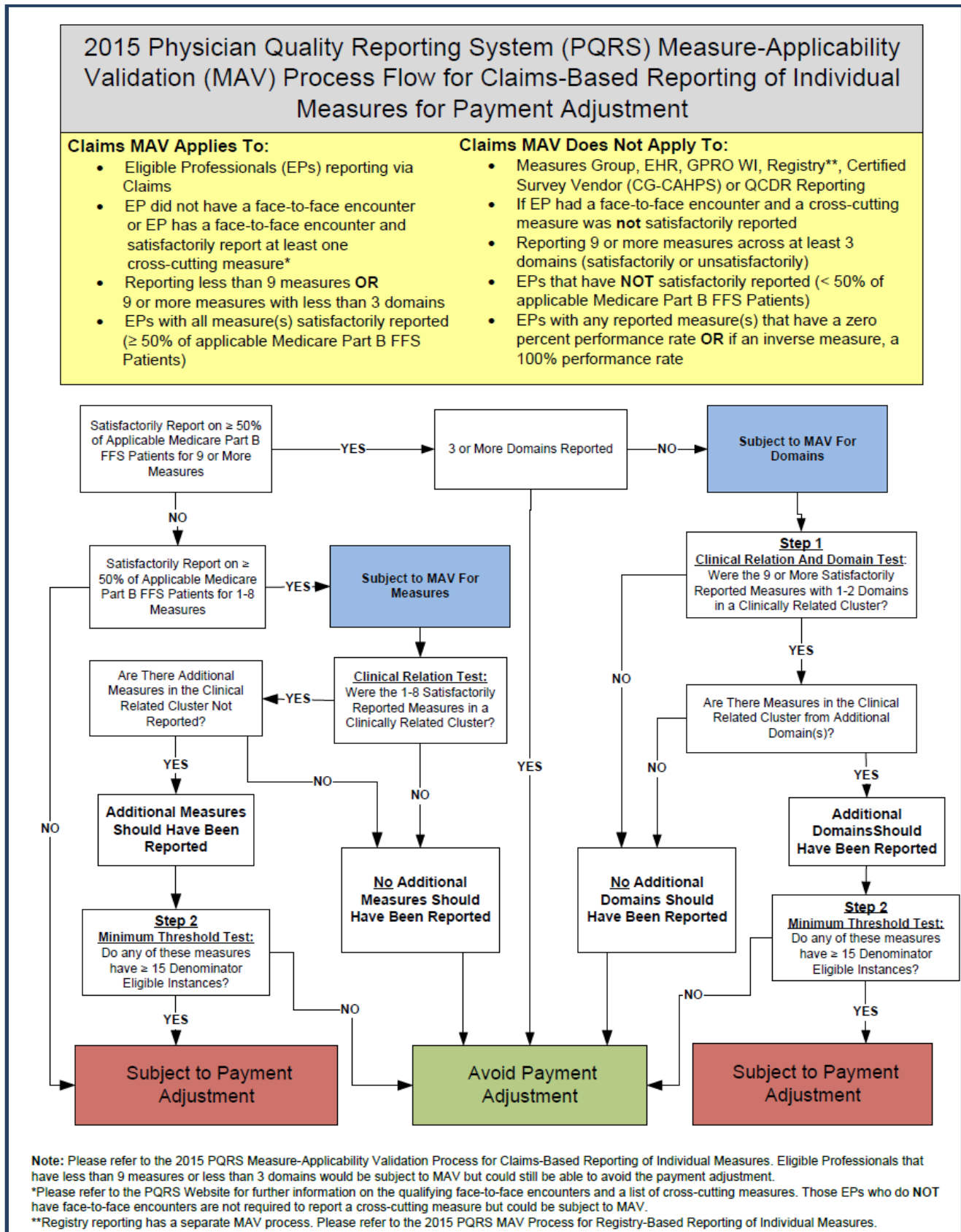
QDCs submitted on claims must be supported in medical record documentation. Other laws and regulations relating to Medicare program integrity may also apply to PQRS.

CMS may determine that it is necessary to modify the measure-applicability validation process after the start of the 2015 reporting period. However, any changes will result in the MAV process being applied more leniently, thereby

1. Allowing a greater number of eligible professionals to pass validation, *and*
2. Causing no eligible professional who would otherwise have passed, to fail. Any made modifications will be published on the CMS PQRS website as soon as possible after determination that a change is needed.

# 2015 PQRS MEASURE-APPLICABILITY VALIDATION (MAV) PROCESS FOR CLAIMS-BASED REPORTING

Figure 5: Claims-Based MAV Process Flow



# 2015 PQRS MEASURE - APPLICABILITY VALIDATION (MAV) PROCESS FOR CLAIMS-BASED REPORTING

## Claim-Based MAV Glossary of Terms

### Claims-Based MAV Minimum Threshold

The fifteen-minimum patient or encounter threshold is only related to the Centers for Medicare & Medicaid Services (CMS) determination pertaining to claims if the other measure(s) within the clinical cluster should have been reported by the individual EP.

### Cluster

Measures related to a particular clinical topic or individual eligible professional service that is applicable to a specific, individual EP or group practice.

### Domains

Represent the Department of Health and Human Services' (HHS's) NQS priorities for healthcare quality improvement. A domain is automatically included in the structure of each measure. The six NQS domains mirror the six priorities of the NQS that are developed for the pursuit of NQS's three broad aims:

1. **Better Care:** Improve the overall quality by making health care more patient-centered, reliable, accessible, and safe.
2. **Healthy People/Healthy Communities:** Improve the health of the U.S. population by supporting proven interventions to address behavioral, social, and environmental determinants of health in addition to delivering higher-quality care.
3. **Affordable Care:** Reduce the cost of quality health care for individuals, families, employers, and government.

The six NQS Domains associated with the PQRS quality measures are as follows:

1. Patient Safety
2. Person and Caregiver-Centered Experience and Outcomes
3. Communication and Care Coordination
4. Effective Clinical Care
5. Community/Population Health
6. Efficiency and Cost Reduction

### Eligible professional (EP)

Determine if you are eligible to participate for purposes of the PQRS incentive payment and payment adjustment. A list of eligible medical care professionals considered eligible to participate in PQRS is available on the CMS.gov Web site at this path:

[CMS.gov/PQRS> How To Get Started>Eligible Medical Care Professionals](#). Read this list carefully, as not all entities are considered "eligible professionals" because they are reimbursed by Medicare under other fee schedule methods than the Physician Fee Schedule (PFS).

### Satisfactorily Reporting Criteria

Report at least nine measures covering at least three of the National Quality Strategy domains, and report each measure for at least fifty percent (50%) of the eligible professional's Medicare Part B FFS patients seen during the reporting period to which the measure applies;

- If reporting less than nine measures across at least three National Quality Strategy (NQS) domains apply to the eligible professional: Report one to eight measures covering one to three National Quality Strategy domains and
  - Report one to eight measures covering one to three NQS domains and Measures with a zero percent (0%) performance rate would not be counted.
  - Report each measure for at least 50% of the Medicare Part B Fee-for-Service (FFS) patients seen during the reporting period to which the measure applies.
  - Report at least one cross-cutting measure if eligible professional bills for face-to-face encounters
- Measures with a zero percent (0%) performance rate would not be counted.
- Refer to the *Code of Federal Regulations* statute §414.90 Physician Quality Reporting System (PQRS) for broader application of the term satisfactorily reporting for PQRS.

# 2015 PQRS MEASURE-APPLICABILITY VALIDATION (MAV) FOR CLAIMS-BASED REPORTING-APPENDIX A MEASURES INCLUDED WITHIN A CLUSTER

The list of clusters of related measures and the PQRS measures that are included within each cluster are presented below.

Figure 6: Example of Cluster of Clinically Related Measures

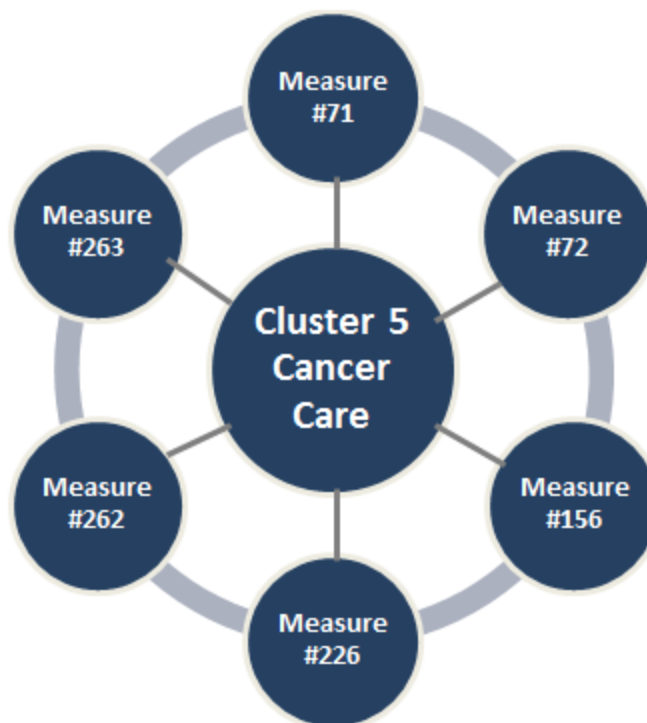


Table 1: PQRS Clusters of Clinically Related Measures Used in MAV Step 1: Clinical Relation/Domain Test of the 2015 Claims-Based Reporting of Individual Measures

Cluster Number	Cluster Title	Measure Number	Domain	Measure Title
1	Urinary Incontinence Care	48	Effective Clinical Care	Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older
		50	Person and Caregiver-Centered Experience and Outcomes	Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older
2	Diabetic Care	1	Effective Clinical Care	Diabetes: Hemoglobin A1c Poor Control
		117	Effective Clinical Care	Diabetes: Eye Exam
		119	Effective Clinical Care	Diabetes: Medical Attention for Nephropathy
		128	Community/Population Health	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan
		163	Effective Clinical Care	Diabetes: Foot Exam
3	Lung Care	51	Effective Clinical Care	Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation



**2015 PQRS MEASURE-APPLICABILITY VALIDATION (MAV) FOR  
CLAIMS-BASED REPORTING-APPENDIX A  
MEASURES INCLUDED WITHIN A CLUSTER**

<b>Cluster Number</b>	<b>Cluster Title</b>	<b>Measure Number</b>	<b>Domain</b>	<b>Measure Title</b>
<b>3</b>	<b>Lung Care</b>	<b>52</b>	Effective Clinical Care	Chronic Obstructive Pulmonary Disease (COPD): Inhaled Bronchodilator Therapy
		<b>130</b>	Patient Safety	Documentation of Current Medications in the Medical Record
<b>4</b>	<b>Emergency Care</b>	<b>54</b>	Effective Clinical Care	Emergency Medicine: 12-Lead Electrocardiogram (ECG) Performed for Non-Traumatic Chest Pain
		<b>254</b>	Effective Clinical Care	Ultrasound Determination of Pregnancy Location for Pregnant Patients with Abdominal Pain
		<b>255</b>	Effective Clinical Care	Rh Immunoglobulin (Rhogam) for Rh-Negative Pregnant Women at Risk of Fetal Blood Exposure
<b>5</b>	<b>Cancer Care</b>	<b>71</b>	Effective Clinical Care	Breast Cancer: Hormonal Therapy for Stage IC - IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer
		<b>72</b>	Effective Clinical Care	Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients
		<b>156</b>	Patient Safety	Oncology: Radiation Dose Limits to Normal Tissues
		<b>226</b>	Community/Population Health	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
		<b>262</b>	Patient Safety	Image Confirmation of Successful Excision of Image-Localized Breast Lesion
		<b>263</b>	Effective Clinical Care	Preoperative Diagnosis of Breast Cancer
<b>6</b>	<b>Osteoporosis Care</b>	<b>24</b>	Communication and Care Coordination	Osteoporosis: Communication with the Physician Managing On-Going Care Post-Fracture of Hip, Spine, or Distal Radius for Men and Women Aged 50 Years and Older
		<b>39</b>	Effective Clinical Care	Screening or Therapy for Osteoporosis for Women Aged 65 Years and Older
		<b>40</b>	Effective Clinical Care	Osteoporosis: Management Following Fracture of Hip, Spine, or Distal Radius for Men and Women Aged 50 Years and Older
		<b>41</b>	Effective Clinical Care	Osteoporosis: Pharmacologic Therapy for Men and Women Aged 50 Years and Older
<b>7</b>	<b>Ear, Nose, &amp; Throat Care</b>	<b>91</b>	Effective Clinical Care	Acute Otitis Externa (AOE): Topical Therapy
		<b>93</b>	Efficiency and Cost Reduction	Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use
<b>8</b>	<b>Pathology</b>	<b>99</b>	Effective Clinical Care	Breast Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade
		<b>100</b>	Effective Clinical Care	Colorectal Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade

**2015 PQRS MEASURE-APPLICABILITY VALIDATION (MAV) FOR  
CLAIMS-BASED REPORTING-APPENDIX A  
MEASURES INCLUDED WITHIN A CLUSTER**

<b>Cluster Number</b>	<b>Cluster Title</b>	<b>Measure Number</b>	<b>Domain</b>	<b>Measure Title</b>
<b>8</b>	<b>Pathology</b>	<b>249</b>	Effective Clinical Care	Barrett's Esophagus
		<b>250</b>	Effective Clinical Care	Radical Prostatectomy Pathology Reporting
		<b>251</b>	Effective Clinical Care	Quantitative Immunohistochemical (IHC) Evaluation of Human Epidermal Growth Factor Receptor 2 Testing (HER2) for Breast Cancer Patients
<b>9</b>	<b>Diagnostic Imaging</b>	<b>145</b>	Patient Safety	Radiology: Exposure Time Reported for Procedures Using Fluoroscopy
		<b>146</b>	Efficiency and Cost Reduction	Radiology: Inappropriate Use of "Probably Benign" Assessment Category in Mammography Screening
		<b>147</b>	Communication and Care Coordination	Nuclear Medicine: Correlation with Existing Imaging Studies for All Patients Undergoing Bone Scintigraphy
		<b>195</b>	Effective Clinical Care	Radiology: Stenosis Measurement in Carotid Imaging Reports
		<b>225</b>	Communication and Care Coordination	Radiology: Reminder System for Screening Mammograms
<b>10</b>	<b>Eye Care</b>	<b>12</b>	Effective Clinical Care	Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation
		<b>14</b>	Effective Clinical Care	Age-Related Macular Degeneration (AMD): Dilated Macular Examination
		<b>19</b>	Effective Clinical Care	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
		<b>140</b>	Effective Clinical Care	Age-Related Macular Degeneration (AMD): Counseling on Antioxidant Supplement
		<b>141</b>	Communication and Care Coordination	Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care
<b>11</b>	<b>Surgical Care</b>	<b>21</b>	Patient Safety	Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin
		<b>22</b>	Patient Safety	Perioperative Care: Discontinuation of Prophylactic Parenteral Antibiotics (Non-Cardiac Procedures)
		<b>23</b>	Patient Safety	Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients)
		<b>44</b>	Effective Clinical Care	Coronary Artery Bypass Graft (CABG): Preoperative Beta-Blocker in Patients with Isolated CABG Surgery
		<b>172</b>	Effective Clinical Care	Hemodialysis Vascular Access Decision-Making by Surgeon to Maximize Placement of Autogenous Arterial Venous (AV) Fistula

**2015 PQRS MEASURE-APPLICABILITY VALIDATION (MAV) FOR  
CLAIMS-BASED REPORTING-APPENDIX A  
MEASURES INCLUDED WITHIN A CLUSTER**

Cluster Number	Cluster Title	Measure Number	Domain	Measure Title
12	Anesthesia Care	76	Patient Safety	Prevention of Central Venous Catheter (CVC) - Related Bloodstream Infections
		193	Patient Safety	Perioperative Temperature Management
<i>When reporting #76 alone, it is not subject to MAV</i>				
13	Chiropractic Care & Physical/Occupational Therapy	131	Community/ Population Health	Pain Assessment and Follow-Up
		182	Communication and Care Coordination	Functional Outcome Assessment
14	Pathology Lung Cancer	395	Communication and Care Coordination	Lung Cancer Reporting (Biopsy/ Cytology Specimens)
		396	Communication and Care Coordination	Lung Cancer Reporting (Resection Specimens)

**2015 PQRS MEASURE-APPLICABILITY VALIDATION (MAV) FOR  
CLAIMS-BASED REPORTING-APPENDIX B  
MEASURES NOT INCLUDED WITHIN A CLUSTER**

For 2015 MAV, CMS will not include measures, shown in Table 2, that are deemed to be generally or broadly applicable to all or many Medicare patients and, therefore, potentially unreasonable to attribute to individual eligible professionals using claims-based data for PQRS reporting. Other measures are not included in a cluster of closely clinically related measures for other clinical or technical reasons, such as the measure may not fit in any cluster. The following is the list of claims-based measures that are not included within a clinical cluster.

**Table 2: Measures Not Included Within a Cluster**

<b>Measure Number</b>	<b>Measure Name</b>
<b>Measure 32</b>	Stroke and Stroke Rehabilitation: Discharged on Antithrombotic Therapy
<b>Measure 46</b>	Medication Reconciliation
<b>Measure 47</b>	Care Plan
<b>Measure 109</b>	Osteoarthritis (OA): Function and Pain Assessment
<b>Measure 110</b>	Preventive Care and Screening: Influenza Immunization
<b>Measure 111</b>	Pneumonia Vaccination Status for Older Adults
<b>Measure 112</b>	Breast Cancer Screening
<b>Measure 113</b>	Colorectal Cancer Screening
<b>Measure 134</b>	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
<b>Measure 154</b>	Falls: Risk Assessment
<b>Measure 155</b>	Falls: Plan of Care
<b>Measure 181</b>	Elder Maltreatment and Follow-Up Plan
<b>Measure 185</b>	Colonoscopy Interval for Patients with a History of Adenomatous Polyps - Avoidance of Inappropriate Use
<b>Measure 204</b>	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic
<b>Measure 268</b>	Epilepsy: Counseling for Women of Childbearing Potential with Epilepsy
<b>Measure 261</b>	Referral for Otologic Evaluation for Patients with Acute or Chronic Dizziness
<b>Measure 317</b>	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
<b>Measure 320</b>	Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients
<b>Measure 326</b>	Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy
<b>Measure 397</b>	Melanoma Reporting

**2015 PQRS MEASURE-APPLICABILITY VALIDATION (MAV)  
FOR CLAIMS-BASED REPORTING-APPENDIX C  
MEASURES NOT APPLICABLE TO CLAIMS-BASED MAV**

Table 3 lists the PQRS measures which are available through registries, measure groups, EHR, or Web-Interface mechanisms only, and therefore, are **not** subject to the claims-based MAV. Measures that are available via registry reporting would be applicable within registry MAV.

**Table 3: Measures Reported via Registry, Measures Group, Electronic Health Record (EHR) or Web-Interface Only – Not Applicable to Claims-Based MAV**

Measure Number	Measure Name
<b>Measure 2</b>	Diabetes: Low Density Lipoprotein (LDL-C) Control (<100 mg/dL)
<b>Measure 5</b>	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
<b>Measure 6</b>	Coronary Artery Disease (CAD): Antiplatelet Therapy
<b>Measure 7</b>	Coronary Artery Disease (CAD): Beta-Blocker Therapy - Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF < 40%)
<b>Measure 8</b>	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
<b>Measure 9</b>	Anti-depressant Medication Management
<b>Measure 18</b>	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy
<b>Measure 43</b>	Coronary Artery Bypass Graft (CABG): Use of Internal Mammary Artery (IMA) in Patients with Isolated CABG Surgery
<b>Measure 46</b>	Medication Reconciliation
<b>Measure 53</b>	Asthma: Pharmacologic Therapy for Persistent Asthma – Ambulatory Care Setting
<b>Measure 65</b>	Appropriate Treatment for Children with Upper Respiratory Infection (URI)
<b>Measure 66</b>	Appropriate Testing for Children with Pharyngitis
<b>Measure 67</b>	Hematology: Myelodysplastic Syndrome (MDS) and Acute Leukemias: Baseline Cytogenetic Testing Performed on Bone Marrow
<b>Measure 68</b>	Hematology: Myelodysplastic Syndrome (MDS): Documentation of Iron Stores in Patients Receiving Erythropoietin Therapy
<b>Measure 69</b>	Hematology: Multiple Myeloma: Treatment with Bisphosphonates
<b>Measure 70</b>	Hematology: Chronic Lymphocytic Leukemia (CLL): Baseline Flow Cytometry
<b>Measure 81</b>	Adult Kidney Disease: Hemodialysis Adequacy: Solute
<b>Measure 82</b>	Adult Kidney Disease: Peritoneal Dialysis Adequacy: Solute
<b>Measure 84</b>	Hepatitis C: Ribonucleic Acid (RNA) Testing Before Initiating Treatment
<b>Measure 85</b>	Hepatitis C: HCV Genotype Testing Prior to Treatment
<b>Measure 87</b>	Hepatitis C: Hepatitis C Virus (HCV) Ribonucleic Acid (RNA) Testing Between 4-12 Weeks After Initiation of Treatment
<b>Measure 116</b>	Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis
<b>Measure 118</b>	Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy - Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%)
<b>Measure 126</b>	Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy – Neurological Evaluation

**2015 PQRS MEASURE-APPLICABILITY VALIDATION (MAV)  
FOR CLAIMS-BASED REPORTING-APPENDIX C  
MEASURES NOT APPLICABLE TO CLAIMS-BASED MAV**

<b>Measure Number</b>	<b>Measure Name</b>
<b>Measure 127</b>	Diabetes Mellitus: Diabetic Foot and Ankle Care, Ulcer Prevention – Evaluation of Footwear
<b>Measure 137</b>	Melanoma: Continuity of Care-Recall System
<b>Measure 138</b>	Melanoma: Coordination of Care
<b>Measure 143</b>	Oncology: Medical and Radiation – Pain Intensity Quantified
<b>Measure 144</b>	Oncology: Medical and Radiation – Plan of Care for Pain
<b>Measure 160</b>	HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis
<b>Measure 164</b>	Coronary Artery Bypass Graft (CABG): Prolonged Intubation
<b>Measure 165</b>	Coronary Artery Bypass Graft (CABG): Deep Sternal Wound Infection Rate
<b>Measure 166</b>	Coronary Artery Bypass Graft (CABG): Stroke
<b>Measure 167</b>	Coronary Artery Bypass Graft (CABG): Postoperative Renal Failure
<b>Measure 176</b>	Rheumatoid Arthritis (RA): Tuberculosis Screening
<b>Measure 177</b>	Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity
<b>Measure 178</b>	Rheumatoid Arthritis (RA): Functional Status Assessment
<b>Measure 179</b>	Rheumatoid Arthritis (RA): Assessment and Classification of Disease Prognosis
<b>Measure 180</b>	Rheumatoid Arthritis (RA): Glucocorticoid Management
<b>Measure 183</b>	Hepatitis C: Hepatitis A Vaccination in Patients with Hepatitis C Virus (HCV)
<b>Measure 187</b>	Stroke and Stroke Rehabilitation: Thrombolytic Therapy
<b>Measure 191</b>	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery
<b>Measure 192</b>	Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures
<b>Measure 194</b>	Oncology: Cancer Stage Documented
<b>Measure 205</b>	HIV/AIDS: Sexually Transmitted Disease Screening for Chlamydia, Gonorrhea, and Syphilis
<b>Measure 217</b>	Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Knee Impairments
<b>Measure 218</b>	Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Hip Impairments
<b>Measure 219</b>	Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Lower Leg, Foot or Ankle Impairments
<b>Measure 220</b>	Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Lumbar Spine Impairments
<b>Measure 221</b>	Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Shoulder Impairments
<b>Measure 222</b>	Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Elbow, Wrist or Hand Impairments
<b>Measure 223</b>	Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Neck, Cranium, Mandible, Thoracic Spine, Ribs, or Other General Orthopedic Impairments
<b>Measure 224</b>	Melanoma: Overutilization of Imaging Studies in Melanoma
<b>Measure 238</b>	Use of High-Risk Medications in the Elderly

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<b>Measure Number</b>	<b>Measure Name</b>
<b>Measure 239</b>	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
<b>Measure 240</b>	Childhood Immunization Status
<b>Measure 241</b>	Ischemic Vascular Disease (IVD): Complete Lipid Profile and LDL-C Control (<100 mg/dL)
<b>Measure 242</b>	Coronary Artery Disease (CAD): Symptom Management
<b>Measure 258</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>Measure 259</b>	Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non-Ruptured Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home Post-Operative Day #2)
<b>Measure 260</b>	Rate of Carotid Endarterectomy (CEA) for Asymptomatic Patients, without Major Complications (Discharged to Home Post-Operative #2)
<b>Measure 264</b>	Sentinel Lymph Node Biopsy for Invasive Breast Cancer
<b>Measure 265</b>	Biopsy Follow-Up
<b>Measure 270</b>	Inflammatory Bowel Disease (IBD): Preventive Care: Corticosteroid Sparing Therapy
<b>Measure 271</b>	Inflammatory Bowel Disease (IBD): Preventive Care: Corticosteroid Related Iatrogenic Injury – Bone Loss Assessment
<b>Measure 274</b>	Inflammatory Bowel Disease (IBD): Testing for Latent Tuberculosis (TB) Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy
<b>Measure 275</b>	Inflammatory Bowel Disease (IBD): Assessment of Hepatitis B Virus (HBV) Status Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy
<b>Measure 280</b>	Dementia: Staging of Dementia
<b>Measure 281</b>	Dementia: Cognitive Assessment
<b>Measure 282</b>	Dementia: Functional Status Assessment
<b>Measure 283</b>	Dementia: Neuropsychiatric Symptom Assessment
<b>Measure 284</b>	Dementia: Management of Neuropsychiatric Symptoms
<b>Measure 285</b>	Dementia: Screening for Depressive Symptoms
<b>Measure 286</b>	Dementia: Counseling Regarding Safety Concerns
<b>Measure 287</b>	Dementia: Counseling Regarding Risks of Driving
<b>Measure 288</b>	Dementia: Caregiver Education and Support
<b>Measure 289</b>	Parkinson's Disease: Annual Parkinson's Disease Diagnosis Review
<b>Measure 290</b>	Parkinson's Disease: Psychiatric Disorders or Disturbances Assessment
<b>Measure 291</b>	Parkinson's Disease: Cognitive Impairment or Dysfunction Assessment
<b>Measure 292</b>	Parkinson's Disease: Querying about Sleep Disturbances
<b>Measure 293</b>	Parkinson's Disease: Rehabilitative Therapy Options
<b>Measure 294</b>	Parkinson's Disease: Parkinson's Disease Medical and Surgical Treatment Options Reviewed
<b>Measure 303</b>	Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery
<b>Measure 304</b>	Cataracts: Patient Satisfaction within 90 Days following Cataract Surgery

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<b>Measure Number</b>	<b>Measure Name</b>
<b>Measure 305</b>	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
<b>Measure 309</b>	Cervical Cancer Screening
<b>Measure 310</b>	Chlamydia Screening for Women
<b>Measure 311</b>	Use of Appropriate Medications for Asthma
<b>Measure 312</b>	Use of Imaging Studies for Low Back Pain
<b>Measure 316</b>	Preventive Care and Screening: Cholesterol – Fasting Low Density Lipoprotein (LDL-C) Test Performed: AND Risk-Stratified Fasting LDL-C
<b>Measure 318</b>	Falls: Screening for Future Fall Risk
<b>Measure 319</b>	Diabetes Composite: Optimal Diabetes Care
<b>Measure 321</b>	CG-CAHPS Clinician/Group Survey
<b>Measure 322</b>	Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low Risk Surgery Patients
<b>Measure 323</b>	Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Routine Testing After Percutaneous Coronary Intervention (PCI)
<b>Measure 324</b>	Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Testing in Asymptomatic, Low Risk Patients
<b>Measure 325</b>	Adult Major Depressive Disorder (MDD): Coordination of Care of Patients with Specific Comorbid Conditions
<b>Measure 327</b>	Pediatric Kidney Disease: Adequacy of Volume Management
<b>Measure 328</b>	Pediatric Kidney Disease: ESRD Patients Receiving Dialysis: Hemoglobin Level < 10g/dL
<b>Measure 329</b>	Adult Kidney Disease: Catheter Use at Initiation of Hemodialysis
<b>Measure 330</b>	Adult Kidney Disease: Catheter Use for Greater Than or Equal to 90 Days
<b>Measure 331</b>	Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis (Appropriate Use)
<b>Measure 332</b>	Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin Prescribed for Patients with Acute Bacterial Sinusitis (Appropriate Use)
<b>Measure 333</b>	Adult Sinusitis: Computerized Tomography (CT) for Acute Sinusitis (Overuse)
<b>Measure 334</b>	Adult Sinusitis: More than One Computerized Tomography (CT) Scan Within 90 Days for Chronic Sinusitis (Overuse)
<b>Measure 337</b>	Tuberculosis Prevention for Psoriasis, Psoriatic Arthritis and Rheumatoid Arthritis Patients on a Biological Immune Response Modifier
<b>Measure 338</b>	HIV Viral Load Suppression
<b>Measure 339</b>	Prescription of HIV Antiretroviral Therapy
<b>Measure 340</b>	HIV Medical Visit Frequency
<b>Measure 342</b>	Pain Brought Under Control Within 48 Hours
<b>Measure 343</b>	Screening Colonoscopy Adenoma Detection Rate
<b>Measure 344</b>	Rate of Carotid Artery Stenting (CAS) for Asymptomatic Patients, Without Major Complications (Discharged to Home by Post-Operative Day #2)
<b>Measure 345</b>	Rate of Postoperative Stroke or Death in Asymptomatic Patients Undergoing Carotid Artery Stenting (CAS)
<b>Measure 346</b>	Rate of Postoperative Stroke or Death in Asymptomatic Patients Undergoing Carotid Endarterectomy (CEA)



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<b>Measure Number</b>	<b>Measure Name</b>
<b>Measure 347</b>	Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non-Ruptured Abdominal Aortic Aneurysms (AAA) Who Die While in Hospital
<b>Measure 348</b>	HRS-3: Implantable Cardioverter-Defibrillator (ICD) Complications Rate
<b>Measure 349</b>	Optimal Vascular Care Composite
<b>Measure 350</b>	Total Knee Replacement: Shared Decision-Making: Trial of Conservative (Non-surgical) Therapy
<b>Measure 351</b>	Total Knee Replacement: Venous Thromboembolic and Cardiovascular Risk Evaluation
<b>Measure 352</b>	Total Knee Replacement: Preoperative Antibiotic Infusion with Proximal Tourniquet
<b>Measure 353</b>	Total Knee Replacement: Identification of Implanted Prosthesis in Operative Report
<b>Measure 354</b>	Anastomotic Leak Intervention
<b>Measure 355</b>	Unplanned Reoperation within the 30 Day Postoperative Period
<b>Measure 356</b>	Unplanned Hospital Readmission within 30 Days of Principal Procedure
<b>Measure 357</b>	Surgical Site Infection (SSI)
<b>Measure 358</b>	Patient-Centered Surgical Risk Assessment and Communication
<b>Measure 359</b>	Optimizing Patient Exposure to Ionizing Radiation: Utilization of a Standardized Nomenclature for Computed Tomography (CT) Imaging Description
<b>Measure 360</b>	Optimizing Patient Exposure to Ionizing Radiation: Count of Potential High Dose Radiation Imaging Studies: Computed Tomography (CT) and Cardiac Nuclear Medicine Studies
<b>Measure 361</b>	Optimizing Patient Exposure to Ionizing Radiation: Reporting to a Radiation Dose Index Registry
<b>Measure 362</b>	Optimizing Patient Exposure to Ionizing Radiation: Computed Tomography (CT) Images Available for Patient Follow-up and Comparison Purposes
<b>Measure 363</b>	Optimizing Patient Exposure to Ionizing Radiation: Search for Prior Computed Tomography (CT) Imaging Studies Through a Secure, Authorized, Media-Free, Shared Archive
<b>Measure 364</b>	Optimizing Patient Exposure to Ionizing Radiation: Appropriateness: Follow-up CT Imaging for Incidentally Detected Pulmonary Nodules According to Recommended Guidelines
<b>Measure 365</b>	Hemoglobin A1c Test for Pediatric Patients
<b>Measure 366</b>	ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication
<b>Measure 367</b>	Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use
<b>Measure 368</b>	HIV/AIDS: Medical Visit
<b>Measure 369</b>	Pregnant women that had HBsAg testing
<b>Measure 370</b>	Depression Remission at Twelve Months
<b>Measure 371</b>	Depression Utilization of the PHQ-9 Tool
<b>Measure 372</b>	Maternal Depression Screening
<b>Measure 373</b>	Hypertension: Improvement in Blood Pressure
<b>Measure 374</b>	Closing the referral loop: receipt of specialist report
<b>Measure 375</b>	Functional Status Assessment for Knee Replacement

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<b>Measure Number</b>	<b>Measure Name</b>
<b>Measure 376</b>	Functional Status Assessment for Hip Replacement
<b>Measure 377</b>	Functional Status Assessment for Complex Chronic Conditions
<b>Measure 378</b>	Children Who Have Dental Decay or Cavities
<b>Measure 379</b>	Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists
<b>Measure 380</b>	ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range
<b>Measure 381</b>	HIV/AIDS: RNA Control for Patients with HIV
<b>Measure 382</b>	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment
<b>Measure 383</b>	Adherence to Antipsychotic Medications for Individuals with Schizophrenia
<b>Measure 384</b>	Adult Primary Rhegmatogenous Retinal Detachment Repair Success Rate
<b>Measure 385</b>	Adult Primary Rhegmatogenous Retinal Detachment Surgery Success Rate
<b>Measure 386</b>	Amyotrophic Lateral Sclerosis (ALS) Patient Care Preferences
<b>Measure 387</b>	Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users
<b>Measure 388</b>	Cataract Surgery with Intra-Operative Complications (Unplanned Rupture of Posterior Capsule requiring unplanned vitrectomy)
<b>Measure 389</b>	Cataract Surgery: Difference Between Planned and Final Refraction
<b>Measure 390</b>	Discussion and Shared Decision Making Surrounding Treatment Options
<b>Measure 391</b>	Follow-up After Hospitalization for Mental Illness
<b>Measure 392</b>	HRS-12: Cardiac Tamponade and/or Pericardiocentesis Following Atrial Fibrillation Ablation
<b>Measure 393</b>	HRS-9: Infection within 180 Days of Cardiac Implantable Electronic Device (CIED) Implantation, Replacement, or Revision
<b>Measure 394</b>	Immunizations for Adolescents
<b>Measure 398</b>	Optimal Asthma Care- Control Component
<b>Measure 399</b>	Post-procedural Optimal medical therapy Composite (percutaneous coronary intervention)
<b>Measure 400</b>	Screening for Hepatitis C Virus (HCV) for Patients at High Risk
<b>Measure 401</b>	Screening for Hepatocellular Carcinoma (HCC) in patients with Hepatitis C Cirrhosis
<b>Measure 402</b>	Tobacco Use and Help with Quitting Among Adolescents