



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

01/15/15

2015 PQRS MEASURE-APPLICABILITY VALIDATION (MAV) PROCESS FOR REGISTRY-BASED MEASURES

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 – 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 registry. See the MAV Glossary for additional terms and review Appendices A, B, and C for measure specific-information.

The objective of registry-based MAV is for CMS to validate if there were additional measure(s) or domain(s) that may have been applicable to submit by the eligible professional or group practice. For registry-based submissions, MAV applies a one-step validation process of the clinical/domain relation test. Eligible professionals or group practices that submit less than nine measures or less than three NQS domains would be subject to MAV. If the eligible professional or group practice passes MAV, they would avoid the 2017 PQRS payment adjustment. For those eligible professionals or group practices that fail MAV, the 2017 PQRS Payment Adjustment would apply.

Case Study 1: Ophthalmologist - When and How MAV Applies for Registry Submission

If an ophthalmologist satisfactorily reports measures #130 and #226 and does not submit any other measures, then CMS will analyze the submitted data to complete the clinical/relation domain 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 submits at least nine measures across three domains, then MAV does not apply.

Note: If the ophthalmologist does not submit 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 registry-based MAV applies, CMS analyzes the submitted data to evaluate if there are any other measures or domains that could have been applicable based on the clinical clusters as referenced in Table 1. PQRS measure #12 and #141 are found in Cluster 15: Primary Open-Angle Glaucoma. CMS would then review the cluster to evaluate if there were any other applicable measures within that cluster that could have been submitted.

For example, Dr. Smith, an ophthalmologist, feels that the only applicable measures for him to submit are measures #12 and #141. He reports these measures based on the CPT code 92012. This CPT code is found in the denominator criteria of both measures #12 and #141. Since he has satisfactorily reported on Measures #12 and #41, 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 registry-based MAV document. If CMS determines that Dr. Smith may have been able to submit the measures in Cluster 15: Primary Open-Angle Glaucoma, CMS then reviews the cluster to determine if Dr. Smith could have submitted additional measures. Since Dr. Smith satisfactorily reported both measures within this cluster, he would “pass” MAV. If Dr. Smith only submitted measure #12, CMS would have determined that he/she could have also submitted measure #141 as the patient populations within these measures are very similar. Dr. Smith would have then “failed” MAV.

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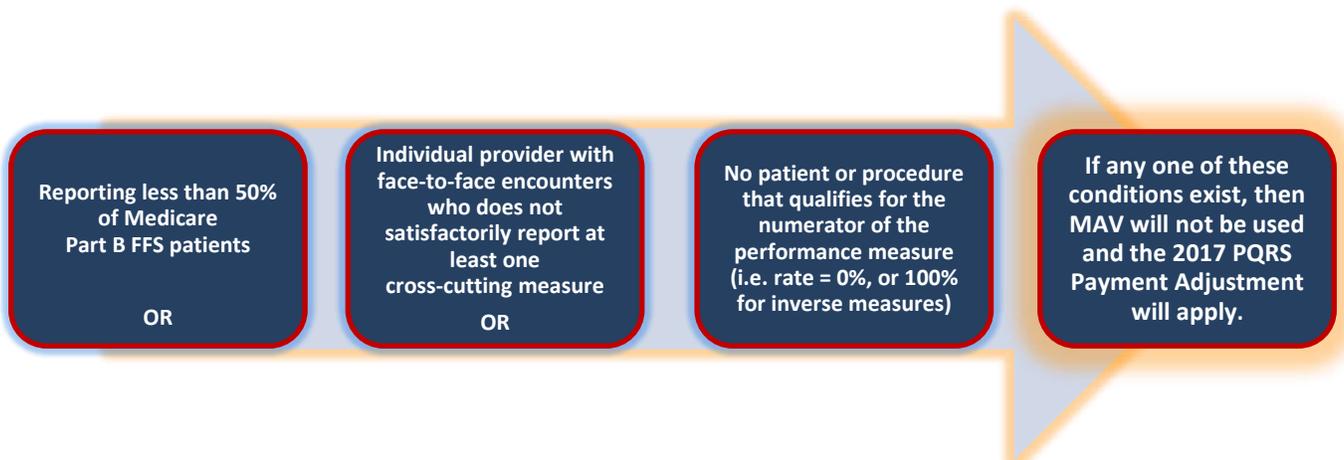
Figure 1: Eligibility for MAV



MAV Only Applied After the Following are Met:

- Eligible professionals or group practices who satisfactorily submit 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 or group practice's inability to submit on nine measures across three domains. CMS will analyze data to validate, using the clinical relation/domain test to confirm that more measures and/or NQS domains were not applicable to the eligible professional's or group practice's scope of practice. If additional measures or domains are found to be applicable through MAV, the eligible professional would be subject to the 2017 PQRS payment adjustment.
- Eligible professionals and group practices 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 or group practices 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 eligible professional or group practice 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 eligible professionals or group practices with no face-to-face encounters, MAV will be utilized for those that submit less than nine measures and/or less than three NQS domains.
- For measures submitted, 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 or group practices who fail these criteria for a submitted measure will **not** proceed through MAV and will be subject to the 2017 payment adjustment.

Figure 2: 2017 PQRS Payment Adjustment Will Apply

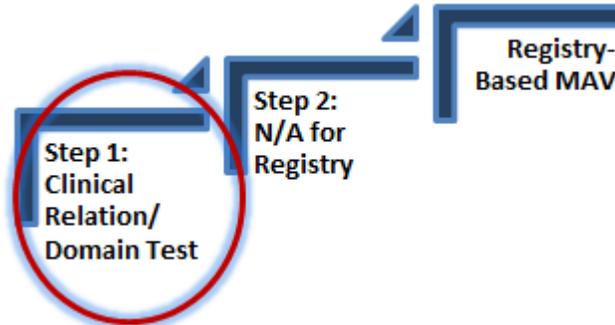


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Please refer to the 2015 Physician Quality Reporting System (PQRS) Measure-Applicability Validation (MAV) Process Flow for Registry-Based Reporting of Individual Measures for Payment Adjustment for further guidance.

The Measure-Applicability Validation process, shown in Figure 3 has only one step for registry-based MAV.

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



Step 1: Clinical Relation/Domain Test

The clinical relation/domain test is the first and only-step in the registry-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 or group practices that submitted less than nine measures or measures from less than three domains). (Please note that the minimum threshold test used in claims-based MAV is *not* analyzed for registry-based MAV.)

The clinical relation/domain test is based on two factors:

1. How the measure(s) satisfactorily reported currently apply within the eligible professionals and group practices, *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 or group practice based on the clinical cluster. If no other measures or NQS domains are identified through this process the eligible professional or group practice would avoid the 2017 PQRS payment adjustment. Case Study 2 shows how the clinical relation/domain test will be applied for registry submissions:

Case Study 2: Pathologist - How the Registry-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 one of the PQRS measures related to pathology. CMS will determine if the submitted measure is contained within a cluster or is excluded from a cluster. If the measure is contained within a cluster, then CMS will analyze registry data to evaluate if any of the other measures or domains within the clinical cluster may have also been applicable. Upon further analysis, CMS determined that some of the other measures in the cluster (submitted by the registry) would be applicable to the physician's or group practice and could have been submitted.

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Other Program Integrity Considerations

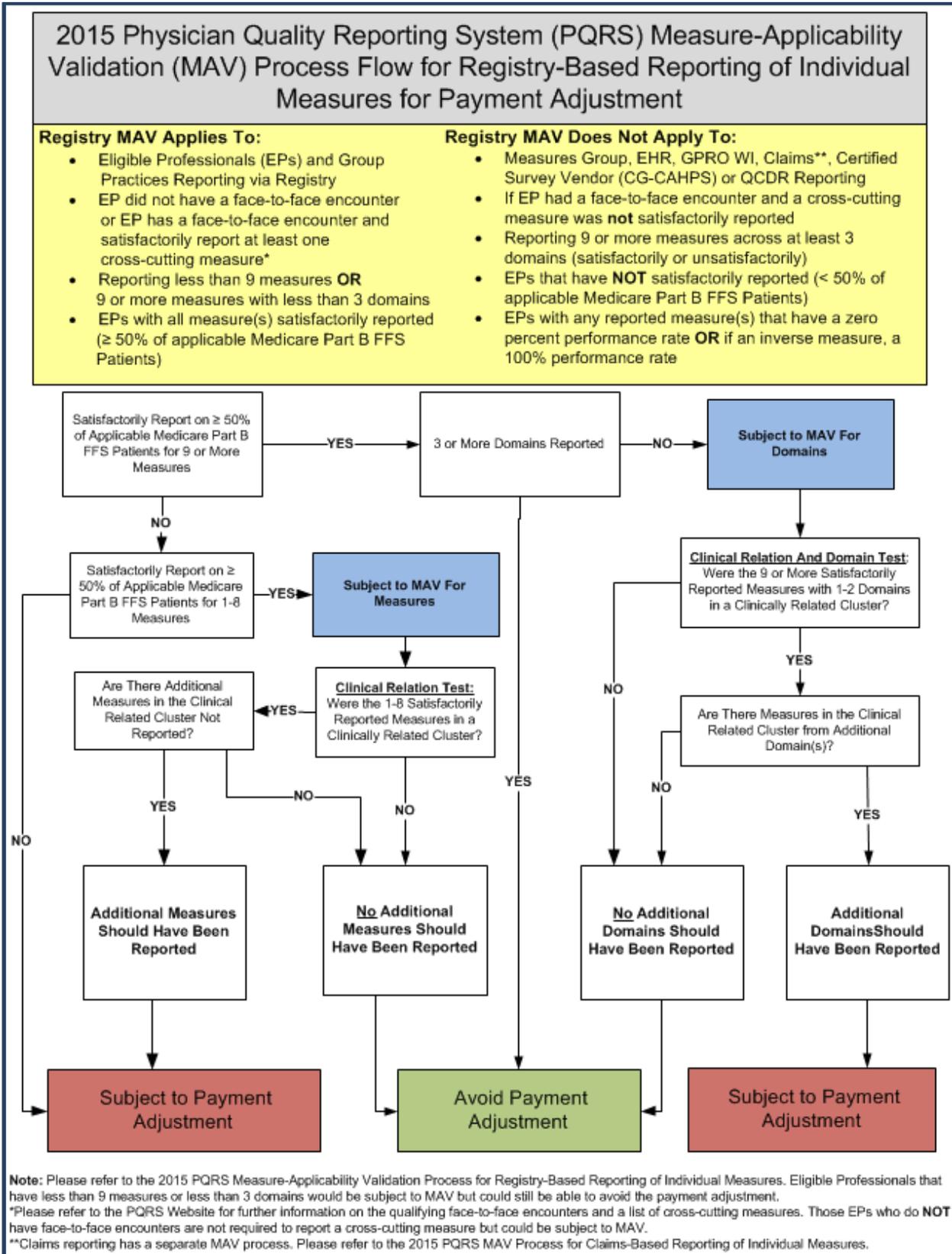
QDCs submitted via registry must be supported in medical record documentation. Other laws and regulations relating to Medicare program integrity may also apply to PQRS.

CMS may determine that it is necessary to modify the MAV 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 or group practice that would otherwise have passed, to fail. Any modifications will be published on the CMS PQRS website as soon as possible after determination that a change is needed.

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Figure 4: Registry-Based MAV Process Flow



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Registry-Based MAV Glossary of Terms

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 for Submission via Registry

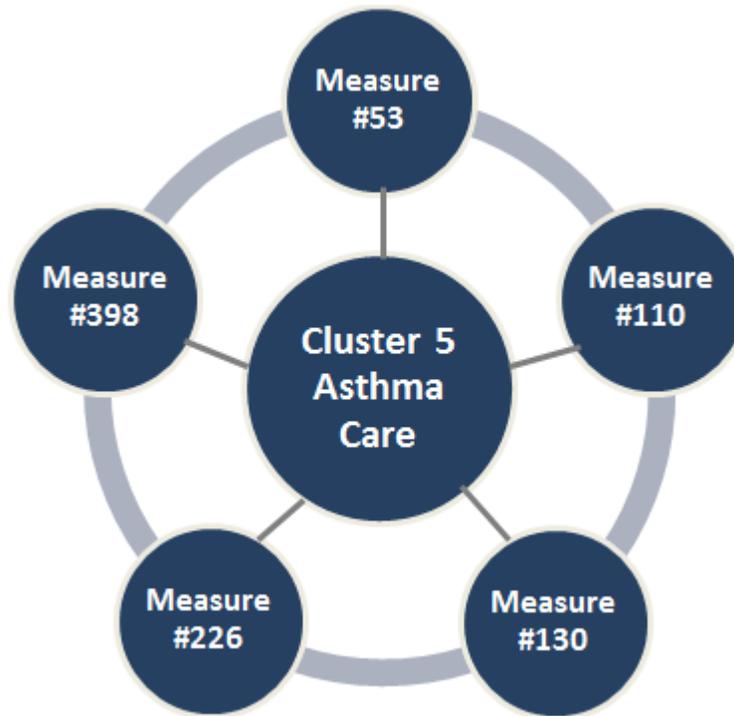
Submit at least nine measures covering at least three of the National Quality Strategy domains, and submit each measure for at least fifty percent (50%) of the eligible professional's or group practice's Medicare Part B FFS patients seen during the reporting period to which the measure applies;

- If submitting less than nine measures across at least three National Quality Strategy (NQS) domains apply to the eligible professional or group practice: Report one to eight measures covering one to three National Quality Strategy domains and
 - Submit one to eight measures covering one to three NQS domains and Measures with a zero percent (0%) performance rate would not be counted.
 - Submit 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.
 - Submit 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 via Registry submission.

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

Figure 5: Example of Cluster of Clinically Related Measures



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

Cluster Number	Cluster Title	Measure Number	Domain	Measure Title
1	Falls Care	154	Patient Safety	Falls: Risk Assessment
		155	Communication and Care Coordination	Falls: Plan of Care
2	Diabetic Care	1	Effective Clinical Care	Diabetes: Hemoglobin A1c Poor Control
		119	Effective Clinical Care	Diabetes: Medical Attention for Nephropathy
		130	Patient Safety	Documentation of Current Medications in the Medical Record
<i>Note: When submitting #130 alone, it is not subject to MAV</i>				
3	Diabetes Mellitus Foot Care	126	Effective Clinical Care	Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy - Neurological Evaluation
		127	Effective Clinical Care	Diabetes Mellitus: Diabetic Foot and Ankle Care, Ulcer Prevention – Evaluation of Footwear
4	Chronic Obstructive Pulmonary Disease (COPD) Care	51	Effective Clinical Care	Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation
		52	Effective Clinical Care	Chronic Obstructive Pulmonary Disease (COPD): Inhaled Bronchodilator Therapy
		110	Community/Population Health	Preventive Care and Screening: Influenza Immunization
		130	Patient Safety	Documentation of Current Medications in the Medical Record
		226	Community/Population Health	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
<i>Note: When submitting #110, #130 or #226, they are not subject to MAV for this clinical cluster. It is expected to submit these measures if #51 and/or #52 are submitted.</i>				
5	Asthma Care	53	Effective Clinical Care	Asthma: Pharmacologic Therapy for Persistent Asthma – Ambulatory Care Setting
		110	Community/Population Health	Preventive Care and Screening: Influenza Immunization
		130	Patient Safety	Documentation of Current Medications in the Medical Record
		226	Community/Population Health	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

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Cluster Number	Cluster Title	Measure Number	Domain	Measure Title
5	Asthma Care	398	Person and Caregiver-Centered Experience and Outcomes	Person and Caregiver- Optimal Asthma Care- Control Component
6	Hematology Care	67	Effective Clinical Care	Hematology: Myelodysplastic Syndrome (MDS) and Acute Leukemias: Baseline Cytogenetic Testing Performed on Bone Marrow
		68	Effective Clinical Care	Hematology: Myelodysplastic Syndrome (MDS): Documentation of Iron Stores in Patients Receiving Erythropoietin Therapy
		69	Effective Clinical Care	Hematology: Multiple Myeloma: Treatment with Bisphosphonates
		70	Effective Clinical Care	Hematology: Chronic Lymphocytic Leukemia (CLL): Baseline Flow Cytometry
7	Melanoma Care	137	Communication and Care Coordination	Melanoma: Continuity of Care-Recall System
		138	Communication and Care Coordination	Melanoma: Coordination of Care
		224	Efficiency and Cost Reduction	Melanoma: Overutilization of Imaging Studies in Melanoma
8	Oncology Pain Care	143	Person and Caregiver-Centered Experience and Outcomes	Oncology: Medical and Radiation – Pain Intensity Quantified
		144	Person and Caregiver-Centered Experience and Outcomes	Oncology: Medical and Radiation – Plan of Care for Pain
9	Prostate Cancer Care	102	Efficiency and Cost Reduction	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients
		104	Effective Clinical Care	Prostate Cancer: Adjuvant Hormonal Therapy for High Risk Prostate Cancer Patients
10	Osteoporosis Care	24	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

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Cluster Number	Cluster Title	Measure Number	Domain	Measure Title
10	Osteoporosis Care	40	Effective Clinical Care	Osteoporosis: Management Following Fracture of Hip, Spine, or Distal Radius for Men and Women Aged 50 Years and Older
		110	Community/ Population Health	Preventive Care and Screening: Influenza Immunization
		130	Patient Safety	Documentation of Current Medications in the Medical Record
		226	Community/ Population Health	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
<i>Note: When submitting #110, #130 or #226, they are not subject to MAV for this clinical cluster. It is expected to submit these measures if #24 and/or #40 are submitted.</i>				
11	Appropriate Test/Treatment for Children	65	Efficiency and Cost Reduction	Appropriate Treatment for Children with Upper Respiratory Infection (URI)
		66	Efficiency and Cost Reduction	Appropriate Testing for Children with Pharyngitis
12	Acute Otitis Externa	91	Effective Clinical Care	Acute Otitis Externa (AOE): Topical Therapy
		93	Efficiency and Cost Reduction	Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use
13	Adult Sinusitis Care	331	Efficiency and Cost Reduction	Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis (Appropriate Use)
		332	Efficiency and Cost Reduction	Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin Prescribed for Patients with Acute Bacterial Sinusitis (Appropriate Use)
		333	Efficiency and Cost Reduction	Adult Sinusitis: Computerized Tomography (CT) for Acute Sinusitis (Overuse)
		334	Efficiency and Cost Reduction	Adult Sinusitis: More than One Computerized Tomography (CT) Scan Within 90 Days for Chronic Sinusitis (Overuse)
14	Pathology Breast Cancer	99	Effective Clinical Care	Breast Cancer Resection Pathology Submitting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade
		251	Effective Clinical Care	Quantitative Immunohistochemical (IHC) Evaluation of Human Epidermal Growth Factor Receptor 2 Testing (HER2) for Breast Cancer Patients
15	Primary Open-Angle Glaucoma	12	Effective Clinical Care	Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation

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Cluster Number	Cluster Title	Measure Number	Domain	Measure Title
15	Primary Open-Angle Glaucoma	141	Communication and Care Coordination	Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care
16	Age-Related Macular Degeneration	14	Effective Clinical Care	Age-Related Macular Degeneration (AMD): Dilated Macular Examination
		140	Effective Clinical Care	Age-Related Macular Degeneration (AMD): Counseling on Antioxidant Supplement
17	Cataract Care	191	Effective Clinical Care	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery
		192	Patient Safety	Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures
		303	Person and Caregiver-Centered Experience and Outcomes	Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery
		304	Person and Caregiver-Centered Experience and Outcomes	Cataracts: Patient Satisfaction within 90 Days following Cataract Surgery
		388	Patient Safety	Cataract Surgery with Intra-Operative Complications (Unplanned Rupture of Posterior Capsule requiring unplanned vitrectomy)
		389	Effective Clinical Care	Cataract Surgery: Difference Between Planned and Final Refraction
18	Adult Renal Disease Care	81	Communication and Care Coordination	Adult Kidney Disease: Hemodialysis Adequacy: Solute
		82	Effective Clinical Care	Adult Kidney Disease: Peritoneal Dialysis Adequacy: Solute
		110	Community/Population Health	Preventive Care and Screening: Influenza Immunization
		121	Effective Clinical Care	Adult Kidney Disease: Laboratory Testing (Lipid Profile)
		122	Effective Clinical Care	Adult Kidney Disease: Blood Pressure Management
		130	Patient Safety	Documentation of Current Medications in the Medical Record
		226	Community/Population Health	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

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Cluster Number	Cluster Title	Measure Number	Domain	Measure Title
18	Adult Renal Disease Care	<i>Note: When submitting #110, #130 or #226, they are not subject to MAV for this clinical cluster. It is expected to submit these measures if #81, #82, #121 and/or #122 are submitted.</i>		
19	Adult Renal Catheter Care	329	Effective Clinical Care	Adult Kidney Disease: Catheter Use at Initiation of Hemodialysis
		330	Effective Clinical Care	Adult Kidney Disease: Catheter Use for Greater Than or Equal to 90 Days
20	Pediatric Kidney Disease Care	327	Effective Clinical Care	Pediatric Kidney Disease: Adequacy of Volume Management
		328	Effective Clinical Care	Pediatric Kidney Disease: ESRD Patients Receiving Dialysis: Hemoglobin Level < 10g/dL
21	Stroke Management	32	Effective Clinical Care	Stroke and Stroke Rehabilitation: Discharged on Antithrombotic Therapy
		33	Effective Clinical Care	Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation (AF) at Discharge
		187	Effective Clinical Care	Stroke and Stroke Rehabilitation: Thrombolytic Therapy
22	Perioperative Care	21	Patient Safety	Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin
		22	Patient Safety	Perioperative Care: Discontinuation of Prophylactic Parenteral Antibiotics (Non-Cardiac Procedures)
		23	Patient Safety	Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients)
23	Coronary Artery Bypass Graft Care	43	Effective Clinical Care	Coronary Artery Bypass Graft (CABG): Use of Internal Mammary Artery (IMA) in Patients with Isolated CABG Surgery
		164	Effective Clinical Care	Coronary Artery Bypass Graft (CABG): Prolonged Intubation
		165	Effective Clinical Care	Coronary Artery Bypass Graft (CABG): Deep Sternal Wound Infection Rate
		166	Effective Clinical Care	Coronary Artery Bypass Graft (CABG): Stroke
		167	Effective Clinical Care	Coronary Artery Bypass Graft (CABG): Postoperative Renal Failure
		168	Effective Clinical Care	Coronary Artery Bypass Graft (CABG): Surgical Re-Exploration

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Cluster Number	Cluster Title	Measure Number	Domain	Measure Title
24	Anesthesia Care	76	Patient Safety	Prevention of Central Venous Catheter (CVC) - Related Bloodstream Infections
		193	Patient Safety	Perioperative Temperature Management
<i>Note: When submitting #76 alone, it is not subject to MAV</i>				
25	Endoscopy and Polyp Surveillance	185	Communication and Care Coordination	Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use
		320	Communication and Care Coordination	Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients
26	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
27	Coronary Disease Care	6	Effective Clinical Care	Coronary Artery Disease (CAD): Antiplatelet Therapy
		7	Effective Clinical Care	Coronary Artery Disease (CAD): Beta-Blocker Therapy - Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF < 40%)
		110	Community/Population Health	Preventive Care and Screening: Influenza Immunization
		118	Effective Clinical Care	Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy - Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%)
		130	Patient Safety	Documentation of Current Medications in the Medical Record
		226	Community/Population Health	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
		242	Effective Clinical Care	Coronary Artery Disease (CAD): Symptom Management
<i>Note: When submitting #110, #130 or #226, they are not subject to MAV for this clinical cluster. It is expected to submit these measures if #6, #7, #118 and/or #242 are submitted.</i>				

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Cluster Number	Cluster Title	Measure Number	Domain	Measure Title
28	Heart Failure Care	5	Effective Clinical Care	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
		8	Effective Clinical Care	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
		110	Community/ Population Health	Preventive Care and Screening: Influenza Immunization
		130	Patient Safety	Documentation of Current Medications in the Medical Record
		226	Community/ Population Health	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
<i>Note: When submitting #110, #130 or #226, they are not subject to MAV for this clinical cluster. It is expected to submit these measures if #5 and/or #8 are submitted.</i>				
29	Cardiac Stress Imaging	322	Efficiency and Cost Reduction	Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low Risk Surgery Patients
		323	Efficiency and Cost Reduction	Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Routine Testing After Percutaneous Coronary Intervention (PCI)
		324	Efficiency and Cost Reduction	Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Testing in Asymptomatic, Low Risk Patients
32	Carotid Artery Stenting Care	344	Effective Clinical Care	Rate of Carotid Artery Stenting (CAS) for Asymptomatic Patients, Without Major Complications (Discharged to Home by Post-Operative Day #2)
		345	Effective Clinical Care	Rate of Postoperative Stroke or Death in Asymptomatic Patients Undergoing Carotid Artery Stenting (CAS)
33	Carotid Endarterectomy Care	260	Patient Safety	Rate of Carotid Endarterectomy (CEA) for Asymptomatic Patients, without Major Complications (Discharged to Home Post-Operative #2)
		346	Effective Clinical Care	Rate of Postoperative Stroke or Death in Asymptomatic Patients Undergoing Carotid Endarterectomy (CEA)
34	Endovascular Aneurysm Repair	258	Patient Safety	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)
		259	Patient Safety	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)

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Cluster Number	Cluster Title	Measure Number	Domain	Measure Title
34	Endovascular Aneurysm Repair	347	Patient Safety	Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non-Ruptured Abdominal Aortic Aneurysms (AAA) Who Die While in Hospital
35	Breast Surgery Care	262	Patient Safety	Image Confirmation of Successful Excision of Image-Localized Breast Lesion
		263	Effective Clinical Care	Preoperative Diagnosis of Breast Cancer
		264	Effective Clinical Care	Sentinel Lymph Node Biopsy for Invasive Breast Cancer
36	Functional Care	217	Communication and Care Coordination	Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Knee Impairments
		218	Communication and Care Coordination	Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Hip Impairments
		219	Communication and Care Coordination	Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Lower Leg, Foot or Ankle Impairments
		220	Communication and Care Coordination	Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Lumbar Spine Impairments
		221	Communication and Care Coordination	Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Shoulder Impairments
		222	Communication and Care Coordination	Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Elbow, Wrist or Hand Impairments
		223	Communication and Care Coordination	Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Neck, Cranium, Mandible, Thoracic Spine, Ribs, or Other General Orthopedic Impairments
37	Retinal Care	384	Effective Clinical Care	Adult Primary Rhegmatogenous Retinal Detachment Repair Success Rate
		385	Effective Clinical Care	Adult Primary Rhegmatogenous Retinal Detachment Surgery Success Rate
38	Heart Rhythm Care	348	Patient Safety	HRS-3: Implantable Cardioverter-Defibrillator (ICD) Complications Rate
		392	Patient Safety	HRS-12: Cardiac Tamponade and/or Pericardiocentesis Following Atrial Fibrillation Ablation
		393	Patient Safety	HRS-9: Infection within 180 Days of Cardiac Implantable Electronic Device (CIED) Implantation, Replacement, or Revision
39	Pathology Lung Cancer	395	Communication and Care Coordination	Lung Cancer Reporting (Biopsy/Cytology Specimens)
		396	Communication and Care Coordination	Lung Cancer Reporting (Resection Specimens)

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 or group practices using registry-based data for PQRS reporting. Other measures are not included in a

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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 registry-based measures that are not included within a clinical cluster.

Table 2: Measures Not Included Within a Cluster

Measure Number	Measure Name
Measure 19	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
Measure 39	Screening or Therapy for Osteoporosis for Women Aged 65 Years and Older
Measure 41	Osteoporosis: Pharmacologic Therapy for Men and Women Aged 50 Years and Older
Measure 44	Coronary Artery Bypass Graft (CABG): Preoperative Beta-Blocker in Patients with Isolated CABG Surgery
Measure 46	Medication Reconciliation
Measure 47	Care Plan
Measure 54	Emergency Medicine: 12-Lead Electrocardiogram (ECG) Performed for Non-Traumatic Chest Pain
Measure 71	Breast Cancer: Hormonal Therapy for Stage IC - IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer
Measure 72	Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients
Measure 100	Colorectal Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade
Measure 109	Osteoarthritis (OA): Function and Pain Assessment
Measure 111	Pneumonia Vaccination Status for Older Adults
Measure 112	Breast Cancer Screening
Measure 113	Colorectal Cancer Screening
Measure 116	Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis
Measure 117	Diabetes: Eye Exam
Measure 128	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan
Measure 131	Pain Assessment and Follow-Up
Measure 134	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
Measure 145	Radiology: Exposure Time Reported for Procedures Using Fluoroscopy
Measure 146	Radiology: Inappropriate Use of "Probability Benign" Assessment Category in Screening Mammograms
Measure 147	Nuclear Medicine: Correlation with Existing Imaging Studies for All Patients Undergoing Bone Scintigraphy
Measure 156	Oncology: Radiation Dose Limits to Normal Tissues
Measure 163	Diabetes: Foot Exam
Measure 172	Hemodialysis Vascular Access Decision-Making by Surgeon to Maximize Placement of Autogenous Arterial Venous (AV) Fistula
Measure 173	Preventative Care and Screening: Unhealthy Alcohol Use
Measure 178	Rheumatoid Arthritis (RA): Functional Status Assessment
Measure 181	Elder Maltreatment Screen and Follow-Up Plan
Measure 182	Functional Outcome Assessment
Measure 194	Oncology: Cancer Stage Documented
Measure 195	Radiology: Stenosis Measurement in Carotid Imaging Reports
Measure 204	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic
Measure 205	HIV/AIDS: Sexually Transmitted Disease Screening for Chlamydia, Gonorrhea, and Syphilis
Measure 225	Radiology: Reminder System for Screening Mammograms

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Measure Number	Measure Name
Measure 236	Controlling High Blood Pressure
Measure 238	Use of High-Risk Medications in the Elderly
Measure 243	Cardiac Rehabilitation Patient Referral from an Outpatient Setting
Measure 249	Barrett's Esophagus
Measure 250	Radical Prostatectomy Pathology Reporting
Measure 254	Ultrasound Determination of Pregnancy Location
Measure 255	Rh Immunoglobulin (Rhogam) for Rh-Negative Pregnant Women at Risk of Fetal Blood Exposure
Measure 257	Statin Therapy at Discharge after Lower Extremity Bypass (LEB)
Measure 261	Referral to Otologic Evaluation for Patients with Acute or Chronic Dizziness
Measure 265	Biopsy Follow-Up
Measure 268	Epilepsy: Counseling for Women of Childbearing Potential with Epilepsy
Measure 317	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
Measure 325	Adult Major Depressive Disorder (MDD): Coordination of Care of Patients with Specific Comorbid Conditions
Measure 326	Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy
Measure 335	Maternity Care: Elective Delivery of Early Induction Without Medical Indication at ≥ 37 and < 39 Weeks (Overuse)
Measure 336	Maternity Care: Post-Partum Follow-Up and Care Coordination
Measure 337	Tuberculosis Prevention for Psoriasis, Psoriatic Arthritis and Rheumatoid Arthritis Patients on a Biological Immune Response Modifier
Measure 342	Pain Brought Under Control Within 48 Hours
Measure 343	Screening Colonoscopy Adenoma Detection Rate
Measure 349	Optimal Vascular Care Composite
Measure 358	Patient-Centered Surgical Risk Assessment and Communication
Measure 383	Adherence to Antipsychotic Medications for Individuals with Schizophrenia
Measure 386	ALS Patient Care Preferences
Measure 387	Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users
Measure 390	Discussion and Shared Decision Making Surrounding Treatment Options
Measure 391	Follow-up After Hospitalization for Mental Illness
Measure 394	Immunizations for Adolescent
Measure 397	Melanoma Reporting
Measure 399	Post-procedural Optimal medical therapy Composite (percutaneous coronary intervention)
Measure 400	Screening for Hepatitis C Virus (HCV) for Patients at High Risk
Measure 401	Screening for Hepatocellular Carcinoma (HCC) in patients with Hepatitis C Cirrhosis
Measure 402	Tobacco Use and Help with Quitting Among Adolescents

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The following list of measures will be reported by measure group, EHR, or Web-Interface reporting only, therefore, is not subject to registry MAV.

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

Measure Number	Measure Name
Measure 2	Diabetes: Low Density Lipoprotein (LDL-C) Control (<100 mg/dL)
Measure 9	Anti-depressant Medication Management
Measure 18	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy
Measure 84	Hepatitis C: Ribonucleic Acid (RNA) Testing Before Initiating Treatment
Measure 85	Hepatitis C: HCV Genotype Testing Prior to Treatment
Measure 87	Hepatitis C: Hepatitis C Virus (HCV) Ribonucleic Acid (RNA) Testing Between 4-12 Weeks After Initiation of Treatment
Measure 107	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment
Measure 108	Rheumatoid Arthritis (RA): Disease Modifying Anti-Rheumatic Drug (DMARD) Therapy
Measure 160	HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis
Measure 176	Rheumatoid Arthritis (RA): Tuberculosis Screening
Measure 177	Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity
Measure 179	Rheumatoid Arthritis (RA): Assessment and Classification of Disease Prognosis
Measure 180	Rheumatoid Arthritis (RA): Glucocorticoid Management
Measure 183	Hepatitis C: Hepatitis A Vaccination in Patients with Hepatitis C Virus (HCV)
Measure 238	Use of High-Risk Medications in the Elderly
Measure 239	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
Measure 240	Childhood Immunization Status
Measure 241	Ischemic Vascular Disease (IVD): Complete Lipid Profile and LDL-C Control (<100mg/dL)
Measure 270	Inflammatory Bowel Disease (IBD): Preventive Care: Corticosteroid Sparing Therapy
Measure 271	Inflammatory Bowel Disease (IBD): Preventive Care: Corticosteroid Related Iatrogenic Injury – Bone Loss Assessment
Measure 274	Inflammatory Bowel Disease (IBD): Testing for Latent Tuberculosis (TB) Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy
Measure 275	Inflammatory Bowel Disease (IBD): Assessment of Hepatitis B Virus (HBV) Status Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy
Measure 280	Dementia: Staging of Dementia
Measure 281	Dementia: Cognitive Assessment
Measure 282	Dementia: Functional Status Assessment
Measure 283	Dementia: Neuropsychiatric Symptom Assessment
Measure 284	Dementia: Management of Neuropsychiatric Symptoms
Measure 285	Dementia: Screening for Depressive Symptoms
Measure 286	Dementia: Counseling Regarding Safety Concerns
Measure 287	Dementia: Counseling Regarding Risks of Driving
Measure 288	Dementia: Caregiver Education and Support
Measure 289	Parkinson's Disease: Annual Parkinson's Disease Diagnosis Review
Measure 290	Parkinson's Disease: Psychiatric Disorders or Disturbances Assessment
Measure 291	Parkinson's Disease: Cognitive Impairment or Dysfunction Assessment
Measure 292	Parkinson's Disease: Querying about Sleep Disturbances

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Measure Number	Measure Name
Measure 293	Parkinson's Disease: Rehabilitative Therapy Options
Measure 294	Parkinson's Disease: Parkinson's Disease Medical and Surgical Treatment Options Reviewed
Measure 305	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
Measure 309	Cervical Cancer Screening
Measure 310	Chlamydia Screening for Women
Measure 311	Use of Appropriate Medications for Asthma
Measure 312	Use of Imaging Studies for Low Back Pain
Measure 316	Preventive Care and Screening: Cholesterol – Fasting Low Density Lipoprotein (LDL-C) Test Performed: AND Risk-Stratified Fasting LDL-C
Measure 318	Falls: Screening for Future Fall Risk
Measure 319	Diabetes Composite: Optimal Diabetes Care
Measure 321	CG-CAHPS Clinician/Group Survey
Measure 338	HIV Viral Load Suppression
Measure 339	Prescription of HIV Antiretroviral Therapy
Measure 340	HIV Medical Visit Frequency
Measure 350	Total Knee Replacement: Shared Decision-Making: Trial of Conservative (Non-surgical) Therapy
Measure 351	Total Knee Replacement: Venous Thromboembolic and Cardiovascular Risk Evaluation
Measure 352	Total Knee Replacement: Preoperative Antibiotic Infusion with Proximal Tourniquet
Measure 353	Total Knee Replacement: Identification of Implanted Prosthesis in Operative Report
Measure 354	Anastomotic Leak Intervention
Measure 355	Unplanned Reoperation within the 30 Day Postoperative Period
Measure 356	Unplanned Hospital Readmission within 30 Days of Principal Procedure
Measure 357	Surgical Site Infection (SSI)
Measure 359	Optimizing Patient Exposure to Ionizing Radiation: Utilization of a Standardized Nomenclature for Computed Tomography (CT) Imaging Description
Measure 360	Optimizing Patient Exposure to Ionizing Radiation: Count of Potential High Dose Radiation Imaging Studies: Computed Tomography (CT) and Cardiac Nuclear Medicine Studies
Measure 361	Optimizing Patient Exposure to Ionizing Radiation: Reporting to a Radiation Dose Index Registry
Measure 362	Optimizing Patient Exposure to Ionizing Radiation: Computed Tomography (CT) Images Available for Patient Follow-up and Comparison Purposes
Measure 363	Optimizing Patient Exposure to Ionizing Radiation: Search for Prior Computed Tomography (CT) Imaging Studies Through a Secure, Authorized, Media-Free, Shared Archive
Measure 364	Optimizing Patient Exposure to Ionizing Radiation: Appropriateness: Follow-up CT Imaging for Incidentally Detected Pulmonary Nodules According to Recommended Guidelines
Measure 365	Hemoglobin A1c Test for Pediatric Patients
Measure 366	ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication
Measure 367	Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use
Measure 368	HIV/AIDS: Medical Visit
Measure 369	Pregnant women that had HBsAg testing
Measure 370	Depression Remission at Twelve Months
Measure 371	Depression Utilization of the PHQ-9 Tool
Measure 372	Maternal Depression Screening
Measure 373	Hypertension: Improvement in Blood Pressure
Measure 374	Closing the referral loop: receipt of specialist report

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Measure Number	Measure Name
Measure 375	Functional Status Assessment for Knee Replacement
Measure 376	Functional Status Assessment for Hip Replacement
Measure 377	Functional Status Assessment for Complex Chronic Conditions
Measure 378	Children Who Have Dental Decay or Cavities
Measure 379	Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists
Measure 380	ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range
Measure 381	HIV/AIDS: RNA Control for Patients with HIV
Measure 382	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment