



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

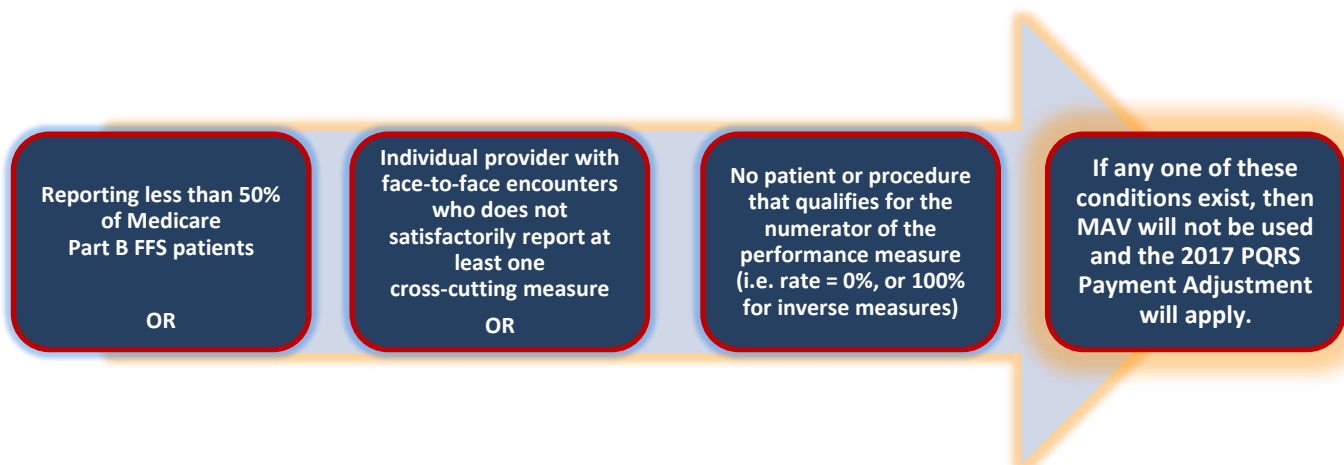
Figure 1: Eligibility for MAV



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

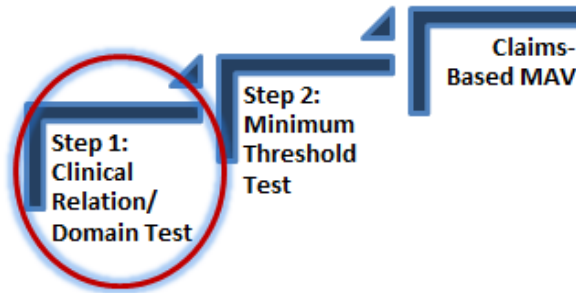


2015 PQRS MEASURE-APPLICABILITY VALIDATION (MAV) PROCESS FOR CLAIMS-BASED REPORTING

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.

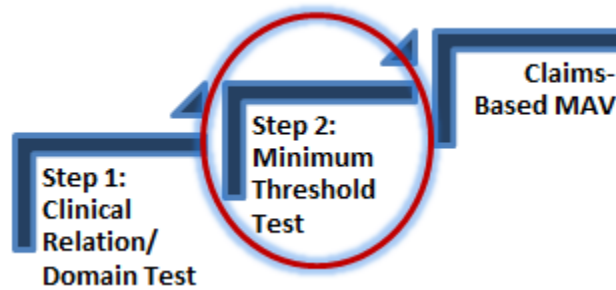
For those eligible professionals who satisfactorily submit QDCs for nine PQRS measures for **less than three NQS domains**, there will be a determination if additional measures with additional NQS domains may also apply to the eligible professional based on the clinical cluster. If no other measures 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

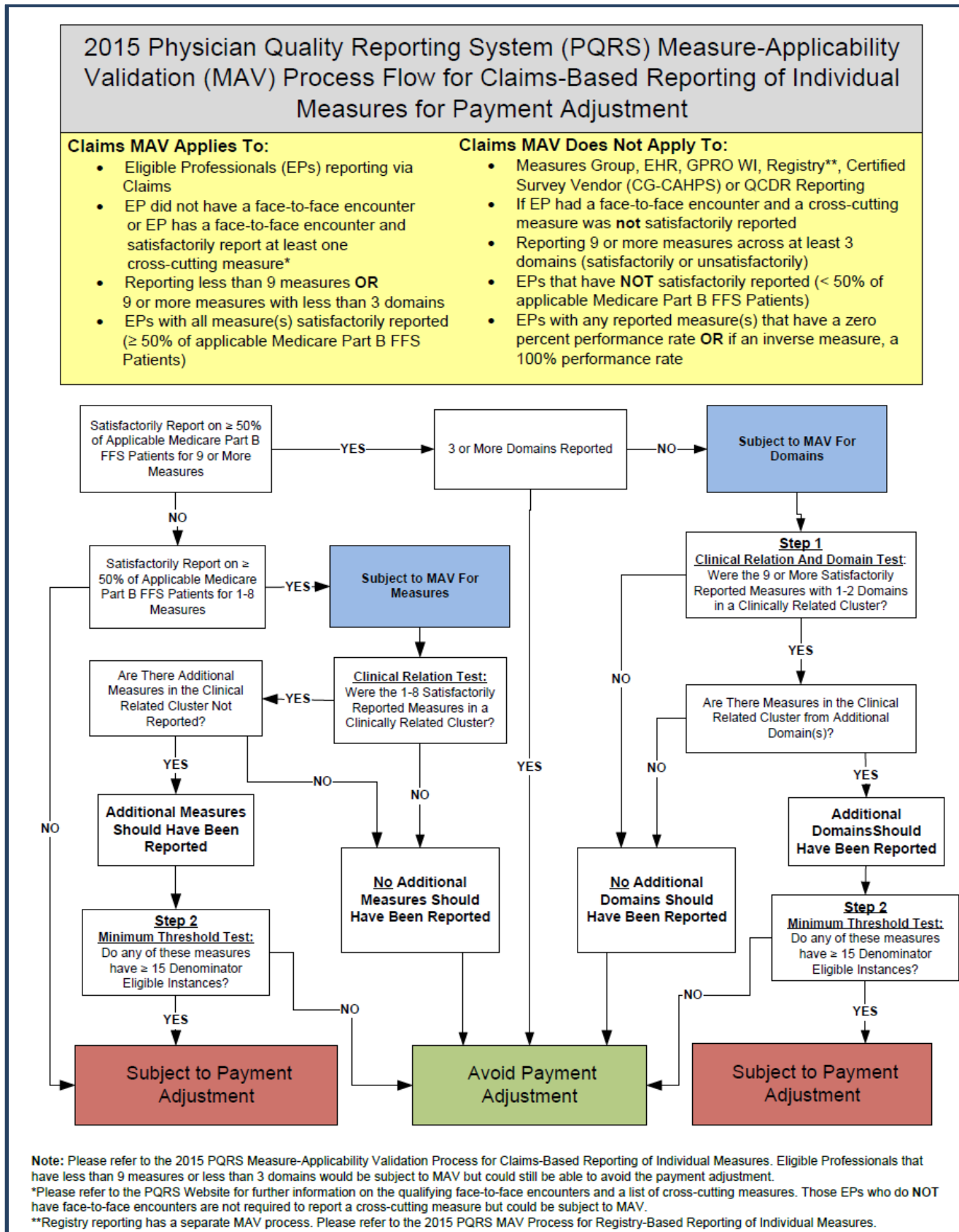
QDCs submitted on claims must be supported in medical record documentation. Other laws and regulations relating to Medicare program integrity may also apply to PQRS.

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

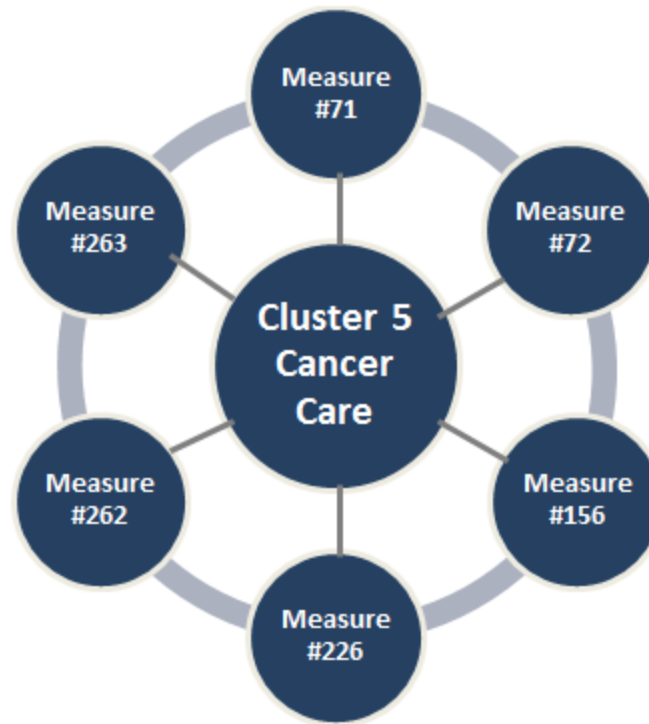


Table 1: PQRS Clusters of Clinically Related Measures Used in MAV Step 1: Clinical Relation/Domain Test of the 2015 Claims-Based Reporting of Individual Measures

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**

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

Cluster Number	Cluster Title	Measure Number	Domain	Measure Title
8	Pathology	249	Effective Clinical Care	Barrett's Esophagus
		250	Effective Clinical Care	Radical Prostatectomy Pathology Reporting
		251	Effective Clinical Care	Quantitative Immunohistochemical (IHC) Evaluation of Human Epidermal Growth Factor Receptor 2 Testing (HER2) for Breast Cancer Patients
9	Diagnostic Imaging	145	Patient Safety	Radiology: Exposure Time Reported for Procedures Using Fluoroscopy
		146	Efficiency and Cost Reduction	Radiology: Inappropriate Use of "Probably Benign" Assessment Category in Mammography Screening
		147	Communication and Care Coordination	Nuclear Medicine: Correlation with Existing Imaging Studies for All Patients Undergoing Bone Scintigraphy
		195	Effective Clinical Care	Radiology: Stenosis Measurement in Carotid Imaging Reports
		225	Communication and Care Coordination	Radiology: Reminder System for Screening Mammograms
10	Eye Care	12	Effective Clinical Care	Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation
		14	Effective Clinical Care	Age-Related Macular Degeneration (AMD): Dilated Macular Examination
		19	Effective Clinical Care	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
		140	Effective Clinical Care	Age-Related Macular Degeneration (AMD): Counseling on Antioxidant Supplement
		141	Communication and Care Coordination	Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care
11	Surgical 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)
		44	Effective Clinical Care	Coronary Artery Bypass Graft (CABG): Preoperative Beta-Blocker in Patients with Isolated CABG Surgery
		172	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
		When reporting #76 alone, it is not subject to MAV		
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

Measure Number	Measure Name
Measure 32	Stroke and Stroke Rehabilitation: Discharged on Antithrombotic Therapy
Measure 46	Medication Reconciliation
Measure 47	Care Plan
Measure 109	Osteoarthritis (OA): Function and Pain Assessment
Measure 110	Preventive Care and Screening: Influenza Immunization
Measure 111	Pneumonia Vaccination Status for Older Adults
Measure 112	Breast Cancer Screening
Measure 113	Colorectal Cancer Screening
Measure 134	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
Measure 154	Falls: Risk Assessment
Measure 155	Falls: Plan of Care
Measure 181	Elder Maltreatment and Follow-Up Plan
Measure 185	Colonoscopy Interval for Patients with a History of Adenomatous Polyps - Avoidance of Inappropriate Use
Measure 204	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic
Measure 268	Epilepsy: Counseling for Women of Childbearing Potential with Epilepsy
Measure 261	Referral for Otologic Evaluation for Patients with Acute or Chronic Dizziness
Measure 317	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
Measure 320	Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients
Measure 326	Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy
Measure 397	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
Measure 2	Diabetes: Low Density Lipoprotein (LDL-C) Control (<100 mg/dL)
Measure 5	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
Measure 6	Coronary Artery Disease (CAD): Antiplatelet Therapy
Measure 7	Coronary Artery Disease (CAD): Beta-Blocker Therapy - Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF < 40%)
Measure 8	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
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 43	Coronary Artery Bypass Graft (CABG): Use of Internal Mammary Artery (IMA) in Patients with Isolated CABG Surgery
Measure 46	Medication Reconciliation
Measure 53	Asthma: Pharmacologic Therapy for Persistent Asthma – Ambulatory Care Setting
Measure 65	Appropriate Treatment for Children with Upper Respiratory Infection (URI)
Measure 66	Appropriate Testing for Children with Pharyngitis
Measure 67	Hematology: Myelodysplastic Syndrome (MDS) and Acute Leukemias: Baseline Cytogenetic Testing Performed on Bone Marrow
Measure 68	Hematology: Myelodysplastic Syndrome (MDS): Documentation of Iron Stores in Patients Receiving Erythropoietin Therapy
Measure 69	Hematology: Multiple Myeloma: Treatment with Bisphosphonates
Measure 70	Hematology: Chronic Lymphocytic Leukemia (CLL): Baseline Flow Cytometry
Measure 81	Adult Kidney Disease: Hemodialysis Adequacy: Solute
Measure 82	Adult Kidney Disease: Peritoneal Dialysis Adequacy: Solute
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 116	Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis
Measure 118	Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy - Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%)
Measure 126	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**

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

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

Measure Number	Measure Name
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 (<100 mg/dL)
Measure 242	Coronary Artery Disease (CAD): Symptom Management
Measure 258	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)
Measure 259	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)
Measure 260	Rate of Carotid Endarterectomy (CEA) for Asymptomatic Patients, without Major Complications (Discharged to Home Post-Operative #2)
Measure 264	Sentinel Lymph Node Biopsy for Invasive Breast Cancer
Measure 265	Biopsy Follow-Up
Measure 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
Measure 293	Parkinson's Disease: Rehabilitative Therapy Options
Measure 294	Parkinson's Disease: Parkinson's Disease Medical and Surgical Treatment Options Reviewed
Measure 303	Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery
Measure 304	Cataracts: Patient Satisfaction within 90 Days following Cataract Surgery

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

Measure Number	Measure Name
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 322	Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low Risk Surgery Patients
Measure 323	Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Routine Testing After Percutaneous Coronary Intervention (PCI)
Measure 324	Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Testing in Asymptomatic, Low Risk Patients
Measure 325	Adult Major Depressive Disorder (MDD): Coordination of Care of Patients with Specific Comorbid Conditions
Measure 327	Pediatric Kidney Disease: Adequacy of Volume Management
Measure 328	Pediatric Kidney Disease: ESRD Patients Receiving Dialysis: Hemoglobin Level < 10g/dL
Measure 329	Adult Kidney Disease: Catheter Use at Initiation of Hemodialysis
Measure 330	Adult Kidney Disease: Catheter Use for Greater Than or Equal to 90 Days
Measure 331	Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis (Appropriate Use)
Measure 332	Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin Prescribed for Patients with Acute Bacterial Sinusitis (Appropriate Use)
Measure 333	Adult Sinusitis: Computerized Tomography (CT) for Acute Sinusitis (Overuse)
Measure 334	Adult Sinusitis: More than One Computerized Tomography (CT) Scan Within 90 Days for Chronic Sinusitis (Overuse)
Measure 337	Tuberculosis Prevention for Psoriasis, Psoriatic Arthritis and Rheumatoid Arthritis Patients on a Biological Immune Response Modifier
Measure 338	HIV Viral Load Suppression
Measure 339	Prescription of HIV Antiretroviral Therapy
Measure 340	HIV Medical Visit Frequency
Measure 342	Pain Brought Under Control Within 48 Hours
Measure 343	Screening Colonoscopy Adenoma Detection Rate
Measure 344	Rate of Carotid Artery Stenting (CAS) for Asymptomatic Patients, Without Major Complications (Discharged to Home by Post-Operative Day #2)
Measure 345	Rate of Postoperative Stroke or Death in Asymptomatic Patients Undergoing Carotid Artery Stenting (CAS)
Measure 346	Rate of Postoperative Stroke or Death in Asymptomatic Patients Undergoing Carotid Endarterectomy (CEA)

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

Measure Number	Measure Name
Measure 347	Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non-Ruptured Abdominal Aortic Aneurysms (AAA) Who Die While in Hospital
Measure 348	HRS-3: Implantable Cardioverter-Defibrillator (ICD) Complications Rate
Measure 349	Optimal Vascular Care Composite
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 358	Patient-Centered Surgical Risk Assessment and Communication
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
Measure 375	Functional Status Assessment for Knee Replacement

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

Measure Number	Measure Name
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
Measure 383	Adherence to Antipsychotic Medications for Individuals with Schizophrenia
Measure 384	Adult Primary Rhegmatogenous Retinal Detachment Repair Success Rate
Measure 385	Adult Primary Rhegmatogenous Retinal Detachment Surgery Success Rate
Measure 386	Amyotrophic Lateral Sclerosis (ALS) Patient Care Preferences
Measure 387	Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users
Measure 388	Cataract Surgery with Intra-Operative Complications (Unplanned Rupture of Posterior Capsule requiring unplanned vitrectomy)
Measure 389	Cataract Surgery: Difference Between Planned and Final Refraction
Measure 390	Discussion and Shared Decision Making Surrounding Treatment Options
Measure 391	Follow-up After Hospitalization for Mental Illness
Measure 392	HRS-12: Cardiac Tamponade and/or Pericardiocentesis Following Atrial Fibrillation Ablation
Measure 393	HRS-9: Infection within 180 Days of Cardiac Implantable Electronic Device (CIED) Implantation, Replacement, or Revision
Measure 394	Immunizations for Adolescents
Measure 398	Optimal Asthma Care- Control Component
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