

### Existing PY2015 PQRS Measures

The following existing PY2015 PQRS measures can be reported by EP's via the AQI QCDR:

**#44 Coronary Artery Bypass Graft (CABG): Preoperative Beta-Blocker in Patients with Isolated CABG Surgery**  
Description: Percentage of patients aged 18 years and older undergoing isolated CABG surgery who received an IMA graft

**#76 Prevention of Central Venous Catheter (CVC)-Related Bloodstream Infections**  
Description: Percentage of patients, regardless of age, who undergo central venous catheter (CVC) insertion for whom CVC was inserted with all elements of maximal sterile barrier technique, hand hygiene, skin preparation and, if ultrasound is used, sterile ultrasound techniques followed

**#109 Osteoarthritis (OA): Function and Pain Assessment**  
Description: Percentage of patient visits for patients aged 21 years and older with a diagnosis of osteoarthritis (OA) with assessment for function and pain

**#130 Documentation of Current Medications in the Medical Record**  
Description: Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.

**#131 Pain Assessments and Follow-Up**  
Description: Percentage of visits for patients aged 18 years and older with documentation of a pain assessment using a standardized tool(s) on each visit AND documentation of a follow-up plan when pain is present.

**#193 Perioperative Temperature Management**  
Description: Percentage of patients, regardless of age, undergoing surgical or therapeutic procedures under general or neuraxial anesthesia of 60 minutes duration or longer, except patients undergoing cardiopulmonary bypass, for whom either active warming was used intraoperatively for the purpose of maintaining normothermia, OR at least one body temperature equal to or greater than 36 degrees Centigrade (or 96.8 degrees Fahrenheit) was recorded within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time

**#226 Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention**  
Description: Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.

**#342 Pain Brought Under Control within 48 Hours**  
Description: Patients aged 18 and older who report being uncomfortable because of pain at the initial assessment (after admission to palliative care services) who report pain was brought to a comfortable level within 48 hours

**#358 Patient-Centered Surgical Risk Assessments and Communication**

Description: Percentage of patients who underwent a non-emergency surgery who had their personalized risks of postoperative complications assessed by their surgical team prior to surgery using a clinical data-based, patient-specific risk calculator and who received personal discussion of those risks with the surgeon

**CMS Measure Codes:**

The measure specifications are available on the CMS website: [PQRS Measure Codes](#).

Measures codes contain information about Physician Quality Reporting System (PQRS) quality measures, including detailed specifications and related release notes for the individual PQRS quality measures and measures groups and other measures-related documentation needed by individual eligible professionals for reporting the PQRS measures through claims or qualified registry-based reporting.

The PQRS measure documents for the current program year may be different from the PQRS measure documents for a prior year. Eligible professionals are responsible for ensuring that they are using the PQRS measure documents for the correct program year. The 2015 PQRS CMS-1500 claim is an example of how an individual National Provider Identifier (NPI) reporting on a single CMS-1500 claim for 2015 PQRS should look. The following document that contains the 2015 PQRS CMS-1500 claim information is the [2015 Physician Quality Reporting System \(PQRS\) Implementation Guide](#).

### Resources for 2015 PQRS Measures

Click the link below to access the 2015 Physician Quality Reporting System (PQRS) Measure Specifications Manual for Claims and Registry Reporting of Individual Measures.

The following documents pertaining to the 2015 PQRS quality measures are included in the zip file titled [2015 PQRS Measures List](#):

- **2015 PQRS Implementation Guide** – Provides guidance about how to select measures for reporting, how to read and understand a measure specification, and outlines the various reporting methods available for 2015 PQRS. The Implementation Guide also details how to implement claims-based reporting of measures to facilitate satisfactory reporting of quality-data codes by eligible professionals.
- **2015 PQRS Measures List** – Identifies and describes the measures used in PQRS, including all available reporting methods/options, corresponding PQRS number and NQF number, NQS domains, plus measure developers and their contact information.

The following documents pertaining to the 2015 PQRS individual measures are included in the zip file titled [2015 PQRS Individual Claims Registry Measure Specification Supporting Documents](#).

- **2015 Physician Quality Reporting System (PQRS) Measure Specifications Manual for Claims and Registry Reporting of Individual Measures** – Includes codes and reporting instructions for the 2015 PQRS measures for claims and/or registry-based reporting.
- **2015 Physician Quality Reporting System (PQRS) Measure Specification Release Notes** – Outlines 2015 updates made to the 2014 PQRS Measures Specifications Manual in the form of release notes.
- **2015 Physician Quality Reporting System (PQRS) Quality-Data Code (QDC) Categories** – Outlines, for each claims and registry measure, each QDC that should be reported for a corresponding quality action performed by the individual eligible professional as noted in the measures specification. This document identifies how each code will be used when CMS calculates performance rates. The QDC categories table also clarifies those measures that require 2 or more QDCs to report satisfactorily. Insufficiently reporting the QDCs (as specified in the 2015 PQRS measure specifications) will result as invalid reporting.
- **2015 Physician Quality Reporting System (PQRS) Single Source Code Master** – Includes a numerical listing of all codes (denominator and numerator) included in 2015 PQRS Individual Claims and Registry Measures for incorporation into billing software.

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