

# 2016 PQRS OVERVIEW

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Thank you for your interest in reporting quality measures for the Physician Quality Reporting System (PQRS) via the ASA Qualified Registry (ASA QR). This booklet includes measure specifications for the PQRS measures reportable via the ASA QR.

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## INDIVIDUAL REPORTING OPTION VIA ASA QUALIFIED REGISTRY

Of the measures available via the ASA QR, report at least nine measures covering at least three of the NQS domains, **and** report each measure for at least 50 percent of the EP's Medicare Part B FFS patients. At least one cross-cutting measure must be satisfactorily reported for those individual providers with face-to-face encounters.

### National Quality Strategy (NQS) Domains:

- Patient safety
- Communication and care coordination
- Efficiency
- Clinical process and effectiveness
- Population health
- Patient and family experience

Eligible professionals (EPs) reporting at the individual level are assessed on an individual basis. Although they may be part of a group practice, their PQRS assessment is based upon their individual performance.

**Note:** ASA QR has not applied for Group Practice Reporting Option (GPRO) status. Practices who seek to report via the GPRO function should contact a different QR.

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**Participation in the ASA QR does not guarantee satisfactory participation in the PQRS program. Successful submission to CMS is contingent upon each individual EP and/or practice meeting the PQRS program requirements and the timeliness, quality, and accuracy of the data they provide for reporting.**

**ASA strongly encourages practices to strive to meet the qualified registry reporting requirements. If you are able to report one cross-cutting measure, please consider reporting others in order to meet the nine measures across three domains threshold.**

Measure Number/Title	Measure Type	Measure Domain
PQRS 39: Screening or Therapy for Osteoporosis in Women Aged 65 Years and Older	Process	Effective Clinical Care
PQRS 44: Preoperative Beta-Blocker in Patients with Isolated CABG Surgery	Process	Effective Clinical Care
PQRS 46: Medication Reconciliation Post Discharge <b>*Cross-Cutting Measure</b>	Process	Communication and Care Coordination
PQRS 47: Care Plan <b>*Cross-Cutting Measure</b>	Process	Effective Clinical Care
PQRS 76: Prevention of Central Venous Catheter (CVC)-Related Bloodstream Infections	Process	Patient Safety
PQRS 109: Osteoarthritis (OA): Function and Pain Assessment	Process	Patient and Caregiver-Centered Experience
PQRS 110: Preventive Care and Screening: Influenza Immunization <b>*Cross-Cutting Measure</b>	Process	Community/Population Health
PQRS 111: Pneumonia Vaccination Status for Older Adults <b>*Cross-Cutting Measure</b>	Process	Community/Population Health
PQRS 128: Body Mass Index (BMI) Screening and Follow-Up Plan <b>*Cross-Cutting Measure</b>	Process	Community/Population Health
PQRS 130: Documentation of Current Medications in the Medical Record <b>*Cross-Cutting Measure</b>	Process	Patient Safety
PQRS 131: Pain Assessment and Follow-Up <b>*Cross-Cutting Measure</b>	Process	Communication and Care Coordination
PQRS 134: Screening for Clinical Depression and Follow-Up Plan <b>*Cross-Cutting Measure</b>	Process	Community/Population Health
PQRS 145: Radiology: Exposure Time Reported for Procedures Using Fluoroscopy	Process	Patient Safety
PQRS 154: Falls: Risk Assessment <b>*Cross-Cutting Measure</b>	Process	Patient Safety
PQRS 155: Falls: Plan of Care <b>*Cross-Cutting Measure</b>	Process	Communication and Care Coordination
PQRS 181: Elder Maltreatment Screen and Follow-up Plan	Process	Patient Safety
PQRS 226: Tobacco Use: Screening and Cessation Intervention <b>*Cross-Cutting Measure</b>	Process	Community/Population Health
PQRS 342: Pain Brought Under Control Within 48 Hours	Outcome	Patient and Caregiver-Centered Experience
PQRS 404: Anesthesiology Smoking Abstinence	Intermediate Outcome	Effective Clinical Care
PQRS 408: Opioid Therapy Follow-up Evaluation	Process	Effective Clinical Care
PQRS 412: Documentation of Signed Opioid Treatment Agreement	Process	Effective Clinical Care
PQRS 414: Evaluation or Interview for Risk of Opioid Misuse	Process	Effective Clinical Care
PQRS 424: Perioperative Temperature Management	Process	Patient Safety
PQRS 426: Transfer of Care Measure: Use of Checklist for Transfer to Anesthesia Care Unit (PACU)	Process	Communication and Care Coordination
PQRS 427: Transfer of Care: Use of Checklist for Transfer of Care from ICU	Process	Communication and Care Coordination
PQRS 430: Prevention of Post-Operative Nausea and Vomiting (PONV) – Combination Therapy	Process	Patient Safety

## Screening or Therapy for Osteoporosis in Women Aged 65 Years and Older

<p><b>Who Can Report This Measure?</b></p> <p>This measure may be reported by clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.</p>	<p><b>National Quality Strategy (NQS) Domain</b></p> <p>Effective Clinical Care</p>
<p><b>Eligible Patient Population (Denominator Criteria)</b></p> <ul style="list-style-type: none"><li>Female patients aged 65-85 years of age.</li><li>Specific Evaluation &amp; Management codes must be reported. <i>*Refer to full measure specification.</i></li><li>There is no diagnosis associated with this measure.</li></ul>	<p><b>Cross-Cutting Measure</b></p> <p>No</p> <p><b>Clinical Action Required by the Measure for Performance (Numerator Criteria)</b></p> <p>The number of women who have documentation in their medical record of having received a DXA test of the hip or spine</p>

### Link to Full Measure Specification

2016 PQRS Individual Claims Registry Measure Specifications

### Links to Additional Resources

- ASA PQRS Resources
- CMS PQRS Resources

## Pre-operative Beta-Blocker in Patients with Isolated CABG Surgery

<p><b>Who Can Report This Measure?</b></p> <p>It is anticipated that eligible professionals who provide services for isolated CABG will submit this measure.</p>	<p><b>National Quality Strategy (NQS) Domain</b></p> <p>Effective Clinical Care</p>
<p><b>Eligible Patient Population</b> (Denominator Criteria)</p> <ul style="list-style-type: none"><li>Isolated Coronary Artery Bypass Graft (CABG) surgeries for patients aged 18 years and older.</li><li>Specific Anesthesia Codes <b>and</b> Surgical Codes must be reported. <i>*Refer to full measure specification.</i></li></ul>	<p><b>Cross-Cutting Measure</b></p> <p>No</p> <p><b>Clinical Action Required by the Measure for Performance</b> (Numerator Criteria)</p> <p>Patients who received a beta-blocker within 24 hours prior to surgical incision of isolated CABG surgeries</p>

### Link to Full Measure Specification

2016 PQRS Individual Claims Registry Measure Specifications

### Links to Additional Resources

- ASA PQRS Resources
- CMS PQRS Resources

## Medication Reconciliation Post Discharge

<p><b>Who Can Report This Measure?</b></p> <p>This measure is appropriate for use in the ambulatory setting only, and may be reported by clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding. This measure is not to be reported unless a patient has been discharged from an inpatient facility within 30 days prior to the outpatient visit.</p>	<p><b>National Quality Strategy (NQS) Domain</b></p> <p>Communication and Care Coordination</p> <p><b>Cross-Cutting Measure</b></p> <p>Yes</p>
<p><b>Eligible Patient Population (Denominator Criteria)</b></p> <ul style="list-style-type: none"><li>■ All discharges from any inpatient facility (e.g., hospital, skilled nursing facility, or rehabilitation facility) for patients 18 years of age seen within 30 days following discharge in the office by the physician, prescribing practitioner, registered nurse, or clinical pharmacist providing on-going care.</li><li>■ Specific Evaluation &amp; Management codes must be reported. <i>*Refer to full measure specification</i></li><li>■ There is no diagnosis associated with this measure.</li></ul>	<p><b>Clinical Action Required by the Measure for Performance (Numerator Criteria)</b></p> <p>Medication reconciliation conducted by a prescribing practitioner, clinical pharmacists or registered nurse on or within 30 days of discharge</p>

### Link to Full Measure Specification

2016 PQRS Individual Claims Registry Measure Specifications

### Links to Additional Resources

- ASA PQRS Resources
- CMS PQRS Resources

## Care Plan

### Who Can Report This Measure?

This measure may be reported by clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

### National Quality Strategy (NQS) Domain

Communication and Care Coordination

### Cross-Cutting Measure

Yes

### Eligible Patient Population (Denominator Criteria)

- Patients aged 65 years and older
- Specific Evaluation & Management codes must be reported  
*\*Refer to full measure specification*
- There is no diagnosis associated with this measure

### Clinical Action Required by the Measure for Performance (Numerator Criteria)

Patients who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan

### Link to Full Measure Specification

2016 PQRS Individual Claims Registry Measure Specifications

### Links to Additional Resources

- ASA PQRS Resources
- CMS PQRS Resources

## Prevention of Central Venous Catheter (CVC)-Related Bloodstream Infections

<p><b>Who Can Report This Measure?</b></p> <p>It is anticipated that clinicians who perform CVC insertion will submit this measure.</p>	<p><b>National Quality Strategy (NQS) Domain</b></p> <p>Patient Safety</p>
<p><b>Eligible Patient Population</b> (Denominator Criteria)</p> <ul style="list-style-type: none"><li>■ All patients, regardless of age, who undergo CVC insertion</li><li>■ Specific Central Venous Access Procedure codes must be reported <i>*Refer to full measure specification</i></li><li>■ There is no diagnosis associated with this measure</li></ul>	<p><b>Cross-Cutting Measure</b></p> <p>No</p> <p><b>Clinical Action Required by the Measure for Performance</b> (Numerator Criteria)</p> <p>Patients for whom central venous catheter (CVC) was inserted with all elements of maximal sterile barrier technique, hand hygiene, skin preparation and, if ultrasound is used, sterile ultrasound techniques followed</p>

### Link to Full Measure Specification

2016 PQRS Individual Claims Registry Measure Specifications

### Links to Additional Resources

- ASA PQRS Resources
- CMS PQRS Resources

## Osteoarthritis (OA): Function and Pain Assessment

### Who Can Report This Measure?

This measure may be reported by clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

### National Quality Strategy (NQS) Domain

Person and Caregiver-Centered  
Experience and Outcomes

### Eligible Patient Population (Denominator Criteria)

- All patient visits for patients aged 21 years and older with a diagnosis of OA
- Specific Evaluation & Management codes must be reported  
*\*Refer to full measure specification*
- Diagnosis for Osteoarthritis required  
*\*Refer to full measure specification*

### Cross-Cutting Measure

No

### Clinical Action Required by the Measure for Performance (Numerator Criteria)

Patient visits with assessment for level of function and pain documented (may include the use of a standardized scale or the completion of an assessment questionnaire, such as an SF-36, AAOS Hip & Knee Questionnaire)

### Link to Full Measure Specification

2016 PQRS Individual Claims Registry Measure Specifications

### Links to Additional Resources

- ASA PQRS Resources
- CMS PQRS Resources



## Preventive Care and Screening: Influenza Immunization

### Who Can Report This Measure?

This measure may be reported by clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

### National Quality Strategy (NQS) Domain

Community/Population Health

### Cross-Cutting Measure

Yes

### Eligible Patient Population (Denominator Criteria)

- All patients aged 6 months and older seen for a visit between October 1 and March 31
- Specific Evaluation & Management codes must be reported  
*\*Refer to full measure specification*
- There is no diagnosis associated with this measure

### Clinical Action Required by the Measure for Performance (Numerator Criteria)

Patients who received an influenza immunization **or** who reported previous receipt of an influenza immunization

### Link to Full Measure Specification

2016 PQRS Individual Claims Registry Measure Specifications

### Links to Additional Resources

- ASA PQRS Resources
- CMS PQRS Resources

## Pneumonia Vaccination Status for Older Adults

### Who Can Report This Measure?

This measure may be reported by clinicians who perform the quality actions described in the measure based on services provided and the measure-specific denominator coding.

### National Quality Strategy (NQS) Domain

Community/Population Health

### Cross-Cutting Measure

Yes

### Eligible Patient Population (Denominator Criteria)

- Patients 65 years of age and older with a visit during the measurement period
- Specific Evaluation & Management codes must be reported  
*\*Refer to full measure specification*
- There is no diagnosis associated with this measure

### Clinical Action Required by the Measure for Performance (Numerator Criteria)

Patients who have **ever** received a pneumococcal vaccination

### Link to Full Measure Specification

2016 PQRS Individual Claims Registry Measure Specifications

### Links to Additional Resources

- ASA PQRS Resources
- CMS PQRS Resources

## Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan

### Who Can Report This Measure?

This measure may be reported by eligible professionals who perform the quality actions described in the measure based on the services provided at the time of the qualifying visit and the measure-specific denominator coding.

### Eligible Patient Population (Denominator Criteria)

- All patients aged 18 years and older
- Specific Evaluation & Management codes must be reported  
*\*Refer to full measure specification*
- There is no diagnosis associated with this measure

### National Quality Strategy (NQS) Domain

Community/Population Health

### Cross-Cutting Measure

Yes

### Clinical Action Required by the Measure for Performance (Numerator Criteria)

Patients with a documented BMI during the encounter or during the previous six months, **and** when the BMI is outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the current encounter

### Link to Full Measure Specification

2016 PQRS Individual Claims Registry Measure Specifications

### Links to Additional Resources

- ASA PQRS Resources
- CMS PQRS Resources

## Documentation of Current Medications in the Medical Record

<p><b>Who Can Report This Measure?</b></p> <p>This measure may be reported by eligible professionals who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.</p>	<p><b>National Quality Strategy (NQS) Domain</b></p> <p>Patient Safety</p>
<p><b>Eligible Patient Population (Denominator Criteria)</b></p>	<p><b>Cross-Cutting Measure</b></p> <p>Yes</p>
<ul style="list-style-type: none"><li>■ All visits for patients aged 18 years and older</li><li>■ Specific Evaluation &amp; Management codes must be reported <i>*Refer to full measure specification</i></li><li>■ There is no diagnosis associated with this measure</li></ul>	<p><b>Clinical Action Required by the Measure for Performance (Numerator Criteria)</b></p> <p>Eligible professional attests to documenting, updating or reviewing a patient's current medications using all immediate resources available on the date of encounter. This list <b>must</b> include <b>all</b> known prescriptions, over-the counters, herbals, and vitamin/mineral/dietary (nutritional) supplements <b>and must</b> contain the medications' name, dosages, frequency and route of administration</p>

### Link to Full Measure Specification

2016 PQRS Individual Claims Registry Measure Specifications

### Links to Additional Resources

- ASA PQRS Resources
- CMS PQRS Resources

## Pain Assessment and Follow-Up

### Who Can Report This Measure?

This measure may be reported by eligible professionals who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

### Eligible Patient Population (Denominator Criteria)

- All visits for patients aged 18 years and older
- Specific Evaluation & Management codes must be reported  
*\*Refer to full measure specification*
- There is no diagnosis associated with this measure

### National Quality Strategy (NQS) Domain

Communication and Care Coordination

### Cross-Cutting Measure

Yes

### Clinical Action Required by the Measure for Performance (Numerator Criteria)

Patient visits with a documented pain assessment using a standardized tool(s) **and** documentation of a follow-up plan when pain is present

### Link to Full Measure Specification

2016 PQRS Individual Claims Registry Measure Specifications

### Links to Additional Resources

- ASA PQRS Resources
- CMS PQRS Resources

## Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan

<p><b>Who Can Report This Measure?</b></p> <p>This measure may be reported by eligible professionals who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.</p>	<p><b>National Quality Strategy (NQS) Domain</b></p> <p>Community/Population Health</p>
<p><b>Eligible Patient Population (Denominator Criteria)</b></p> <ul style="list-style-type: none"><li>■ All patients aged 12 years and older</li><li>■ Specific Evaluation &amp; Management codes must be reported <i>*Refer to full measure specification</i></li><li>■ There is no diagnosis associated with this measure</li></ul>	<p><b>Cross-Cutting Measure</b></p> <p>Yes</p> <p><b>Clinical Action Required by the Measure for Performance (Numerator Criteria)</b></p> <p>Patients screened for clinical depression on the date of the encounter using an age-appropriate, standardized tool <b>and</b>, if positive, a follow-up plan is documented on the date of the positive screen</p>

### Link to Full Measure Specification

2016 PQRS Individual Claims Registry Measure Specifications

### Links to Additional Resources

- ASA PQRS Resources
- CMS PQRS Resources

## Radiology: Exposure Time Reported for Procedures Using Fluoroscopy

<p><b>Who Can Report This Measure?</b></p> <p>It is anticipated that clinicians providing the services for procedures using fluoroscopy will submit this measure.</p>	<p><b>National Quality Strategy (NQS) Domain</b></p> <p>Patient Safety</p>
<p><b>Eligible Patient Population</b> (Denominator Criteria)</p> <ul style="list-style-type: none"><li>■ All visits for patients aged 18 years and older</li><li>■ Specific nervous system codes must be reported <i>*Refer to full measure specification</i></li><li>■ There is no diagnosis associated with this measure</li></ul>	<p><b>Cross-Cutting Measure</b></p> <p>No</p> <p><b>Clinical Action Required by the Measure for Performance</b> (Numerator Criteria)</p> <p>Final reports for procedures using fluoroscopy that include radiation exposure indices, or exposure time and number of fluorographic images (if radiation exposure indices are not available)</p>

### Link to Full Measure Specification

2016 PQRS Individual Claims Registry Measure Specifications

### Links to Additional Resources

- ASA PQRS Resources
- CMS PQRS Resources

## Falls: Risk Assessment

### Who Can Report This Measure?

This measure may be reported by clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding. This measure is appropriate for use in all non-acute settings (excludes emergency departments and acute care hospitals).

If the falls risk assessment indicates the patient has documentation of two or more falls in the past year or any fall with injury in the past year, PQRS #155 should also be reported.

### Eligible Patient Population (Denominator Criteria)

- All patients aged 65 years and older who have a history of falls (history of falls is defined as two or more falls in the past year or any fall with injury in the past year). Documentation of patient-reported history of falls is sufficient.
- Specific Evaluation & Management codes must be reported  
*\*Refer to full measure specification*
- There is no diagnosis associated with this measure

### National Quality Strategy (NQS) Domain

Patient Safety

### Cross-Cutting Measure

Yes

### Clinical Action Required by the Measure for Performance (Numerator Criteria)

Patients who had a risk assessment for falls completed within 12 months

### Link to Full Measure Specification

2016 PQRS Individual Claims Registry Measure Specifications

### Links to Additional Resources

- ASA PQRS Resources
- CMS PQRS Resources



## Falls: Plan of Care

### Who Can Report This Measure?

This measure may be reported by clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding. This measure is appropriate for use in all non-acute settings (excludes emergency departments and acute care hospitals).

This measure should be submitted if the falls risk assessment (PQRS #154) indicates the patient has documentation of two or more falls in the past year or any fall with injury in the past year.

### Eligible Patient Population (Denominator Criteria)

- All patients aged 65 years and older with a history of falls (history of falls is defined as two or more falls in the past year or any fall with injury in the past year). Documentation of patient-reported history of falls is sufficient.
- Specific Evaluation & Management codes must be reported  
*\*Refer to full measure specification*
- There is no diagnosis associated with this measure

### National Quality Strategy (NQS) Domain

Communication and Care Coordination

### Cross-Cutting Measure

Yes

### Clinical Action Required by the Measure for Performance (Numerator Criteria)

Patients with a plan of care for falls documented within 12 months

### Link to Full Measure Specification

2016 PQRS Individual Claims Registry Measure Specifications

### Links to Additional Resources

- ASA PQRS Resources
- CMS PQRS Resources

## Elder Maltreatment Screen and Follow-up Plan

<p><b>Who Can Report This Measure?</b></p> <p>This measure may be reported by eligible professionals who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding at the time of the qualifying visit.</p>	<p><b>National Quality Strategy (NQS) Domain</b></p> <p>Patient Safety</p>
<p><b>Eligible Patient Population (Denominator Criteria)</b></p> <ul style="list-style-type: none"><li>■ All patients aged 65 years and older</li><li>■ Specific Evaluation &amp; Management codes must be reported <i>*Refer to full measure specification</i></li><li>■ There is no diagnosis associated with this measure</li></ul>	<p><b>Cross-Cutting Measure</b></p> <p>No</p> <p><b>Clinical Action Required by the Measure for Performance (Numerator Criteria)</b></p> <p>Patients with a documented elder maltreatment screen using an Elder Maltreatment Screening tool on the date of the encounter and follow-up plan documented on the date of the positive screen</p>

### Link to Full Measure Specification

2016 PQRS Individual Claims Registry Measure Specifications

### Links to Additional Resources

- ASA PQRS Resources
- CMS PQRS Resources

## Preventive Care and Screening: Tobacco Use – Screening and Cessation Intervention

<p><b>Who Can Report This Measure?</b></p> <p>This measure is intended to reflect the quality of services provided for preventive screening for tobacco use.</p>	<p><b>National Quality Strategy (NQS) Domain</b></p> <p>Community/Population Health</p>
<p><b>Eligible Patient Population</b> (Denominator Criteria)</p> <ul style="list-style-type: none"><li>■ All visits for patients aged 18 years and older</li><li>■ Specific Evaluation &amp; Management codes must be reported <i>*Refer to full measure specification</i></li><li>■ There is no diagnosis associated with this measure</li></ul>	<p><b>Cross-Cutting Measure</b></p> <p>Yes</p> <p><b>Clinical Action Required by the Measure for Performance</b> (Numerator Criteria)</p> <p>Patients who were screened for tobacco use at least once within 24 months <b>and</b> who received tobacco cessation intervention if identified as a tobacco user</p>

### Link to Full Measure Specification

2016 PQRS Individual Claims Registry Measure Specifications

### Links to Additional Resources

- ASA PQRS Resources
- CMS PQRS Resources

## Pain Brought Under Control Within 48 Hours

<p><b>Who Can Report This Measure?</b></p> <p>This measure may be reported by clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.</p>	<p><b>National Quality Strategy (NQS) Domain</b></p> <p>Person and Caregiver-Centered Experience and Outcomes</p>
<p><b>Eligible Patient Population (Denominator Criteria)</b></p> <ul style="list-style-type: none"><li>Patients aged 18 and older admitted to palliative care services who communicated and self-reported that they were uncomfortable due to pain at the initial assessment (by responding “yes” when asked if they were uncomfortable because of pain)</li><li>Specific Evaluation &amp; Management codes must be reported <i>*Refer to full measure specification</i></li><li>Patient is able to Communicate and Understand the Language of the Person Asking</li><li>Patient Self-Reported Uncomfortable due to Pain at the Initial Assessment</li><li>There is no diagnosis associated with this measure</li></ul>	<p><b>Cross-Cutting Measure</b></p> <p>No</p> <p><b>Clinical Action Required by the Measure for Performance (Numerator Criteria)</b></p> <p>Patients whose pain was brought to a comfortable level within 48 hours of initial assessment (after admission to palliative care services)</p>

### Link to Full Measure Specification

2016 PQRS Individual Claims Registry Measure Specifications

### Links to Additional Resources

- ASA PQRS Resources
- CMS PQRS Resources

## Anesthesiology Smoking Abstinence

<b>Who Can Report This Measure?</b> It is anticipated that clinicians who provide the listed anesthesia services as specified in the denominator coding will submit this measure.	<b>National Quality Strategy (NQS) Domain</b> Effective Clinical Care
<b>Eligible Patient Population (Denominator Criteria)</b> <ul style="list-style-type: none"><li>All patients aged 18 years and older who are evaluated in preparation for elective surgical, diagnostic, or pain procedure requiring anesthesia services in settings that include routine screening for smoking status prior to the day of the surgery or procedure with instruction to abstain from smoking on the day of surgery or procedure</li><li>Specific anesthesia codes or nervous system codes must be reported <i>*Refer to full measure specification</i></li><li>There is no diagnosis associated with this measure</li></ul>	<b>Cross-Cutting Measure</b> No  <b>Clinical Action Required by the Measure for Performance (Numerator Criteria)</b> Current cigarette smokers and who abstained from smoking prior to anesthesia on the day of surgery or procedure

### Link to Full Measure Specification

2016 PQRS Individual Claims Registry Measure Specifications

### Links to Additional Resources

- ASA PQRS Resources
- CMS PQRS Resources

## Opioid Therapy Follow-up Evaluation

### Who Can Report This Measure?

This measure may be reported by clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

### National Quality Strategy (NQS) Domain

Effective Clinical Care

### Cross-Cutting Measure

No

### Eligible Patient Population (Denominator Criteria)

- All patients 18 and older prescribed opiates for longer than six weeks duration
- Specific Evaluation & Management codes must be reported  
*\*Refer to full measure specification*
- There is no diagnosis associated with this measure

### Clinical Action Required by the Measure for Performance (Numerator Criteria)

Patients who had a follow-up evaluation conducted at least every three months during opioid therapy

### Link to Full Measure Specification

2016 PQRS Individual Claims Registry Measure Specifications

### Links to Additional Resources

- ASA PQRS Resources
- CMS PQRS Resources

## Documentation of Signed Opioid Treatment Agreement

<b>Who Can Report This Measure?</b> <p>This measure may be reported by clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.</p>	<b>National Quality Strategy (NQS) Domain</b> <p>Effective Clinical Care</p>
<b>Eligible Patient Population (Denominator Criteria)</b> <ul style="list-style-type: none"><li>All patients 18 and older prescribed opiates for longer than six weeks duration</li><li>Specific Evaluation &amp; Management codes must be reported <i>*Refer to full measure specification</i></li><li>There is no diagnosis associated with this measure</li></ul>	<b>Cross-Cutting Measure</b> <p>No</p> <b>Clinical Action Required by the Measure for Performance (Numerator Criteria)</b> <p>Patients who signed an opioid treatment agreement at least once during opioid therapy</p>

### Link to Full Measure Specification

2016 PQRS Individual Claims Registry Measure Specifications

### Links to Additional Resources

- ASA PQRS Resources
- CMS PQRS Resources

## Evaluation or Interview for Risk of Opioid Misuse

### Who Can Report This Measure?

This measure may be reported by clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

### National Quality Strategy (NQS) Domain

Effective Clinical Care

### Cross-Cutting Measure

No

### Eligible Patient Population (Denominator Criteria)

- All patients 18 and older prescribed opiates for longer than six weeks duration
- Specific Evaluation & Management codes must be reported  
*\*Refer to full measure specification*
- There is no diagnosis associated with this measure

### Clinical Action Required by the Measure for Performance (Numerator Criteria)

Patients evaluated for risk of misuse of opiates by using a brief validated instrument (e.g., Opioid Risk Tool, SOAAP-R) or patient interview at least once during opioid therapy

### Link to Full Measure Specification

2016 PQRS Individual Claims Registry Measure Specifications

### Links to Additional Resources

- ASA PQRS Resources
- CMS PQRS Resources



## Perioperative Temperature Management

### Who Can Report This Measure?

It is anticipated that clinicians who provide the listed anesthesia services as specified in the denominator coding will submit this measure.

### National Quality Strategy (NQS) Domain

Patient Safety

### Cross-Cutting Measure

No

### Eligible Patient Population (Denominator Criteria)

- All patients, regardless of age, who undergo surgical or therapeutic procedures under general or neuraxial anesthesia of 60 minutes duration or longer
- Specific Anesthesia codes must be reported  
*\*Refer to full measure specification*
- There is no diagnosis associated with this measure

### Clinical Action Required by the Measure for Performance (Numerator Criteria)

Patients for whom at least one body temperature greater than or equal to 35.5 degrees Celsius (or 95.9 degrees Fahrenheit) was recorded within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time

### Link to Full Measure Specification

2016 PQRS Individual Claims Registry Measure Specifications

### Links to Additional Resources

- ASA PQRS Resources
- CMS PQRS Resources

## Post-Anesthetic Transfer of Care Measure: Procedure Room to a Post Anesthesia Care Unit (PACU)

<b>Who Can Report This Measure?</b> <p>It is anticipated that clinicians who provide the listed anesthesia services as specified in the denominator coding will submit this measure.</p>	<b>National Quality Strategy (NQS) Domain</b> <p>Communication and Care Coordination</p>
<b>Eligible Patient Population</b> (Denominator Criteria) <ul style="list-style-type: none"><li>All patients, regardless of age, who are cared for by an anesthesia practitioner</li><li>Specific Anesthesia codes must be reported <i>*Refer to full measure specification</i></li><li>There is no diagnosis associated with this measure</li></ul>	<b>Cross-Cutting Measure</b> <p>No</p> <b>Clinical Action Required by the Measure for Performance</b> (Numerator Criteria) <p>Patients transferred directly from the procedure room to post-anesthesia care unit (PACU) for post-procedure care for whom a checklist or protocol which includes the key transfer of care elements is utilized</p>

### Link to Full Measure Specification

2016 PQRS Individual Claims Registry Measure Specifications

### Links to Additional Resources

- ASA PQRS Resources
- CMS PQRS Resources

## Post-Anesthetic Transfer of Care: Use of Checklist or Protocol for Direct Transfer of Care from Procedure Room to Intensive Care Unit (ICU)

### Who Can Report This Measure?

This measure may be reported by clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

### National Quality Strategy (NQS) Domain

Communication and Care Coordination

### Cross-Cutting Measure

No

### Eligible Patient Population (Denominator Criteria)

- All patients, regardless of age, who undergo a surgical, therapeutic or diagnostic procedure under anesthesia and are admitted to an ICU directly from the anesthetizing location
- Specific Anesthesia codes must be reported  
*\*Refer to full measure specification*
- There is no diagnosis associated with this measure

### Clinical Action Required by the Measure for Performance (Numerator Criteria)

Patients who have a documented use of a checklist or protocol for the transfer of care from the responsible anesthesia practitioner to the responsible ICU team or team member

### Link to Full Measure Specification

2016 PQRS Individual Claims Registry Measure Specifications

### Links to Additional Resources

- ASA PQRS Resources
- CMS PQRS Resources

## Prevention of Post-Operative Nausea and Vomiting (PONV) – Combination Therapy

<p><b>Who Can Report This Measure?</b></p> <p>It is anticipated that clinicians who provide the listed anesthesia services as specified in the denominator coding will submit this measure.</p>	<p><b>National Quality Strategy (NQS) Domain</b></p> <p>Patient Safety</p>
<p><b>Eligible Patient Population (Denominator Criteria)</b></p> <ul style="list-style-type: none"><li>■ All patients, aged 18 years and older, who undergo any procedure including surgical, therapeutic or diagnostic under an inhalational general anesthetic, <b>and</b> who have three or more risk factors for PONV</li><li>■ Specific Anesthesia codes must be reported <i>*Refer to full measure specification</i></li><li>■ There is no diagnosis associated with this measure</li></ul>	<p><b>Cross-Cutting Measure</b></p> <p>No</p> <p><b>Clinical Action Required by the Measure for Performance (Numerator Criteria)</b></p> <p>Patients who receive combination therapy consisting of at least two prophylactic pharmacologic anti-emetic agents of different classes preoperatively or intraoperatively</p>

### Link to Full Measure Specification

2016 PQRS Individual Claims Registry Measure Specifications

### Links to Additional Resources

- ASA PQRS Resources
- CMS PQRS Resources