

2016 PQRS
Physician Quality Reporting System

Measure #76 Prevention of Catheter-Related Bloodstream Infections (CRBSI): Central Venous Catheter (CVC) Insertion Protocol

Documentation must include a statement that all elements of maximal sterile barrier technique were followed including use of cap, mask, sterile gown, sterile gloves, a large sterile sheet, hand hygiene and 2% chlorhexidine for cutaneous antisepsis (or acceptable alternative antiseptics, per current guideline).

If US is used you must document that sterile gel and sterile probe covers were used.

If McKesson has a copy of the published protocol for the facility that meets the above requirements, dictation may include a statement noting that the published protocol was met.

If the maximal sterile barrier technique was not met due to being done on an emergent basis, this information should be noted in the dictation.

Measure #145 Exposure Time Reported for Procedures Using Fluoroscopy

Documentation must state exposure time and number of images **or** one of the following indices:

- Skin dose mapping
- Peak skin dose (PSD)
- Reference air kerma (Ka,r)
- Kerma-area product (PKA)

Reporting codes changed to G9500 and G9501, there is no 8P modifier.

Measure #146 Inappropriate Use of “Probably Benign” Assessment Category in Mammography Screening

The BI-RAD needs to be documented

Measure #147 Correlation with Existing Imaging Studies for All Patients Undergoing Bone Scintigraphy

Documentation needs to state if correlation was made with existing relevant imaging studies (x-ray, MRI, CT) corresponding to the same anatomical region; if correlation was not made, a statement must be made noting that no existing relevant imaging study is available for correlation.

Measure #195 Stenosis Measurement in Carotid Imaging Reports

Applies to MRA, CTA, neck duplex studies and angiography

Documentation needs to state direct or indirect reference to measurements of the distal internal carotid diameter as the denominator for stenosis measurement. A statement like:

All stenosis was measured based on the NASCET criteria **OR**

Left ICA stenosis of ____% by NASCET criteria **OR**

Right ICA stenosis of ____% by criteria similar to NASCET **OR**

Stenosis of ____% - validated velocity measurements with angiographic measurements, velocity criteria are extrapolated from diameter data as defined by the Society of Radiologists in Ultrasound Consensus Conference Radiology 2003; 229; 340-346

Measure #225 Reminder System for Mammogram

Documentation must state if the appropriate information was entered into a reminder system with a target due date for the next mammogram or a letter of attestation must be on file.

(NEW) Measure #405 Appropriate F/U imaging for incidental Abdominal Lesions

Modality CT of Abdomen, Pelvis, MRI Abdomen and US Abdomen or Retroperitoneum

Must report the size of Liver lesion <0.5cm
Cystic Kidney lesion <1.0 cm
Adrenal lesion <1.0 cm

And follow up imaging is recommended or not
If follow-up imaging is recommended the reason (e.g. pt has a known malignancy that can metastasize Or other medical reason(s) should be documented.

(NEW) Measure #406 Appropriate F/U imaging for Incidental Thyroid Nodules

Modality CT/MRI chest and neck or US neck with incidental findings of Thyroid nodule <1.0 cm
And if follow-up imaging is recommended or not
If follow-up imaging is recommended the reason

(NEW) Measure #436 Radiation Consideration for Adult CT: Utilization of Dose Lowering Techniques

Modality any CT used

Document if one or more of the following dose reduction techniques were used:

- Automated exposure control
- Adjustment of the mA and/or kV according to patient size
- Use of iterative reconstruction technique

Cross-Cutting Measure

If billing E/M services you must report at least one cross cutting measure.

Measure #130 Documentation of Current Medication

The list must contain all known prescriptions, over-the-counters, herbals and vitamin/mineral/dietary supplements. The list must contain the medications' name, dosage, frequency and route of administration.

OR – if electronic health record is utilized you can attest to reviewing this list in the EHR.

There are other cross-cutting measures available, but this appears to be the easiest to report.

2017 PQRS MIPS MEASURES	Required reporting language	Further information if needed
76	<p>CLINICAL RECOMMENDATION STATEMENTS:</p> <p>Maximal sterile barrier precautions: Use maximal sterile barrier precautions, including the use of a cap, mask, sterile gown, sterile gloves, and a sterile full body drape, for the insertion of CVCs, PICCS, or guidewire exchange (CDC) (Category IB)</p> <p>Hand hygiene: Perform hand hygiene procedures, either by washing hands with conventional soap and water or with alcohol-based hand rubs (ABHR) (Category IB)</p> <p>Skin Preparation: Prepare clean skin with a >0.5% chlorhexidine preparation with alcohol before central venous catheter and peripheral arterial catheter insertion and during dressing changes. If there is a contraindication to chlorhexidine, tincture of iodine, an iodophor, or 70% alcohol can be used as alternatives (Category IB)</p> <p>Sterile Ultrasound: The Food and Drug Administration recommends that policies and clinical practice standards be reviewed to ensure the use of sterile ultrasound gel. Once a container of sterile or non-sterile ultrasound gel is opened, it is no longer sterile and contamination during ongoing use is possible.</p>	
145	Report flouro time and number of images or exposure indicies.	
146	Do not use the Term "Probably Benign" in screening mammograms report using number system such as BI-RADS	
147	Document that coralative existing studies have been viewed (XR, MR, CT, NM)	
195	<p>Report Corotid studies using NASCET method for calculating the degree of stenosis. Degree of stenosis with reference to the lumen of the carotid artery distal to the stenosis.</p> <p>A short note can be made in the final report, such as:</p> <p><input type="checkbox"/> Severe left ICA stenosis of 70-80% by NASCET criteria" or</p> <p><input type="checkbox"/> Severe left ICA stenosis of 70-80% by criteria similar to NASCET" or</p> <p><input type="checkbox"/> 70% stenosis derived by comparing the narrowest segment with the distal luminal diameter as related to the reported measure of arterial narrowing" or</p> <p><input type="checkbox"/> Severe stenosis of 70-80% - validated velocity measurements with angiographic measurements, velocity criteria are extrapolated from diameter data as defined by the Society of Radiologists in Ultrasound Consensus Conference Radiology 2003; 229:340-346".</p>	
225	Report a time for follow up screening for mammograms. This measure is intended to reflect the quality of services provided for reminding patients when follow-up mammograms are due.	
405	<p>The incidental lesion(s), if found, must be documented in the radiologist's interpretive report along with the corresponding follow-up recommendation status:</p> <ul style="list-style-type: none"> • No follow-up imaging is recommended • Follow up imaging is recommended and the medical reason is stated (e.g., known malignancy that could metastasize) • Follow-up imaging is recommended but no medical reason is given 	<p>The intent of this measure is to reduce unnecessary follow-up imaging of incidental lesions unless clinically indicated</p> <p>It applies to asymptomatic patients aged 18 years and older undergoing abdominal CT, MRI or ultrasound with incidental findings of any of the following:</p> <ul style="list-style-type: none"> • Liver lesion < 0.5cm • Cystic kidney lesion < 1.0 cm • Adrenal lesion < 1.0 cm <p>The incidental lesion(s), if found, must be documented in the radiologist's interpretive report along with the corresponding follow-up recommendation status:</p> <ul style="list-style-type: none"> • No follow-up imaging is recommended • Follow up imaging is recommended and the medical reason is stated (e.g., known malignancy that could metastasize) • Follow-up imaging is recommended but no medical reason is given
406	Recommend follow up if Documentation reflects the presence of incidental thyroid nodules noted during the study, two PQRS codes are reported to CMS. If no nodules are noted, the study will be assigned a single PQRS exclusion code for the measure.	<p>The intent of this measure is to ensure patients with incidental findings that are highly likely to be benign do not receive follow up imaging routinely. It applies to patients 18 years and older with no known thyroid disease that have an incidental thyroid nodule less than 1.0 cm that has been noted in the imaging study and documented in the final interpretive report. In this case, the final report must state one of the following:</p> <ul style="list-style-type: none"> • No follow-up imaging is recommended • Follow-up imaging is recommended and the medical reason is stated (e.g., multiple endocrine neoplasia or cervical lymphadenopathy) • Follow-up imaging is recommended without giving a medical reason
436	<p>Template should document documentation that one or more of the following dose reduction techniques were used:</p> <p><input type="checkbox"/> Automated exposure control</p> <p><input type="checkbox"/> Adjustment of the mA and/or kV according to patient size</p> <p><input type="checkbox"/> Use of iterative reconstruction technique</p>	<p>Percentage of final reports for patients aged 18 years and older undergoing CT with documentation that one or more of the following dose reduction techniques were used:</p> <p><input type="checkbox"/> Automated exposure control</p> <p><input type="checkbox"/> Adjustment of the mA and/or kV according to patient size</p> <p><input type="checkbox"/> Use of iterative reconstruction technique</p>