

APPENDIX A – DATA AND METHODS

This section describes the data and methods used in the report “2009 Physician Quality Reporting System and Electronic Prescribing (eRx) Incentive Program Reporting Experience Including Trends (2007-2010).”

Data Sources

The report uses three primary sources of data: (1) Part B claims data originating from CMS National Claims History (NCH) and loaded into CMS TAP files, including services from January 1, 2009 through December 31, 2009, processed through February 26, 2010; (2) registry submissions through March 25, 2010; and (3) Medicare Part B Physician Fee Schedule (PFS) reference data. Experience Report data for 2010 is based on the most recently available NCH TAP data, which covers service dates from January 1, 2010 through June 25, 2010, and includes claims-based individual and measures groups only.

Information on physician specialty and location were obtained from the National Plan and Provider Enumeration System (NPPES) data available from the CMS website. Specialty in the NPPES is self-designated and can contain multiple specialties for the same professional. The primary specialty was used in cases where it was designated by the professional; if there was no primary designation the first specialty was selected.

Unit of Analysis

The primary unit of analysis for both programs was the individual practitioner, which translates analytically to the National Provider Identifier (NPI), as it appears within a billing unit (i.e., the taxpayer identification number (TIN) on a claim). Some eligible professionals may have submitted claims through more than one TIN. **All analyses regarding eligibility, participation and incentive eligibility were performed at the NPI level within a TIN level of aggregation (referred to as TIN/NPI level).** Since analysis was performed at the TIN/NPI level there may be duplication within the analyses by specialty and state resulting from NPIs corresponding to a particular specialty practicing within multiple TINs. Data for 2007 in the detailed tables are presented at the NPI level; for this reason, and because the program was so new in 2007, most comparisons are performed for 2008 forward.

For NPIs who were eligible for a Physician Quality Reporting System (formerly Physician Quality Reporting Initiative or PQRI) incentive, the payments were calculated and distributed according to the TIN where the NPI was incentive-eligible. A TIN was defined as eligible if at least one NPI associated with that TIN was defined as eligible. Similarly, a TIN was defined as submitting if at least one NPI associated with that TIN was eligible and submitted a quality-data code (QDC) for an eligible case. While most analytic outcomes within the Experience Report are presented at the TIN/NPI level, there are some instances where TIN-level information is provided for reference.

Outcomes

The report summarizes four major 2009 program outcomes:

1. *Program eligibility.* A provider was determined to be eligible to participate in the programs via claims-based methods if they had at least one Medicare Part B physician fee schedule (PFS) professional services claim that met the denominator criteria for any measure. Under the Physician Quality Reporting System, a professional was determined eligible for claims-based measures groups reporting if they submitted an “intent to participate” G-code, and a professional was determined to be eligible for registry reporting if a registry submitted data for that TIN/NPI.¹
2. *Program participation.* Eligible professionals who submitted any QDC—whether or not it was used appropriately—were considered to have attempted participation in the programs. Those who submitted a valid QDC on an eligible instance or for whom a qualified registry reported numerator instances were considered to have participated in the program.
 - *Successful submitting.* Successful participation in eRx was defined as submitting valid QDCs on at least 50% of an eligible professional’s eligible instances during the reporting period.
3. *Incentive eligibility.*
 - To be incentive eligible for the Physician Quality Reporting System, participating eligible professionals had to meet the criteria relevant to the submission method (described above) and time period. The two basic criteria were:
 - a. 80% method: At least 80% of eligible instances for 3 or more measures (or 1 - 2, subject to measure applicability validation, or MAV for claims) for claims-based or registry, individual or measures groups submissions.
 - b. 30 consecutive method: At least 30 consecutive Medicare Part B Fee for Service (FFS) patients has all applicable measures within the group submitted for claims-based reporting or at least 30 consecutive patients (may include some non-Medicare patients) has all applicable measures within the group submitted for registry measures groups reporting.
 - To be incentive eligible for eRx, an eligible professional had to successfully submit and meet the incentive eligibility threshold, where at least 10% of their Medicare Part B PFS charges were on services eligible for the eRx program.
4. *Incentive amounts.* Eligible professionals meeting all criteria received a bonus payment of 2% of their Medicare Part B PFS allowed charges for each program (a potential of 4% total if they were successful in both programs). Allowed charges include both professional and technical services provided by a professional. This report examined the characteristics of

¹ As a result of how eligibility is defined for measures groups and registry reporting, the participation rates for these methods are close to 100 percent, as the only eligible professionals who are not counted as participating are ones who either submitted no actual measures groups data (just the intent QDC), or those for whom a registry submitted no valid data.

Appendix A. 2009 Reporting Experience Data and Methods

professionals who were incentive eligible, by method and in total, and reports the distribution of incentive amounts.²

5. *Measure Performance*. An eligible professional's performance on a measure is calculated as the number of times the eligible professional submitted a valid QDC indicating positive performance, divided by the number of instances for which they submitted QDCs (excluding instances where an exclusion QDC was submitted), and multiplied by 100 to create a percentage. For program years 2007 and 2008, a QDC submission was considered to be valid if the QDC(s) submitted were applicable to the measure. For 2009, a submission was considered valid if the all the required QDC(s) were correctly for the measure. The report examines trends over time in performance rates, and also calculates the proportion of eligible professionals that submitted a measure that had a performance rate of 90 percent or greater.

Key Variables

The analysis examined the outcomes above by several professional and practice characteristics:

- *Reporting Method (TIN/NPI level only)*. There were nine reporting methods in the 2009 Physician Quality Reporting System, and only one method (claims) for the eRx program. Where applicable, analyses were reported separately for each reporting method/reporting period combination. For ease of presentation, some analyses combined reporting methods, such as combining the five registry-based methods.
- *Beneficiary Volume (TIN and TIN/NPI levels)*. This variable was constructed to represent the unique count of Medicare beneficiaries eligible for a measure for each NPI. This variable was only utilized in analysis of the claims-based individual measures method because the other reporting methods did not allow for independent counts of eligible beneficiaries.
- *Eligible Measures (TIN and TIN/NPI levels)*. The number of measures the eligible professional could have reported (i.e., the eligible professional was caring for at least one beneficiary who qualified for the measure). This variable is only utilized in analyses of claims-based individual measures since the number of measures eligible within a measures group would be the same for all participating eligible professionals (with some exceptions within the Chronic Kidney Disease and Preventive Measures Groups depending on beneficiary eligibility) and the universe of eligible measures for eligible professionals participating through registries is not known.
- *Specialty (TIN/NPI level only)*. Obtained from the NPPES, these data indicate a self-designated primary specialty, and whether the practitioner is a physician or other eligible professional. Some specialty codes were grouped for efficiency of data presentation.

² There were 1,397 TIN/NPI who met incentive eligibility criteria for registry-based methods under the Physician Quality Reporting System, but who had no Medicare Part B Physician Fee Schedule charges in 2009 and therefore had an incentive amount of \$0.00. These professionals are not included in the counts of incentive eligible professionals in tables.

Appendix A. 2009 Reporting Experience Data and Methods

Roughly 0.1% of eligible TIN/NPIs did not match to a specialty and were designated as 'Missing.'

- *State*. The state in the maps and tables for both programs represents the state associated with the NPI, obtained from NPPES.
- *Practice Size (TIN level only)*. This variable was constructed to represent the number of PQRI-eligible NPIs within the practice.
- *Number of Specialties (TIN level only)*. This variable is a count of the unique specialties among PQRI-eligible NPIs within a practice.

Data Analysis

Cross-tabulations were used to illustrate bivariate relationships between eligible professional (TIN-NPI) or practice (TIN) characteristics and the key outcomes of interest (eligibility, participation, incentive status). Tables present frequencies and percents.

**APPENDIX B – 2009 PHYSICIAN QUALITY REPORTING SYSTEM
DETAILED TABLES**

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

Table B-1. 2009 Physician Quality Reporting System Incentive Amounts by Specialty, for All Reporting Methods

Specialty	# TIN/NPI	Minimum	Maximum	Mean	Median	Total	% Total National Incentive
Total	119,804	\$0.08	\$132,213.79	\$1,955.55	\$939.89	\$234,282,572.02	100.00%
MD/DO	92,189	\$0.08	\$132,213.79	\$2,274.42	\$1,236.17	\$209,676,569.10	89.50%
Allergy/Immunology	204	\$6.01	\$8,178.18	\$1,026.97	\$676.67	\$209,501.00	0.09%
Anesthesiology	8,161	\$1.18	\$26,637.07	\$836.58	\$729.69	\$6,827,331.31	2.91%
Cardiology	4,040	\$1.30	\$66,508.88	\$6,700.57	\$5,713.97	\$27,070,284.46	11.55%
Colon/Rectal Surgery	115	\$60.36	\$6,106.21	\$2,028.88	\$1,838.19	\$233,321.61	0.10%
Critical Care	157	\$1.20	\$12,705.94	\$2,706.54	\$2,223.45	\$424,927.53	0.18%
Dermatology	900	\$2.70	\$50,834.99	\$5,277.39	\$3,347.23	\$4,749,651.11	2.03%
Emergency Medicine	24,685	\$1.23	\$6,555.40	\$1,129.18	\$912.40	\$27,873,713.47	11.90%
Endocrinology	855	\$0.70	\$14,267.53	\$1,538.06	\$1,047.00	\$1,315,044.03	0.56%
Family Practice	13,432	\$0.37	\$34,662.71	\$1,184.53	\$810.67	\$15,910,596.07	6.79%
Gastroenterology	866	\$3.03	\$13,841.91	\$2,634.90	\$2,298.78	\$2,281,827.01	0.97%
General Surgery	1,588	\$0.72	\$30,075.00	\$2,054.41	\$1,527.33	\$3,262,397.18	1.39%
General Practice	250	\$3.53	\$12,101.28	\$1,284.40	\$732.33	\$321,101.10	0.14%
Geriatrics	449	\$1.73	\$18,473.29	\$2,417.91	\$1,757.71	\$1,085,639.58	0.46%
Hand Surgery	80	\$114.12	\$5,812.48	\$2,184.82	\$1,938.34	\$174,785.67	0.07%
Infectious Disease	373	\$1.59	\$15,865.75	\$2,244.49	\$1,226.85	\$837,195.25	0.36%
Internal Medicine	11,277	\$0.72	\$25,613.47	\$1,935.21	\$1,333.49	\$21,823,361.72	9.31%
Intervent Radiology	172	\$1.30	\$79,808.44	\$5,292.44	\$3,078.63	\$910,298.97	0.39%
Nephrology	1,396	\$1.90	\$52,764.64	\$5,937.11	\$5,357.46	\$8,288,201.96	3.54%
Neurology	795	\$0.88	\$24,043.13	\$1,902.25	\$1,381.13	\$1,512,285.82	0.65%
Neurosurgery	402	\$1.49	\$24,261.77	\$3,038.53	\$2,456.89	\$1,221,487.61	0.52%
Nuclear Medicine	57	\$2.02	\$19,823.31	\$3,544.80	\$1,568.36	\$202,053.35	0.09%
Obstetrics/Gynecology	1,434	\$0.84	\$12,858.68	\$506.76	\$220.94	\$726,693.21	0.31%
Oncology/Hematology	1,335	\$1.93	\$40,856.22	\$4,865.89	\$3,558.30	\$6,495,965.48	2.77%
Ophthalmology	3,695	\$0.08	\$70,341.65	\$7,266.00	\$5,847.13	\$26,847,852.01	11.46%
Oral & Maxillofacial Surgery	5	\$75.32	\$1,512.41	\$539.72	\$304.26	\$2,698.59	0.00%

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

Specialty	# TIN/NPI	Minimum	Maximum	Mean	Median	Total	% Total National Incentive
Orthopedic Surgery	2,156	\$0.87	\$31,474.63	\$3,759.31	\$3,166.13	\$8,105,061.79	3.46%
Other Physician	500	\$0.87	\$17,783.48	\$1,552.25	\$1,109.70	\$776,123.81	0.33%
Otolaryngology	573	\$0.98	\$19,172.79	\$1,930.22	\$1,577.72	\$1,106,015.63	0.47%
Pathology	2,617	\$0.96	\$35,172.35	\$1,679.99	\$1,400.19	\$4,396,536.50	1.88%
Pediatrics	283	\$0.44	\$4,754.27	\$401.78	\$86.59	\$113,702.77	0.05%
Physical Medicine	321	\$1.03	\$16,516.32	\$2,136.28	\$1,169.04	\$685,745.53	0.29%
Plastic Surgery	177	\$11.36	\$9,692.12	\$1,368.45	\$968.09	\$242,215.01	0.10%
Psychiatry	312	\$0.88	\$7,871.35	\$606.61	\$362.77	\$189,262.35	0.08%
Pulmonary Disease	767	\$1.24	\$21,041.80	\$3,467.03	\$2,710.31	\$2,659,214.87	1.14%
Radiation Oncology	392	\$0.69	\$132,213.79	\$14,463.35	\$4,968.33	\$5,669,632.68	2.42%
Radiology	4,362	\$0.71	\$50,864.25	\$2,905.47	\$2,262.84	\$12,673,672.97	5.41%
Rheumatology	682	\$4.96	\$35,492.68	\$3,104.01	\$2,004.23	\$2,116,935.08	0.90%
Thoracic/Cardiac Surgery	908	\$3.68	\$27,922.89	\$4,249.03	\$3,848.41	\$3,858,122.39	1.65%
Urology	1,041	\$0.46	\$51,423.02	\$4,351.65	\$3,879.67	\$4,530,063.73	1.93%
Vascular Surgery	375	\$1.76	\$37,167.08	\$5,189.46	\$3,977.82	\$1,946,048.88	0.83%
Other Eligible Professionals	27,544	\$0.21	\$91,626.33	\$891.35	\$343.40	\$24,551,310.80	10.48%
Audiologist	70	\$2.16	\$1,051.03	\$193.52	\$144.35	\$13,546.75	0.01%
Chiropractor	69	\$4.49	\$1,734.23	\$350.25	\$270.57	\$24,167.00	0.01%
Dentist	11	\$3.71	\$349.75	\$134.90	\$68.77	\$1,483.88	0.00%
Dietitian/Nutritionist	113	\$0.40	\$635.46	\$88.26	\$59.37	\$9,973.91	0.00%
Health Center	95	\$5.94	\$11,107.44	\$1,236.90	\$581.40	\$117,505.45	0.05%
Nurse Anesthetist	6,417	\$0.87	\$3,120.81	\$403.11	\$317.23	\$2,586,733.26	1.10%
Nurse Practitioner	4,648	\$0.21	\$8,593.99	\$376.19	\$218.63	\$1,748,515.85	0.75%
Optometry	1,859	\$0.65	\$21,276.10	\$1,168.81	\$653.16	\$2,172,814.66	0.93%
Other non-MD/DO	4,342	\$0.45	\$91,626.33	\$2,800.47	\$1,202.10	\$12,159,649.55	5.19%
Physical/Occupational Therapy	1,950	\$1.16	\$14,570.77	\$1,148.92	\$728.16	\$2,240,396.95	0.96%
Physician Assistant	6,978	\$0.30	\$5,280.38	\$347.99	\$227.83	\$2,428,241.31	1.04%
Podiatry	379	\$3.59	\$18,586.76	\$2,182.79	\$1,742.10	\$827,278.39	0.35%
Psychologist	148	\$2.23	\$9,877.24	\$453.57	\$193.85	\$67,128.45	0.03%

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

Specialty	# TIN/NPI	Minimum	Maximum	Mean	Median	Total	% Total National Incentive
Registered Nurse	366	\$1.23	\$6,038.02	\$374.18	\$207.10	\$136,949.96	0.06%
Social Worker	99	\$0.33	\$3,040.54	\$170.96	\$97.65	\$16,925.42	0.01%
Unknown/Missing	71	\$1.90	\$6,876.19	\$770.31	\$332.03	\$54,692.12	0.02%

SOURCE: Part B claims from CMS National Claims History and CMS TAP files submitted by eligible professionals, where payment exceeded \$0.00.

NOTES: Specialty is coded as the primary specialty designated by the eligible professional in NPPES, or the first specialty if no primary specialty was designated.

Table includes eligible professionals meeting the 80% satisfactory reporting requirement and earning a non-zero incentive. Incentive payments are based on total allowed charges, which include both professional and technical services provided by a professional.

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

Table B-2. 2009 Physician Quality Reporting System Average Potential Incentive and Eligible Professional Participation by Specialty

Specialty	Average Potential Incentive*	% Eligible Professionals Participating
Total	\$ 1,563	20.91%
MD/DO	\$ 2,036	25.30%
Allergy/Immunology	\$ 1,039	8.94%
Anesthesiology	\$ 873	41.38%
Cardiology	\$ 5,626	30.35%
Colon/Rectum Surgery	\$ 2,147	22.35%
Critical Care	\$ 2,436	14.47%
Dermatology	\$ 4,362	20.31%
Emergency Medicine	\$ 1,009	63.17%
Endocrinology	\$ 1,594	25.46%
Family Practice	\$ 1,126	22.63%
Gastroenterology	\$ 2,699	15.20%
General Surgery	\$ 1,731	14.28%
General Practice	\$ 1,096	6.81%
Geriatrics	\$ 2,160	18.89%
Hand Surgery	\$ 1,861	11.71%
Infectious Disease	\$ 2,204	11.77%
Internal Medicine	\$ 1,924	20.85%
Interventional Radiology	\$ 3,707	32.13%
Nephrology	\$ 4,694	25.27%
Neurology	\$ 1,905	12.80%
Neurosurgery	\$ 2,549	15.94%
Nuclear Medicine	\$ 3,162	16.50%
Obstetrics/Gynecology	\$ 387	8.66%
Oncology/Hematology	\$ 3,237	28.03%
Ophthalmology	\$ 4,850	38.80%
Oral & Maxillofacial Surgery	\$ 288	3.43%
Orthopedic Surgery	\$ 2,828	19.37%
Other Physician	\$ 1,787	13.34%
Otolaryngology	\$ 1,930	12.53%
Pathology	\$ 1,608	58.89%
Pediatrics	\$ 192	8.43%
Physical Medicine	\$ 2,152	8.33%
Plastic Surgery	\$ 1,163	6.95%
Psychiatry	\$ 682	2.27%
Pulmonary Disease	\$ 3,438	16.81%
Radiation Oncology	\$ 7,815	20.42%
Radiology	\$ 2,772	31.96%
Rheumatology	\$ 2,318	27.32%
Thoracic/Cardiac Surgery	\$ 3,359	39.75%
Urology	\$ 3,711	23.11%
Vascular Surgery	\$ 4,405	25.43%
Other Eligible Professionals	\$ 796	13.80%
Audiologist	\$ 208	2.31%
Chiropractor	\$ 304	1.01%
Dentist	\$ 178	0.66%

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

Specialty	Average Potential Incentive*	% Eligible Professionals Participating
Dietitian/Nutritionist	\$ 75	8.29%
Health Center	\$ 3,849	7.11%
Nurse Anesthetist	\$ 360	29.34%
Nurse Practitioner	\$ 378	16.65%
Optometry	\$ 579	19.78%
Other non-MD/DO	\$ 2,679	18.16%
Physical/Occupational Therapy	\$ 1,072	15.32%
Physician Assistant	\$ 344	23.70%
Podiatry	\$ 1,962	6.76%
Psychologist	\$ 411	1.59%
Registered Nurse	\$ 388	16.79%
Social Worker	\$ 192	0.96%

SOURCE: Part B claims from CMS National Claims History and CMS TAP files submitted by eligible professionals, where payment exceeded \$0.00.

NOTES: Specialty is coded as the primary specialty designated by the eligible professional in NPPES, or the first specialty if no primary specialty was designated. The average potential incentive is calculated by dividing the total Medicare PFS total allowed charges in 2009 for each specialty by the number of professionals with charges and then taking 2.0% of this value.

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

Table B-3. Professionals Eligible to Participate in the Physician Quality Reporting System by Reporting Method, by Program Year

Method	2007 Eligible to Participate (#NPI ^a)	2008 Eligible to Participate (#TIN/NPI)	2009 Eligible to Participate (#TIN/NPI)
Total	621,840	964,246	1,006,899
Claims-Individual Measures	621,840	963,835	1,004,866
Claims-Measures Groups	N/A	1,688	3,929
Registry-Individual Measures	N/A	8,706	23,099
Registry-Measures Groups	N/A	3,186	10,366

SOURCE: Part B claims from CMS National Claims History and CMS TAP files submitted by eligible professionals, where payment exceeded \$0.00.

NOTES: Registry eligibility is determined by a registry having submitted data for an eligible professional. Measures groups eligibility is determined by an eligible professional having submitted a QDC for intent to submit measures groups data.

^a 2007 displays Eligible Professionals as unique NPIs whereas subsequent years counted unique TIN/NPIs.

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

Table B-4. Professionals Eligible to Participate in the Physician Quality Reporting System by Specialty-Claims Individual Measures, by Program Year

Specialty	2007 Eligible to Participate (#NPI ^a)	2008 Eligible to Participate (#TIN/NPI)	2009 Eligible to Participate (#TIN/NPI)
Total	621,840	963,835	1,004,866
MD/DO	418,957	601,527	621,571
Allergy/Immunology	2,916	3,520	3,457
Anesthesiology	14,284	40,726	42,524
Cardiology	17,541	22,795	23,453
Colon/Rectal Surgery	772	1,064	1,092
Critical Care	2,379	2,448	2,437
Dermatology	7,974	10,177	10,363
Emergency Medicine	31,947	48,160	49,372
Endocrinology	3,643	4,929	5,105
Family Practice	66,898	89,137	90,652
Gastroenterology	9,425	11,770	11,902
General Surgery	16,952	21,441	21,823
General Practice	4,251	5,904	5,794
Geriatrics	2,719	3,975	4,071
Hand Surgery	1,013	1,399	1,463
Infectious Disease	3,546	4,981	5,128
Internal Medicine	69,040	89,525	91,830
Interventional Radiology	660	1,256	1,360
Nephrology	5,592	7,688	7,903
Neurology	8,694	11,845	12,370
Neurosurgery	3,627	4,499	4,534
Nuclear Medicine	215	383	703
Obstetrics/Gynecology	21,817	29,322	29,595
Oncology/Hematology	8,221	10,740	10,886
Ophthalmology	14,431	18,920	19,014
Oral & Maxillofacial Surgery	253	382	379
Orthopedic Surgery	16,797	20,436	20,649
Other Physician	4,369	7,797	8,295
Otolaryngology	6,751	8,304	8,470
Pathology	178	7816	7,713
Pediatrics	1,644	5,437	5,764
Physical Medicine	5,530	7,497	7,702
Plastic Surgery	3,206	4,158	4,261
Psychiatry	18,979	29,805	30,436
Pulmonary Disease	5,454	8,712	8,962
Radiation Oncology	2,895	4,301	4,505
Radiology	19,356	30,549	37,383
Rheumatology	3,177	4,166	4,208

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

Specialty	2007 Eligible to Participate (#NPI ^a)	2008 Eligible to Participate (#TIN/NPI)	2009 Eligible to Participate (#TIN/NPI)
Thoracic/Cardiac Surgery	2,616	3,526	3,560
Urology	7,190	9,075	9,409
Vascular Surgery	2,005	2,962	3,045
Other Eligible Professionals	199,172	358,981	381,958
Audiologist	50	123	5,927
Chiropractor	173	48,350	47,350
Dentist	2,444	3,328	3,352
Dietitian/Nutritionist	1,335	2,224	2,310
Health Center	5,782	2,928	3,091
Nurse Anesthetist	4,926	37,443	40,647
Nurse Practitioner	24,282	38,621	44,586
Optometry	22,441	29,440	29,940
Other non-MD/DO	35,306	43,176	43,992
Physical/Occupational Therapy	26,172	35,921	38,008
Physician Assistant	25,401	38,186	42,085
Podiatry	13,336	17,892	17,381
Psychologist	19,532	30,399	31,110
Registered Nurse	2,448	3,744	3,950
Social Worker	15,544	27,206	28,229
Unknown/Missing	3,711	3,327	1,336

SOURCE: Part B claims from CMS National Claims History and CMS TAP files submitted by eligible professionals, where payment exceeded \$0.00.

NOTES: Specialty is coded as the primary specialty designated by the eligible professional in NPPES, or the first specialty if no primary specialty was designated.

^a 2007 displays Eligible Professionals as unique NPIs whereas subsequent years counted unique TIN/NPIs.

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

TABLE B-5. Professionals Eligible to Participate in the Physician Quality Reporting System by Specialty-Claims-Based Measures Groups, by Program Year

Specialty	2007 Eligible to Participate (#NPI ^a)	2008 Eligible to Participate (#TIN/NPI)	2009 Eligible to Participate (#TIN/NPI)
Total	N/A	1,688	3,929
MD/DO	N/A	1,542	3,360
Allergy/Immunology	N/A	1	5
Anesthesiology	N/A	0	36
Cardiology	N/A	27	55
Colon/Rectal Surgery	N/A	0	9
Critical Care	N/A	1	9
Dermatology	N/A	5	7
Emergency Medicine	N/A	1	6
Endocrinology	N/A	39	74
Family Practice	N/A	580	984
Gastroenterology	N/A	21	31
General Surgery	N/A	23	159
General Practice	N/A	2	14
Geriatrics	N/A	23	34
Hand Surgery	N/A	0	5
Infectious Disease	N/A	3	3
Internal Medicine	N/A	540	1,034
Interventional Radiology	N/A	0	0
Nephrology	N/A	128	122
Neurology	N/A	16	21
Neurosurgery	N/A	5	60
Nuclear Medicine	N/A	0	0
Obstetrics/Gynecology	N/A	10	44
Oncology/Hematology	N/A	18	23
Ophthalmology	N/A	23	21
Oral & Maxillofacial Surgery	N/A	0	0
Orthopedic Surgery	N/A	6	271
Other Physician	N/A	4	47
Otolaryngology	N/A	7	7
Pathology	N/A	0	0
Pediatrics	N/A	2	2
Physical Medicine	N/A	11	31
Plastic Surgery	N/A	0	7
Psychiatry	N/A	0	0
Pulmonary Disease	N/A	17	25
Radiation Oncology	N/A	0	4
Radiology	N/A	0	2
Rheumatology	N/A	5	154

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

Specialty	2007 Eligible to Participate (#NPI ^a)	2008 Eligible to Participate (#TIN/NPI)	2009 Eligible to Participate (#TIN/NPI)
Thoracic/Cardiac Surgery	N/A	0	14
Urology	N/A	16	17
Vascular Surgery	N/A	8	23
Other Eligible Professionals	N/A	146	568
Audiologist	N/A	0	0
Chiropractor	N/A	0	15
Dentist	N/A	0	0
Dietitian/Nutritionist	N/A	1	0
Health Center	N/A	2	4
Nurse Anesthetist	N/A	0	0
Nurse Practitioner	N/A	63	176
Optometry	N/A	4	36
Other non-MD/DO	N/A	54	173
Physical/Occupational Therapy	N/A	0	13
Physician Assistant	N/A	16	124
Podiatry	N/A	2	23
Psychologist	N/A	0	0
Registered Nurse	N/A	4	4
Social Worker	N/A	0	0
Unknown/Missing	N/A	0	1

SOURCE: Part B claims from CMS National Claims History and CMS TAP files submitted by eligible professionals, where payment exceeded \$0.00.

NOTES: Specialty is coded as the primary specialty designated by the eligible professional in NPPES, or the first specialty if no primary specialty was designated. Measures groups eligibility is determined by an eligible professionals having submitted a QDC for intent to submit measures groups data.

^a 2007 displays Eligible Professionals as unique NPIs whereas subsequent years counted unique TIN/NPIs.

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

TABLE B-6. Professionals Eligible to Participate in the Physician Quality Reporting System by Specialty-Registry Individual Measures, by Program Year

Specialty	2007 Eligible to Participate (#NPI ^a)	2008 Eligible to Participate (#TIN/NPI)	2009 Eligible to Participate (#TIN/NPI)
Total	N/A	8,706	23,099
MD/DO	N/A	7,129	19,352
Allergy/Immunology	N/A	30	81
Anesthesiology	N/A	20	113
Cardiology	N/A	335	1,370
Colon/Rectal Surgery	N/A	10	30
Critical Care	N/A	23	54
Dermatology	N/A	88	261
Emergency Medicine	N/A	138	363
Endocrinology	N/A	117	386
Family Practice	N/A	2,265	4,524
Gastroenterology	N/A	112	350
General Surgery	N/A	185	562
General Practice	N/A	4	48
Geriatrics	N/A	60	199
Hand Surgery	N/A	8	25
Infectious Disease	N/A	43	222
Internal Medicine	N/A	1,788	4,560
Interventional Radiology	N/A	7	27
Nephrology	N/A	70	273
Neurology	N/A	120	424
Neurosurgery	N/A	50	139
Nuclear Medicine	N/A	2	14
Obstetrics/Gynecology	N/A	314	846
Oncology/Hematology	N/A	84	350
Ophthalmology	N/A	148	446
Oral & Maxillofacial Surgery	N/A	1	0
Orthopedic Surgery	N/A	285	562
Other Physician	N/A	87	146
Otolaryngology	N/A	82	229
Pathology	N/A	7	13
Pediatrics	N/A	89	226
Physical Medicine	N/A	22	98
Plastic Surgery	N/A	26	89
Psychiatry	N/A	47	178
Pulmonary Disease	N/A	99	264
Radiation Oncology	N/A	23	213
Radiology	N/A	74	395
Rheumatology	N/A	69	228

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

Specialty	2007 Eligible to Participate (#NPI ^a)	2008 Eligible to Participate (#TIN/NPI)	2009 Eligible to Participate (#TIN/NPI)
Thoracic/Cardiac Surgery	N/A	34	503
Urology	N/A	136	400
Vascular Surgery	N/A	27	141
Other Eligible Professionals	N/A	1,569	3,724
Audiologist	N/A	14	34
Chiropractor	N/A	3	12
Dentist	N/A	1	4
Dietitian/Nutritionist	N/A	11	49
Health Center	N/A	6	12
Nurse Anesthetist	N/A	0	19
Nurse Practitioner	N/A	579	1,299
Optometry	N/A	46	100
Other non-MD/DO	N/A	136	627
Physical/Occupational Therapy	N/A	41	150
Physician Assistant	N/A	594	1,025
Podiatry	N/A	56	154
Psychologist	N/A	26	109
Registered Nurse	N/A	19	46
Social Worker	N/A	37	84
Unknown/Missing	N/A	8	23

SOURCE: Part B claims from CMS National Claims History and CMS TAP files submitted by eligible professionals, where payment exceeded \$0.00.

NOTES: Specialty is coded as the primary specialty designated by the eligible professional in NPPES, or the first specialty if no primary specialty was designated. Registry eligibility is determined by a registry having submitted data for an eligible professional.

^a 2007 displays Eligible Professionals as unique NPIs whereas subsequent years counted unique TIN/NPIs.

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

TABLE B-7. Professionals Eligible to Participate in the Physician Quality Reporting System by Specialty-Registry Measures Groups, by Program Year

Specialty	2007 Eligible to Participate (#NPI ^a)	2008 Eligible to Participate (#TIN/NPI)	2009 Eligible to Participate (#TIN/NPI)
Total	N/A	3,186	10,366
Physician (MD/DO) Practitioners	N/A	3,001	9,160
Allergy/Immunology	N/A	41	64
Anesthesiology	N/A	3	34
Cardiology	N/A	103	650
Colon/Rectal Surgery	N/A	2	42
Critical Care	N/A	7	16
Dermatology	N/A	4	63
Emergency Medicine	N/A	13	28
Endocrinology	N/A	43	133
Family Practice	N/A	1,481	2,894
Gastroenterology	N/A	28	141
General Surgery	N/A	15	156
General Practice	N/A	17	41
Geriatrics	N/A	43	100
Hand Surgery	N/A	1	9
Infectious Disease	N/A	5	47
Internal Medicine	N/A	789	1,963
Interventional Radiology	N/A	0	0
Nephrology	N/A	146	763
Neurology	N/A	20	95
Neurosurgery	N/A	4	34
Nuclear Medicine	N/A	0	1
Obstetrics/Gynecology	N/A	31	143
Oncology/Hematology	N/A	30	243
Ophthalmology	N/A	17	133
Oral & Maxillofacial Surgery	N/A	0	0
Orthopedic Surgery	N/A	15	355
Other Physician	N/A	4	50
Otolaryngology	N/A	21	148
Pathology	N/A	0	1
Pediatrics	N/A	1	15
Physical Medicine	N/A	3	59
Plastic Surgery	N/A	1	23
Psychiatry	N/A	0	8
Pulmonary Disease	N/A	52	138
Radiation Oncology	N/A	0	30
Radiology	N/A	1	10
Rheumatology	N/A	14	268
Thoracic/Cardiac Surgery	N/A	5	29
Urology	N/A	30	197
Vascular Surgery	N/A	11	36
Other Eligible Professionals	N/A	185	1,197
Audiologist	N/A	0	0

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

Specialty	2007 Eligible to Participate (#NPI ^a)	2008 Eligible to Participate (#TIN/NPI)	2009 Eligible to Participate (#TIN/NPI)
Chiropractor	N/A	0	4
Dentist	N/A	0	3
Dietitian/Nutritionist	N/A	0	2
Health Center	N/A	0	15
Nurse Anesthetist	N/A	0	0
Nurse Practitioner	N/A	56	347
Optometry	N/A	4	44
Other non-MD/DO	N/A	82	462
Physical/Occupational Therapy	N/A	0	5
Physician Assistant	N/A	37	230
Podiatry	N/A	4	79
Psychologist	N/A	0	0
Registered Nurse	N/A	2	6
Social Worker	N/A	0	0
Unknown/Missing	N/A	1	9

SOURCE: Part B claims from CMS National Claims History and CMS TAP files submitted by eligible professionals, where payment exceeded \$0.00.

NOTES: Specialty is coded as the primary specialty designated by the eligible professional in NPPES, or the first specialty if no primary specialty was designated. Registry measures groups eligibility is determined by a registry having submitted measure groups data for an eligible professional.

^a 2007 displays Eligible Professionals as unique NPIs whereas subsequent years counted unique TIN/NPIs.

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

TABLE B-8. Eligible Professionals Participating in the Physician Quality Reporting System by Reporting Method, by Program Year

Method	2007 # Participating (NPI ^a)	2007 % Participating (NPI ^a)	2008 # Participating (TIN/NPI)	2008 % Participating (TIN/NPI)	2009 # Participating (TIN/NPI)	2009 % Participating (TIN/NPI)
Total	98,696	15.9%	153,896	15.96%	210,559	20.91%
Claims-Individual Measures	98,696	15.9%	144,972	15.04%	185,154	18.43%
Claims-Measures Groups	N/A	N/A	1,410	83.53%	3,649	92.87%
Registry-Individual Measures	N/A	N/A	8,630	99.13%	22,750	98.49%
Registry-Measures Groups	N/A	N/A	3,167	99.40%	10,356	99.91%

SOURCE: Part B claims from CMS National Claims History and CMS TAP files submitted by eligible professionals, where payment exceeded \$0.00.

NOTE: Eligible professionals who submitted a valid QDC on an eligible instance or for whom a qualified registry reported numerator instances were considered to have participated in the program.

^a 2007 displays Eligible Professionals as unique NPIs whereas subsequent years counted unique TIN/NPIs.

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

Table B-9. Eligible Professionals Participating in the Physician Quality Reporting System, All Methods, 2009

Specialty	2009 # Professionals Eligible (TIN/NPI)	2009 # Professionals Participating (TIN/NPI)	2009 % Professionals Participating (TIN/NPI)
Total	1,006,899	210,559	20.91%
MD/DO	623,031	157,622	25.30%
Allergy/Immunology	3,458	309	8.94%
Anesthesiology	42,531	17,599	41.38%
Cardiology	23,503	7,134	30.35%
Colon/Rectal Surgery	1,096	245	22.35%
Critical Care	2,440	353	14.47%
Dermatology	10,371	2,106	20.31%
Emergency Medicine	49,389	31,200	63.17%
Endocrinology	5,122	1,304	25.46%
Family Practice	91,028	20,600	22.63%
Gastroenterology	11,918	1,812	15.20%
General Surgery	21,860	3,122	14.28%
General Practice	5,800	395	6.81%
Geriatrics	4,086	772	18.89%
Hand Surgery	1,469	172	11.71%
Infectious Disease	5,141	605	11.77%
Internal Medicine	92,175	19,217	20.85%
Intervent Radiology	1,360	437	32.13%
Nephrology	7,925	2,003	25.27%
Neurology	12,394	1,586	12.80%
Neurosurgery	4,543	724	15.94%
Nuclear Medicine	703	116	16.50%
Obstetrics/Gynecology	29,652	2,568	8.66%
Oncology/Hematology	10,907	3,057	28.03%
Ophthalmology	19,041	7,387	38.80%
Oral & Maxillofacial Surgery	379	13	3.43%
Orthopedic Surgery	20,690	4,008	19.37%
Other Physician	8,315	1,109	13.34%
Otolaryngology	8,484	1,063	12.53%
Pathology	7,715	4,543	58.89%
Pediatrics	5,871	495	8.43%
Physical Medicine	7,709	642	8.33%
Plastic Surgery	4,271	297	6.95%
Psychiatry	30,450	692	2.27%
Pulmonary Disease	8,978	1,509	16.81%
Radiation Oncology	4,510	921	20.42%
Radiology	37,398	11,954	31.96%
Rheumatology	4,232	1,156	27.32%

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

Specialty	2009 # Professionals Eligible (TIN/NPI)	2009 # Professionals Participating (TIN/NPI)	2009 % Professionals Participating (TIN/NPI)
Thoracic/Cardiac Surgery	3,615	1,437	39.75%
Urology	9,443	2,182	23.11%
Vascular Surgery	3,059	778	25.43%
Other Eligible Professionals	382,506	52,790	13.80%
Audiologist	5,939	137	2.31%
Chiropractor	47,353	476	1.01%
Dentist	3,354	22	0.66%
Dietitian/Nutritionist	2,316	192	8.29%
Health Center	3,107	221	7.11%
Nurse Anesthetist	40,647	11,924	29.34%
Nurse Practitioner	44,760	7,454	16.65%
Optometry	29,950	5,923	19.78%
Other non-MD/DO	44,106	8,008	18.16%
Physical/Occupational Therapy	38,030	5,825	15.32%
Physician Assistant	42,205	10,001	23.70%
Podiatry	17,398	1,176	6.76%
Psychologist	31,130	494	1.59%
Registered Nurse	3,960	665	16.79%
Social Worker	28,251	272	0.96%
Unknown/Missing	1,362	147	10.82%

SOURCE: Part B claims from CMS National Claims History and CMS TAP files submitted by eligible professionals, where payment exceeded \$0.00.

NOTES: Specialty is coded as the primary specialty designated by the eligible professional in NPPES, or the first specialty if no primary specialty was designated. Eligible professionals who submitted a valid QDC on an eligible instance or for whom a qualified registry reported numerator instances were considered to have participated in the program.

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

TABLE B-10. Eligible Professionals Participating by Specialty- Claims Individual Measures, by Program Year

Specialty	2007 # Participating (NPI ^a)	2007 % Participating (NPI ^a)	2008 # Participating (TIN/NPI)	2008 % Participating (TIN/NPI)	2009 # Participating (TIN/NPI)	2009 % Participating (TIN/NPI)
Total	98,696	15.9%	144,972	15.0%	185,153	18.43%
Physician (MD/DO)	75,161	17.9%	109,647	18.2%	136,176	21.91%
Allergy/Immunology	51	1.8%	101	2.9%	187	5.41%
Anesthesiology	9,183	64.3%	12,923	31.7%	17,488	41.13%
Cardiology	3,943	22.5%	4,951	21.7%	5,811	24.78%
Colon/Rectal Surgery	107	13.9%	159	14.9%	191	17.49%
Critical Care	259	10.9%	231	9.4%	310	12.72%
Dermatology	1,511	19.0%	206	2.0%	1,879	18.13%
Emergency Medicine	18,575	58.1%	28,727	59.6%	30,988	62.76%
Endocrinology	484	13.3%	747	15.2%	907	17.77%
Family Practice	7,801	11.7%	12,193	13.7%	14,607	16.11%
Gastroenterology	1,042	11.1%	830	7.1%	1,421	11.94%
General Surgery	1,633	9.6%	2,166	10.1%	2,578	11.81%
General Practice	109	2.6%	219	3.7%	317	5.47%
Geriatrics	316	11.6%	511	12.9%	563	13.83%
Hand Surgery	59	5.8%	101	7.2%	142	9.71%
Infectious Disease	84	2.4%	224	4.5%	392	7.64%
Internal Medicine	8,919	12.9%	12,084	13.5%	14,228	15.49%
Interventional	119	18.0%	245	19.5%	422	31.03%
Nephrology	1,034	18.5%	1,140	14.8%	1,168	14.78%
Neurology	573	6.6%	902	7.6%	1,245	10.06%
Neurosurgery	295	8.1%	475	10.6%	593	13.08%
Nuclear Medicine	33	15.4%	39	10.2%	109	15.50%
Obstetrics/Gynecology	634	2.9%	1050	3.6%	1,783	6.02%
Oncology/Hematology	2,122	25.8%	2,300	21.4%	2,619	24.06%
Ophthalmology	4,827	33.5%	5,799	30.7%	7,068	37.17%
Oral & Maxillofacial	3	1.2%	6	1.6%	13	3.43%
Orthopedic Surgery	1,885	11.2%	2,370	11.6%	3,317	16.06%
Other Physician	344	7.9%	723	9.3%	926	11.16%
Otolaryngology	157	2.3%	344	4.1%	780	9.21%
Pathology	4	2.3%	4200	53.7%	4,533	58.77%
Pediatrics	75	4.6%	206	3.8%	317	5.50%
Physical Medicine	184	3.3%	374	5.0%	505	6.56%
Plastic Surgery	70	2.2%	102	2.5%	203	4.76%
Psychiatry	161	0.9%	289	1.0%	546	1.79%
Pulmonary Disease	558	10.2%	964	11.1%	1,214	13.55%
Radiation Oncology	475	16.4%	800	18.6%	790	17.54%
Radiology	5,111	26.4%	7,455	24.4%	11,796	31.55%
Rheumatology	352	11.1%	505	12.1%	725	17.23%

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

Specialty	2007 # Participating (NPI ^a)	2007 % Participating (NPI ^a)	2008 # Participating (TIN/NPI)	2008 % Participating (TIN/NPI)	2009 # Participating (TIN/NPI)	2009 % Participating (TIN/NPI)
Thoracic/Cardiac	834	31.9%	1120	31.8%	1,092	30.67%
Urology	901	12.5%	1334	14.7%	1,750	18.60%
Vascular Surgery	334	16.7%	532	18.0%	654	21.48%
Other Eligible Professionals	23,506	11.8%	35,171	9.8%	48,859	12.79%
Audiologist	1	2.0%	0	0.0%	111	1.87%
Chiropractor	6	3.5%	289	0.6%	459	0.97%
Dentist	4	0.2%	8	0.2%	16	0.48%
Dietitian/Nutritionist	94	7.0%	133	6.0%	150	6.49%
Health Center	123	2.1%	158	5.4%	196	6.34%
Nurse Anesthetist	4,725	95.9%	7,831	20.9%	11,905	29.29%
Nurse Practitioner	2,728	11.2%	4,541	11.8%	6,110	13.70%
Optometry	3,947	17.6%	4,834	16.4%	5,835	19.49%
Other non-MD/DO	4,130	11.7%	4,827	11.2%	7,163	16.28%
Physical/Occupational	3,243	12.4%	4,907	13.7%	5,748	15.12%
Physician Assistant	3,849	15.2%	6,612	17.3%	8,951	21.27%
Podiatry	107	0.8%	278	1.6%	971	5.59%
Psychologist	76	0.4%	250	0.8%	413	1.33%
Registered Nurse	444	18.1%	389	10.4%	622	15.75%
Social Worker	29	0.2%	114	0.4%	209	0.74%
Unknown/Missing	29	0.8%	154	4.6%	118	8.83%

SOURCE: Part B claims from CMS National Claims History and CMS TAP files submitted by eligible professionals, where payment exceeded \$0.00.

NOTES: Specialty is coded as the primary specialty designated by the eligible professional in NPPES, or the first specialty if no primary specialty was designated. Eligible professionals who submitted a valid QDC on an eligible instance were considered to have participated in this method.

^a 2007 displays Eligible Professionals as unique NPIs whereas subsequent years counted unique TIN/NPIs.

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

Table B-11. Eligible Professionals Participating by Specialty- Claims Measures Groups, by Program Year

Specialty	2007 # Participating (NPI ^a)	2007 % Participating (NPI ^a)	2008 # Participating (TIN/NPI)	2008 % Participating (TIN/NPI)	2009 # Participating (TIN/NPI)	2009 % Participating (TIN/NPI)
Total	N/A	N/A	1,410	83.53%	3,649	92.87%
MD/DO	N/A	N/A	1,311	85.02%	3,161	94.08%
Allergy/Immunology	N/A	N/A	1	100.00%	4	80.00%
Anesthesiology	N/A	N/A	N/A	N/A	34	94.44%
Cardiology	N/A	N/A	22	81.48%	42	76.36%
Colon/Rectal Surgery	N/A	N/A	N/A	N/A	8	88.89%
Critical Care	N/A	N/A	1	100.00%	9	100.00%
Dermatology	N/A	N/A	5	100.00%	6	85.71%
Emergency Medicine	N/A	N/A	1	100.00%	6	100.00%
Endocrinology	N/A	N/A	37	94.87%	72	97.30%
Family Practice	N/A	N/A	495	85.34%	929	94.41%
Gastroenterology	N/A	N/A	15	71.43%	29	93.55%
General Surgery	N/A	N/A	11	47.83%	145	91.19%
General Practice	N/A	N/A	2	100.00%	14	100.00%
Geriatrics	N/A	N/A	20	86.96%	31	91.18%
Hand Surgery	N/A	N/A	N/A	N/A	3	60.00%
Infectious Disease	N/A	N/A	3	100.00%	3	100.00%
Internal Medicine	N/A	N/A	479	88.70%	1,001	96.81%
Interventional	N/A	N/A	N/A	N/A	N/A	N/A
Nephrology	N/A	N/A	87	67.97%	118	96.72%
Neurology	N/A	N/A	15	93.75%	20	95.24%
Neurosurgery	N/A	N/A	5	100.00%	59	98.33%
Nuclear Medicine	N/A	N/A	N/A	N/A	N/A	N/A
Obstetrics/Gynecology	N/A	N/A	9	90.00%	41	93.18%
Oncology/Hematology	N/A	N/A	17	94.44%	22	95.65%
Ophthalmology	N/A	N/A	21	91.30%	16	76.19%
Oral & Maxillofacial	N/A	N/A	N/A	N/A	N/A	N/A
Orthopedic Surgery	N/A	N/A	5	83.33%	246	90.77%
Other Physician	N/A	N/A	4	100.00%	47	100.00%
Otolaryngology	N/A	N/A	7	100.00%	6	85.71%
Pathology	N/A	N/A	N/A	N/A	N/A	N/A
Pediatrics	N/A	N/A	2	100.00%	2	100.00%
Physical Medicine	N/A	N/A	11	100.00%	26	83.87%
Plastic Surgery	N/A	N/A	N/A	N/A	3	42.86%
Psychiatry	N/A	N/A	N/A	N/A	N/A	N/A
Pulmonary Disease	N/A	N/A	12	70.59%	24	96.00%
Radiation Oncology	N/A	N/A	N/A	N/A	4	100.00%
Radiology	N/A	N/A	N/A	N/A	N/A	N/A
Rheumatology	N/A	N/A	5	100.00%	149	96.75%
Thoracic/Cardiac	N/A	N/A	N/A	N/A	9	64.29%

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

Specialty	2007 # Participating (NPI ^a)	2007 % Participating (NPI ^a)	2008 # Participating (TIN/NPI)	2008 % Participating (TIN/NPI)	2009 # Participating (TIN/NPI)	2009 % Participating (TIN/NPI)
Urology	N/A	N/A	13	81.25%	17	100.00%
Vascular Surgery	N/A	N/A	6	75.00%	16	69.57%
Other Eligible Professionals	N/A	N/A	99	67.81%	487	85.74%
Audiologist	N/A	N/A	N/A	N/A	N/A	N/A
Chiropractor	N/A	N/A	N/A	N/A	11	73.33%
Dentist	N/A	N/A	N/A	N/A	N/A	N/A
Dietitian/Nutritionist	N/A	N/A	N/A	N/A	N/A	N/A
Health Center	N/A	N/A	2	100.00%	2	50.00%
Nurse Anesthetist	N/A	N/A	N/A	N/A	N/A	N/A
Nurse Practitioner	N/A	N/A	48	76.19%	167	94.89%
Optometry	N/A	N/A	N/A	N/A	20	55.56%
Other non-MD/DO	N/A	N/A	33	61.11%	145	83.82%
Physical/Occupational	N/A	N/A	N/A	N/A	N/A	N/A
Physician Assistant	N/A	N/A	12	75.00%	119	95.97%
Podiatry	N/A	N/A	1	50.00%	19	82.61%
Psychologist	N/A	N/A	N/A	N/A	N/A	N/A
Registered Nurse	N/A	N/A	3	75.00%	4	100.00%
Social Worker	N/A	N/A	N/A	N/A	N/A	N/A
Unknown/Missing	N/A	N/A	N/A	N/A	1	100.00%

SOURCE: Part B claims from CMS National Claims History and CMS TAP files submitted by eligible professionals, where payment exceeded \$0.00.

NOTES: Specialty is coded as the primary specialty designated by the eligible professional in NPPES, or the first specialty if no primary specialty was designated. Eligible professionals who submitted a valid QDC on an eligible instance and had submitted an intent QDC to participate in measures groups were considered to have participated in this method.

^a 2007 displays Eligible Professionals as unique NPIs whereas subsequent years counted unique TIN/NPIs.

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

Table B-12. Eligible Professionals Participating by Specialty- Registry Individual Measures, by Program Year

Specialty	2007 # Participating (NPI ^a)	2007 % Participating (NPI ^a)	2008 # Participating (TIN/NPI)	2008 % Participating (TIN/NPI)	2009 # Participating (TIN/NPI)	2009 % Participating (TIN/NPI)
Total	N/A	N/A	8,630	99.1%	22,750	98.49%
MD/DO	N/A	N/A	7,065	99.1%	19,081	98.60%
Allergy/Immunology	N/A	N/A	30	100.0%	81	100.00%
Anesthesiology	N/A	N/A	19	95.0%	113	100.00%
Cardiology	N/A	N/A	334	99.7%	1,357	99.05%
Colon/Rectal Surgery	N/A	N/A	10	100.0%	30	100.00%
Critical Care	N/A	N/A	23	100.0%	42	77.78%
Dermatology	N/A	N/A	88	100.0%	258	98.85%
Emergency Medicine	N/A	N/A	137	99.3%	359	98.90%
Endocrinology	N/A	N/A	117	100.0%	383	99.22%
Family Practice	N/A	N/A	2,253	99.5%	4,511	99.71%
Gastroenterology	N/A	N/A	112	100.0%	337	96.29%
General Surgery	N/A	N/A	185	100.0%	554	98.58%
General Practice	N/A	N/A	4	100.0%	48	100.00%
Geriatrics	N/A	N/A	60	100.0%	196	98.49%
Hand Surgery	N/A	N/A	8	100.0%	25	100.00%
Infectious Disease	N/A	N/A	43	100.0%	221	99.55%
Internal Medicine	N/A	N/A	1,777	99.4%	4,518	99.08%
Interventional	N/A	N/A	7	100.0%	26	96.30%
Nephrology	N/A	N/A	70	100.0%	271	99.27%
Neurology	N/A	N/A	119	99.2%	388	91.51%
Neurosurgery	N/A	N/A	50	100.0%	139	100.00%
Nuclear Medicine	N/A	N/A	2	100.0%	14	100.00%
Obstetrics/Gynecology	N/A	N/A	309	98.4%	831	98.23%
Oncology/Hematology	N/A	N/A	84	100.0%	328	93.71%
Ophthalmology	N/A	N/A	146	98.6%	443	99.33%
Oral & Maxillofacial	N/A	N/A	1	100.0%	0	0.00%
Orthopedic Surgery	N/A	N/A	284	99.6%	561	99.82%
Other Physician	N/A	N/A	87	100.0%	144	98.63%
Otolaryngology	N/A	N/A	82	100.0%	227	99.13%
Pathology	N/A	N/A	7	100.0%	13	100.00%
Pediatrics	N/A	N/A	63	70.8%	190	84.07%
Physical Medicine	N/A	N/A	22	100.0%	97	98.98%
Plastic Surgery	N/A	N/A	26	100.0%	89	100.00%
Psychiatry	N/A	N/A	47	100.0%	176	98.88%
Pulmonary Disease	N/A	N/A	99	100.0%	260	98.48%
Radiation Oncology	N/A	N/A	23	100.0%	213	100.00%
Radiology	N/A	N/A	72	97.3%	380	96.20%
Rheumatology	N/A	N/A	69	100.0%	218	95.61%

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

Specialty	2007 # Participating (NPI ^a)	2007 % Participating (NPI ^a)	2008 # Participating (TIN/NPI)	2008 % Participating (TIN/NPI)	2009 # Participating (TIN/NPI)	2009 % Participating (TIN/NPI)
Thoracic/Cardiac	N/A	N/A	34	100.0%	501	99.60%
Urology	N/A	N/A	135	99.3%	400	100.00%
Vascular Surgery	N/A	N/A	27	100.0%	139	98.58%
Other Eligible Professionals	N/A	N/A	1,557	99.2%	3,648	97.96%
Audiologist	N/A	N/A	13	92.9%	32	94.12%
Chiropractor	N/A	N/A	3	100.0%	12	100.00%
Dentist	N/A	N/A	1	100.0%	4	100.00%
Dietitian/Nutritionist	N/A	N/A	11	100.0%	47	95.92%
Health Center	N/A	N/A	5	83.3%	12	100.00%
Nurse Anesthetist	N/A	N/A	N/A	N/A	19	100.00%
Nurse Practitioner	N/A	N/A	577	99.7%	1,275	98.15%
Optometry	N/A	N/A	46	100.0%	100	100.00%
Other non-MD/DO	N/A	N/A	134	98.5%	603	96.18%
Physical/Occupational	N/A	N/A	41	100.0%	143	95.33%
Physician Assistant	N/A	N/A	589	99.2%	1,013	98.83%
Podiatry	N/A	N/A	56	100.0%	154	100.00%
Psychologist	N/A	N/A	25	96.2%	106	97.25%
Registered Nurse	N/A	N/A	19	100.0%	44	95.65%
Social Worker	N/A	N/A	37	100.0%	84	100.00%
Unknown/Missing	N/A	N/A	8	100.0%	21	91.30%

SOURCE: Part B claims from CMS National Claims History and CMS TAP files submitted by eligible professionals, where payment exceeded \$0.00.

NOTES: Specialty is coded as the primary specialty designated by the eligible professional in NPPES, or the first specialty if no primary specialty was designated. Eligible professionals for whom a qualified registry reported numerator instances were considered to have participated in this method.

^a 2007 displays Eligible Professionals as unique NPIs whereas subsequent years counted unique TIN/NPIs.

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

Table B-13. Eligible Professionals Participating by Specialty- Registry Measures Groups, Program Year

Specialty	2007 # Participating (NPI ^a)	2007 % Participating (NPI ^a)	2008 # Participating (TIN/NPI)	2008 % Participating (TIN/NPI)	2009 # Participating (TIN/NPI)	2009 % Participating (TIN/NPI)
Total	N/A	N/A	3,167	99.40%	10,356	99.90%
MD/DO	N/A	N/A	2,983	99.40%	9,152	99.91%
Allergy/Immunology	N/A	N/A	41	100.00%	64	100.00%
Anesthesiology	N/A	N/A	3	100.00%	34	100.00%
Cardiology	N/A	N/A	92	89.30%	650	100.00%
Colon/Rectal Surgery	N/A	N/A	2	100.00%	42	100.00%
Critical Care	N/A	N/A	7	100.00%	16	100.00%
Dermatology	N/A	N/A	4	100.00%	63	100.00%
Emergency Medicine	N/A	N/A	13	100.00%	28	100.00%
Endocrinology	N/A	N/A	43	100.00%	133	100.00%
Family Practice	N/A	N/A	1,480	99.90%	2,891	99.90%
Gastroenterology	N/A	N/A	28	100.00%	141	100.00%
General Surgery	N/A	N/A	15	100.00%	155	99.36%
General Practice	N/A	N/A	17	100.00%	41	100.00%
Geriatrics	N/A	N/A	43	100.00%	99	99.00%
Hand Surgery	N/A	N/A	1	100.00%	9	100.00%
Infectious Disease	N/A	N/A	5	100.00%	47	100.00%
Internal Medicine	N/A	N/A	786	99.60%	1,963	100.00%
Interventional Radiology	N/A	N/A	N/A	N/A	N/A	N/A
Nephrology	N/A	N/A	144	98.60%	763	100.00%
Neurology	N/A	N/A	20	100.00%	95	100.00%
Neurosurgery	N/A	N/A	4	100.00%	34	100.00%
Nuclear Medicine	N/A	N/A	N/A	N/A	1	100.00%
Obstetrics/Gynecology	N/A	N/A	31	100.00%	143	100.00%
Oncology/Hematology	N/A	N/A	30	100.00%	243	100.00%
Ophthalmology	N/A	N/A	17	100.00%	133	100.00%
Oral & Maxillofacial Surgery	N/A	N/A	N/A	N/A	N/A	N/A
Orthopedic Surgery	N/A	N/A	15	100.00%	355	100.00%
Other Physician	N/A	N/A	5	125.00%	50	100.00%
Otolaryngology	N/A	N/A	21	100.00%	148	100.00%
Pathology	N/A	N/A	N/A	N/A	1	100.00%
Pediatrics	N/A	N/A	1	100.00%	15	100.00%
Physical Medicine	N/A	N/A	3	100.00%	59	100.00%
Plastic Surgery	N/A	N/A	1	100.00%	23	100.00%
Psychiatry	N/A	N/A	N/A	N/A	8	100.00%
Pulmonary Disease	N/A	N/A	51	98.10%	138	100.00%
Radiation Oncology	N/A	N/A	N/A	N/A	30	100.00%
Radiology	N/A	N/A	1	100.00%	10	100.00%
Rheumatology	N/A	N/A	14	100.00%	266	99.25%

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

Specialty	2007 # Participating (NPI ^a)	2007 % Participating (NPI ^a)	2008 # Participating (TIN/NPI)	2008 % Participating (TIN/NPI)	2009 # Participating (TIN/NPI)	2009 % Participating (TIN/NPI)
Thoracic/Cardiac Surgery	N/A	N/A	4	80.00%	29	100.00%
Urology	N/A	N/A	30	100.00%	196	99.49%
Vascular Surgery	N/A	N/A	11	100.00%	36	100.00%
Other Eligible Professionals	N/A	N/A	184	99.5%	1,195	99.83%
Audiologist	N/A	N/A	N/A	N/A	N/A	N/A
Chiropractor	N/A	N/A	N/A	N/A	4	100.00%
Dentist	N/A	N/A	N/A	N/A	3	100.00%
Dietitian/Nutritionist	N/A	N/A	N/A	N/A	2	100.00%
Health Center	N/A	N/A	N/A	N/A	15	100.00%
Nurse Anesthetist	N/A	N/A	N/A	N/A	N/A	N/A
Nurse Practitioner	N/A	N/A	55	98.2%	347	100.00%
Optometry	N/A	N/A	4	100.0%	44	100.00%
Other non-MD/DO	N/A	N/A	81	98.8%	460	99.57%
Physical/Occupational	N/A	N/A	N/A	N/A	5	100.00%
Physician Assistant	N/A	N/A	37	100.0%	230	100.00%
Podiatry	N/A	N/A	4	100.0%	79	100.00%
Psychologist	N/A	N/A	N/A	N/A	N/A	N/A
Registered Nurse	N/A	N/A	2	100.0%	6	100.00%
Social Worker	N/A	N/A	N/A	N/A	N/A	N/A
Unknown/Missing	N/A	N/A	1	100.0%	9	100.00%

SOURCE: Part B claims from CMS National Claims History and CMS TAP files submitted by eligible professionals, where payment exceeded \$0.00.

NOTES: Specialty is coded as the primary specialty designated by the eligible professional in NPPES, or the first specialty if no primary specialty was designated. Eligible professionals for whom a qualified registry reported numerator instances for a measures group were considered to have participated in this method.

^a 2007 displays Eligible Professionals as unique NPIs whereas subsequent years counted unique TIN/NPIs.

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

Table B-14. Eligible Professionals Participating in the 2009 Physician Quality Reporting System Across All Methods, by State

State	2009 # EPs Eligible (TIN/NPI)	2009 # EPs Participating (TIN/NPI)	2009 % of EPs Participating (TIN/NPI)	2009 # EPs Incentive Eligible (TIN/NPI)	2009 % of EPs Incentive Eligible (TIN/NPI)
Total	1,006,899	210,559	20.91%	119,804	56.90%
AK	2,313	194	8.39%	114	58.76%
AL	13,375	2,834	21.19%	1,462	51.59%
AR	7,890	1,685	21.36%	997	59.17%
AZ	19,018	2,799	14.72%	1,490	53.23%
CA	82,607	12,736	15.42%	7,202	56.55%
CO	15,113	2,853	18.88%	1,730	60.64%
CT	15,647	2,842	18.16%	1,284	45.18%
DC	3,311	562	16.97%	443	78.83%
DE	3,449	823	23.86%	519	63.06%
FL	57,870	12,702	21.95%	6,964	54.83%
GA	25,192	6,160	24.45%	3,446	55.94%
HI	3,759	444	11.81%	267	60.14%
IA	10,705	2,538	23.71%	1,423	56.07%
ID	4,924	1,123	22.81%	744	66.25%
IL	42,773	10,554	24.67%	6,129	58.07%
IN	20,295	5,420	26.71%	2,912	53.73%
KS	10,058	1,992	19.81%	974	48.90%
KY	14,164	2,942	20.77%	1,518	51.60%
LA	13,996	2,625	18.76%	1,423	54.21%
MA	35,711	6,965	19.50%	4,382	62.91%
MD	20,807	3,831	18.41%	2,057	53.69%
ME	7,031	1,633	23.23%	835	51.13%
MI	38,164	9,458	24.78%	5,749	60.78%
MN	24,308	6,170	25.38%	3,824	61.98%
MO	20,099	4,842	24.09%	2,540	52.46%
MS	7,596	1,301	17.13%	717	55.11%
MT	3,533	465	13.16%	273	58.71%
NC	30,450	9,413	30.91%	5,308	56.39%
ND	3,121	578	18.52%	316	54.67%
NE	6,785	1,526	22.49%	819	53.67%
NH	4,884	866	17.73%	475	54.85%
NJ	32,612	5,342	16.38%	2,930	54.85%
NM	5,836	967	16.57%	697	72.08%
NV	5,902	1,012	17.15%	471	46.54%
NY	81,544	11,134	13.65%	6,257	56.20%
OH	41,059	10,830	26.38%	6,336	58.50%
OK	10,829	1,686	15.57%	666	39.50%

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

State	2009 # EPs Eligible (TIN/NPI)	2009 # EPs Participating (TIN/NPI)	2009 % of EPs Participating (TIN/NPI)	2009 # EPs Incentive Eligible (TIN/NPI)	2009 % of EPs Incentive Eligible (TIN/NPI)
OR	12,593	2,968	23.57%	1,627	54.82%
PA	50,456	12,380	24.54%	7,101	57.36%
RI	4,697	838	17.84%	352	42.00%
SC	13,192	2,540	19.25%	1,551	61.06%
SD	3,449	867	25.14%	425	49.02%
TN	22,103	5,178	23.43%	3,019	58.30%
TX	58,763	13,013	22.14%	7,375	56.67%
UT	6,691	922	13.78%	513	55.64%
VA	22,987	5,654	24.60%	2,888	51.08%
VI	152	2	1.32%	1	50.00%
VT	2,929	721	24.62%	379	52.57%
WA	23,606	4,297	18.20%	2,397	55.78%
WI	22,102	7,587	34.33%	5,615	74.01%
WV	6,355	1,278	20.11%	611	47.81%
WY	1,810	235	12.98%	125	53.19%
Other	8,284	232	2.80%	132	56.90%

SOURCE: Part B claims from CMS National Claims History and CMS TAP files submitted by eligible professionals, where payment exceeded \$0.00.

NOTES: State is coded as the state associated with the eligible professional in NPPES. Eligible professionals who submitted a valid QDC on an eligible instance or for whom a qualified registry reported numerator instances were considered to have participated in the program.

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

Table B-15. Valid and Satisfactory Reporting by Measure (Claims)

Clinical Condition and Measure	# Eligible Professionals	# Professionals Reporting ≥1 Valid QDC	% Professionals Reporting ≥1 Valid QDC	# Professionals Satisfactorily Reporting	% Professionals Satisfactorily Reporting	Mean Measure Reporting Rate
Advance Care Plan						
#47 Advance Care Plan	616,182	6,234	1.01%	2,253	36.14%	51.45%
Arthritis-Osteoarthritis						
#109 Patients with OA with an Assessment of Pain and Function	212,924	750	0.35%	177	23.60%	43.04%
#142 Osteoarthritis (OA): Assessment for Use of Anti-Inflammatory or Analgesic Over-the-Counter (OTC) Medications	212,924	565	0.27%	105	18.58%	34.31%
Arthritis-Rheumatoid						
#108 DMARD Therapy in Rheumatoid Arthritis	144,323	653	0.45%	261	39.97%	56.51%
#176 Rheumatoid Arthritis (RA): Tuberculosis Screening	130,334	192	0.15%	34	17.71%	28.54%
#177 Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity	130,334	189	0.15%	29	15.34%	32.18%
#178 Rheumatoid Arthritis (RA): Functional Status Assessment	130,333	219	0.17%	47	21.46%	37.38%
#179 Rheumatoid Arthritis (RA): Assessment and Classification of Disease Prognosis	130,333	164	0.13%	21	12.80%	29.79%
#180 Rheumatoid Arthritis (RA): Glucocorticoid Management	130,333	180	0.14%	30	16.67%	29.13%
Asthma						
#53 Pharmacologic Therapy	48,882	443	0.91%	329	74.27%	74.76%
#64 Asthma Assessment	48,882	277	0.57%	201	72.56%	79.01%
Breast Cancer						
#71 Hormonal Therapy for Stage IC-III ER/PR Positive Breast Cancer	104,055	1,595	1.53%	510	31.97%	54.11%
#99 Breast Cancer Patients with a pT and pN Category and Histologic Grade	7,241	4,373	60.39%	2,770	63.34%	77.33%
#112 Screening Mammography	515,673	6,007	1.16%	2,244	37.36%	40.82%
Bronchitis						
#116 Inappropriate Antibiotic Treatment for Adults	99,500	55	0.06%	15	27.27%	18.38%

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

Clinical Condition and Measure	# Eligible Professionals	# Professionals Reporting ≥1 Valid QDC	% Professionals Reporting ≥1 Valid QDC	# Professionals Satisfactorily Reporting	% Professionals Satisfactorily Reporting	Mean Measure Reporting Rate
Coronary Artery Bypass Graft (CABG)						
#43 Use of IMA in CABG Surgery	4,061	1,088	26.79%	788	72.43%	79.29%
#44 Preoperative Beta-blocker in Patients with Isolated CABG Surgery	4,061	786	19.35%	551	70.10%	76.83%
CAD						
#6 Oral Antiplatelet Therapy Prescribed for Patients with CAD	246,248	14,341	5.82%	7,829	54.59%	75.17%
#118 ACE or ARB Therapy for Patients with CAD and Diabetes and/or LVSD	221,571	1,902	0.86%	571	30.02%	49.64%
#152 Coronary Artery Disease (CAD): Lipid Profile in Patients with CAD	219,487	2,726	1.24%	1,310	48.06%	69.16%
Chest Pain						
#54 ECG Performed for Non-Traumatic Chest Pain	65,570	37,688	57.48%	29,255	77.62%	83.47%
Chronic Kidney Disease (CKD)						
#121 Laboratory Testing (Calcium, Phosphorus, iPTH and Lipid Profile)	45,994	554	1.20%	203	36.64%	50.97%
#122 Blood Pressure Management	45,994	721	1.57%	298	41.33%	52.82%
#123 Plan of Care: Elevated Hemoglobin for Patients Receiving ESAs	45,994	604	1.31%	192	31.79%	46.19%
#135 Chronic Kidney Disease (CKD): Influenza Immunization	45,994	422	0.92%	146	34.60%	48.35%
#153 Chronic Kidney Disease (CKD): Referral for Arteriovenous (AV) Fistula	45,994	304	0.66%	80	26.32%	42.74%
Colon Cancer						
#72 Chemotherapy for Stage III	68,598	1,253	1.83%	381	30.41%	58.06%
Colorectal Cancer (CRC)						
#100 CRC Patients with a pT and pN Category and Histologic Grade	6,843	4,201	61.39%	3,192	75.98%	84.09%
#113 CRC Screening	563,724	6,438	1.14%	2,435	37.82%	36.77%
Chronic Obstructive Pulmonary Disease (COPD)						
#51 Spirometry Evaluation	212,885	1,841	0.86%	737	40.03%	58.42%
#52 Bronchodilator Therapy	212,885	1,336	0.63%	424	31.74%	56.11%

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

Clinical Condition and Measure	# Eligible Professionals	# Professionals Reporting >=1 Valid QDC	% Professionals Reporting >=1 Valid QDC	# Professionals Satisfactorily Reporting	% Professionals Satisfactorily Reporting	Mean Measure Reporting Rate
Cataracts						
#139 Cataracts: Comprehensive Preoperative Assessment for Cataract Surgery with Intraocular Lens (IOL) Placement	24,667	3,099	12.56%	2,230	71.96%	83.06%
Catheter-Related Bloodstream Infections (CRBSI)						
#76 Prevention of CRBSI - Central Venous Catheter Insertion Protocol	91,055	9,085	9.98%	5,418	59.64%	71.94%
#182 Functional Outcome Assessment in Chiropractic Care	47,529	145	0.31%	16	11.03%	27.38%
Depression						
#9 Antidepressant Meds During Acute Phase for Patients with New Episode of MD	252,354	761	0.30%	227	29.83%	49.32%
#106 Patients who have MD Disorder who meet DSM IV Criteria	104,942	386	0.37%	146	37.82%	59.19%
#107 Patients who have MD Disorder who are Assessed for Suicide Risks	104,942	436	0.42%	144	33.03%	58.07%
Diabetes						
#1 Hemoglobin A1c Poor Control	309,869	20,277	6.54%	10,086	49.74%	62.55%
#2 Low Density Lipoprotein Control	309,869	19,354	6.25%	9,620	49.71%	61.91%
#3 High Blood Pressure Control	309,869	18,722	6.04%	9,165	48.95%	62.48%
#18 Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	45,222	8,122	17.96%	3,635	44.75%	69.10%
#19 Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	45,222	4,097	9.06%	1,629	39.76%	62.40%
#117 Dilated Eye Exam in Diabetic Patient	325,257	10,669	3.28%	3,747	35.12%	60.71%
#119 Urine Screening for Microalbumin or Medical Attention for Nephropathy in Diabetic Patients	309,869	4,062	1.31%	1,195	29.42%	43.35%
#126 Diabetic Foot and Ankle Care, Peripheral Neuropathy: Neurological Evaluation	357,655	1,814	0.51%	464	25.58%	41.65%
#127 Diabetic Foot and Ankle Care, Ulcer Prevention: Evaluation of Footwear	357,655	1,173	0.33%	266	22.68%	42.09%
#163 Diabetes Mellitus: Foot Exam	309,869	2,787	0.90%	516	18.51%	42.53%

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

Clinical Condition and Measure	# Eligible Professionals	# Professionals Reporting ≥1 Valid QDC	% Professionals Reporting ≥1 Valid QDC	# Professionals Satisfactorily Reporting	% Professionals Satisfactorily Reporting	Mean Measure Reporting Rate
Elder Care						
#181 Elder Maltreatment Screen and Follow-Up Plan	65,234	31	0.05%	11	35.48%	60.62%
End Stage Renal Disease (ESRD)						
#79 Influenza Vaccination in Patients with ESRD	9,261	248	2.68%	103	41.53%	60.84%
#175 Pediatric End Stage Renal Disease (ESRD): Influenza Immunization	252	0	0.00%	0	0.00%	0.00%
Endarterectomy						
#158 Endarterectomy: Use of Patch During Conventional Endarterectomy	6,728	258	3.83%	127	49.22%	65.24%
Endoscopy and Polyp Surveillance						
#185 Endoscopy & Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps - Avoidance of Inappropriate Use	16,478	585	3.55%	285	48.72%	70.76%
Falls						
#154 Falls: Risk Assessment	605,832	7,951	1.31%	2,278	28.65%	36.22%
#155 Falls: Plan of Care	6,810	3,183	46.74%	2,262	71.07%	80.31%
Glaucoma						
#12 Optic Nerve Evaluation	46,182	10,293	22.29%	5,463	53.07%	77.00%
#141 Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care	43,406	2,766	6.37%	1,078	38.97%	58.64%
Heart Failure						
#5 ACE Inhibitor or ARB Therapy for LVSD	235,346	10,180	4.33%	4,488	44.09%	64.73%
#8 Beta-blocker Therapy for LVSD	207,643	6,491	3.13%	3,401	52.40%	69.29%
Hemodialysis Vascular Access Decision						
#172 Hemodialysis Vascular Access Decision-Making by Surgeon to Maximize Placement of Autogenous Arterial Venous (AV) Fistula	4,920	125	2.54%	44	35.20%	55.42%
Hepatitis C (HCV)						
#83 Testing of Patients with Chronic HCV for Hepatitis C Viremia	65,779	310	0.47%	91	29.35%	58.99%
#84 Initial Hepatitis C RNA Testing	34,793	228	0.66%	97	42.54%	66.81%

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

Clinical Condition and Measure	# Eligible Professionals	# Professionals Reporting ≥1 Valid QDC	% Professionals Reporting ≥1 Valid QDC	# Professionals Satisfactorily Reporting	% Professionals Satisfactorily Reporting	Mean Measure Reporting Rate
#85 Genotype Testing Prior to Therapy	34,793	238	0.68%	105	44.12%	63.49%
#86 Consideration for Antiviral Therapy	34,793	154	0.44%	60	38.96%	55.90%
#87 RNA Testing at Week 12 of Therapy	34,793	104	0.30%	37	35.58%	54.27%
#89 Counseling Patients Regarding Use of Alcohol	65,779	247	0.38%	80	32.39%	48.55%
#90 Counseling Patients Regarding Use of Contraception Prior to Starting Antiviral Therapy	25,184	58	0.23%	20	34.48%	49.00%
#183 Hepatitis C: Hepatitis A Vaccination in Patients with HCV	55,376	192	0.35%	83	43.23%	49.79%
#184 Hepatitis C: Hepatitis B Vaccination in Patients with HCV	55,375	196	0.35%	86	43.88%	49.56%
HIT						
#124 HIT - Adoption/Use of EHRs	756,805	26,691	3.53%	13,075	48.99%	59.30%
Imaging-Stroke						
#10 CT or MRI Reports	34,232	9,011	26.32%	3,864	42.88%	63.42%
#11 Carotid Imaging Reports	41,853	6,971	16.66%	3,099	44.46%	65.53%
Influenza						
#110 Vaccination for Patients ≥ 50 Years Old	561,256	6,423	1.14%	1,496	23.29%	33.64%
Leukemia (CLL)						
#70 Baseline Flow Cytometry	34,667	1,630	4.70%	814	49.94%	69.57%
Macular Degeneration						
#14 Dilated Macular Examination	70,771	10,349	14.62%	5,183	50.08%	75.60%
#140 Age-Related Macular Degeneration (AMD): Counseling on Antioxidant Supplement	70,352	5,329	7.57%	2,066	38.77%	68.17%
Myelodysplastic Syndrome (MDS) and Acute Leukemias						
#67 Baseline Cytogenetic Testing Performed on Bone Marrow	26,875	1,332	4.96%	528	39.64%	63.10%
#68 Documentation of Iron Stores in Patients Receiving Erythropoietin Therapy	21,607	1,235	5.72%	452	36.60%	61.99%
Medication Management						
#130 Documentation of Current Medications	768,025	11,229	1.46%	4,136	36.83%	51.02%
Melanoma						
#136 Melanoma: Follow-Up Aspects of Care	53,068	2,202	4.15%	1,056	47.96%	72.28%

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

Clinical Condition and Measure	# Eligible Professionals	# Professionals Reporting >=1 Valid QDC	% Professionals Reporting >=1 Valid QDC	# Professionals Satisfactorily Reporting	% Professionals Satisfactorily Reporting	Mean Measure Reporting Rate
#137 Melanoma: Continuity of Care - Recall System	53,068	2,034	3.83%	1,003	49.31%	73.38%
#138 Melanoma: Coordination of Care	44,896	891	1.98%	321	36.03%	51.02%
Mental Health						
#134 Screening for Clinical Depression	116,322	340	0.29%	122	35.88%	55.11%
Myeloma						
#69 Treatment with Bisphosphonates	34,282	1,777	5.18%	781	43.95%	64.46%
Myocardial Infarction						
#28 Aspirin at Arrival	30,421	14,928	49.07%	11,909	79.78%	84.51%
Nuclear Medicine						
#147 Nuclear Medicine: Correlation with Existing Imaging Studies for All Patients Undergoing Bone Scintigraphy	19,215	4,310	22.43%	2,759	64.01%	71.33%
Obesity						
#128 Universal Weight Screening and Follow-Up	782,184	6,009	0.77%	1,185	19.72%	29.99%
Oncology						
#143 Oncology: Medical and Radiation - Pain Intensity Quantified	20,855	398	1.91%	117	29.40%	52.44%
#144 Oncology: Medical and Radiation - Plan of Care for Pain	331	324	97.89%	283	87.35%	91.01%
#156 Oncology: Radiation Dose Limits to Normal Tissues	3,706	249	6.72%	98	39.36%	59.76%
Osteoporosis						
#24 Communication with the Physician Managing Ongoing Care Post-Fracture	115,342	828	0.72%	258	31.16%	46.71%
#39 Screening or Therapy for Women Aged 65 Years and Older	521,391	7,258	1.39%	2,789	38.43%	41.32%
#40 Management Following Fracture	115,342	1,308	1.13%	507	38.76%	36.90%
#41 Pharmacologic Therapy	182,332	3,811	2.09%	1,809	47.47%	54.86%
Otitis						
#91 AOE: Topical Therapy	87,373	250	0.29%	83	33.20%	62.38%
#92 AOE: Pain Assessment	87,373	186	0.21%	65	34.95%	53.52%
#93 AOE: Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use	87,373	193	0.22%	62	32.12%	54.19%

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

Clinical Condition and Measure	# Eligible Professionals	# Professionals Reporting >=1 Valid QDC	% Professionals Reporting >=1 Valid QDC	# Professionals Satisfactorily Reporting	% Professionals Satisfactorily Reporting	Mean Measure Reporting Rate
#94 OME: Diagnostic Evaluation – Assessment of Tympanic Membrane Mobility	21	0	0.00%	0	0.00%	0.00%
#95 OME: Hearing Testing	9	0	0.00%	0	0.00%	0.00%
Pain Management						
#131 Assessment Prior to Initiation of Patient Treatment	167,374	5,459	3.26%	2,576	47.19%	43.98%
Perioperative						
#20 Timing of Antibiotic Prophylaxis - Ordering Physician	102,520	8,037	7.84%	4,115	51.20%	67.56%
#21 Selection of Prophylactic Antibiotic - First OR Second Generation Cephalosporin	73,193	5,929	8.10%	2,955	49.84%	67.20%
#22 Discontinuation of Prophylactic Antibiotics (Non-Cardiac Procedures)	94,782	4,342	4.58%	2,076	47.81%	65.08%
#23 VTE Prophylaxis	78,242	4,986	6.37%	2,493	50.00%	66.22%
#30 Timing of Prophylactic Antibiotics - Administering Physician	81,830	31,154	38.07%	17,224	55.29%	71.72%
#45 Discontinuation of Prophylactic Antibiotics	4,448	757	17.02%	471	62.22%	73.11%
Pharyngitis						
#66 Appropriate Testing for Children	144	0	0.00%	0	0.00%	0.00%
Pneumonia						
#56 Vital Signs for Community-Acquired Bacterial Pneumonia	203,563	32,131	15.78%	25,868	80.51%	86.39%
#57 Assessment of Oxygen Saturation for Community-Acquired Bacterial Pneumonia	203,563	36,197	17.78%	29,327	81.02%	86.71%
#58 Assessment of Mental Status for Community-Acquired Bacterial Pneumonia	203,563	32,199	15.82%	26,431	82.09%	86.72%
#59 Empiric Antibiotic for Community-Acquired Bacterial Pneumonia	203,563	22,677	11.14%	17,233	75.99%	82.62%
Pneumonia Pneumococcal						
#111 Vaccination for Patients 65 years and Older	567,994	6,440	1.13%	1,994	30.96%	40.30%
Preventive Care and Screening						
#173 Preventive Care and Screening: Unhealthy	625,374	662	0.11%	152	22.96%	38.66%

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

Clinical Condition and Measure	# Eligible Professionals	# Professionals Reporting >=1 Valid QDC	% Professionals Reporting >=1 Valid QDC	# Professionals Satisfactorily Reporting	% Professionals Satisfactorily Reporting	Mean Measure Reporting Rate
Alcohol Use - Screening						
Prostate Cancer						
#102 Inappropriate Use of Bone Scan for Staging Low-Risk Prostate Cancer Patients	8,138	471	5.79%	163	34.61%	43.89%
#104 Adjuvant Hormonal Therapy for High-Risk Prostate Cancer Patients	4,114	431	10.48%	101	23.43%	40.85%
#105 Three-dimensional Radiotherapy for Patients with Prostate Cancer	4,023	506	12.58%	179	35.38%	53.40%
Radiology						
#145 Radiology: Exposure Time Reported for Procedures Using Fluoroscopy	127,845	7,453	5.83%	3,408	45.73%	63.21%
#146 Radiology: Inappropriate Use of "Probably Benign" Assessment Category in Mammography Screening	28,696	5,651	19.69%	3,553	62.87%	71.93%
Stroke and Stroke Rehabilitation						
#31 DVT Prophylaxis for Ischemic Stroke or Intracranial Hemorrhage	96,183	1,778	1.85%	801	45.05%	60.21%
#32 Discharged on Antiplatelet Therapy	92,235	2,932	3.18%	1,343	45.80%	57.09%
#34 t-PA Considered	84,442	1,551	1.84%	859	55.38%	59.12%
#35 Screening for Dysphagia	73,631	940	1.28%	367	39.04%	53.95%
#36 Consideration of Rehabilitation Services	71,258	2,418	3.39%	1,139	47.11%	59.56%
Syncope						
#55 ECG Performed for Syncope	52,049	31,548	60.61%	25,756	81.64%	86.18%
Thoracic Surgery						
#157 Thoracic Surgery: Recording of Clinical Stage for Lung Cancer and Esophageal Cancer Resection	3,297	43	1.30%	18	41.86%	64.88%
Tobacco Use						
#114 Inquiry Regarding Tobacco Use	646,182	12,925	2.00%	4,416	34.17%	47.59%
#115 Advising Smokers to Quit	580,067	8,378	1.44%	1,562	18.64%	35.44%
Upper Respiratory Infection (URI)						
#65 Appropriate Treatment for Children	185	1	0.54%	1	100.00%	100.00%

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

Clinical Condition and Measure	# Eligible Professionals	# Professionals Reporting >=1 Valid QDC	% Professionals Reporting >=1 Valid QDC	# Professionals Satisfactorily Reporting	% Professionals Satisfactorily Reporting	Mean Measure Reporting Rate
Urinary Incontinence (UI)						
#48 Assessment of Presence or Absence of UI in Women Aged 65 Years and Older	527,691	5,442	1.03%	1,151	21.15%	33.46%
#49 Characterization of UI in Women Aged 65 Years and Older	125,221	1,760	1.41%	703	39.94%	65.32%
#50 Plan of Care for UI in Women Aged 65 Years and Older	125,221	1,667	1.33%	641	38.45%	64.36%
Wound Care						
#186 Wound Care: Use of Compression System in Patients with Venous Ulcers	7,836	34	0.43%	11	32.35%	44.13%

SOURCE: Part B claims from CMS National Claims History and CMS TAP files submitted by eligible professionals.

NOTE: This table includes measure performance among eligible professionals submitting valid QDCs. The columns for satisfactory reporting include those who submitted valid QDCs and met the 80% satisfactory reporting requirements.

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

Table B-16. 2009 Physician Quality Reporting System Measures with > 20 Percent QDCs reported with a Diagnosis (Dx) Mismatch

Measure	Total QDCs Reported	QDCs with Mismatched Dx	
		#	%
#40 Management Following Fracture	125,190	111,316	88.92%
#122 Blood Pressure Management	129,756	79,148	61.00%
#55 ECG Performed for Syncope	1,433,824	823,192	57.41%
#186 Wound Care: Use of Compression System in Patients with Venous Ulcers	957	275	28.74%
#24 Communication with the Physician Managing Ongoing Care Post-Fracture	13,937	3,772	27.06%
#138 Melanoma: Coordination of Care	44,331	11,977	27.02%
#106 Patients who have MD Disorder who meet DSM IV Criteria	9,357	2,523	26.96%
#19 Diabetic Retinopathy: Communication with the Physician Managing Ongoing	253,447	64,409	25.41%
#142 Osteoarthritis (OA): Assessment for Use of Anti-Inflammatory or Analgesic	52,997	12,041	22.72%
#41 Pharmacologic Therapy	91,844	20,726	22.57%
#54 ECG Performed for Non-Traumatic Chest Pain	1,461,008	329,194	22.53%
#157 Thoracic Surgery: Recording of Clinical Stage for Lung Cancer and	785	164	20.89%
#121 Laboratory Testing (Calcium, Phosphorus, iPTH and Lipid Profile)	17,246	3,525	20.44%

SOURCE: Part B claims from CMS National Claims History and CMS TAP files submitted by eligible professionals.

NOTES: Includes measures submitted through claims-based individual methods.

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

Table B-17. 2009 Physician Quality Reporting System Measures with > 20 Percent QDCs reported with an Incorrect Procedure Code (HCPCS)

Measure	# QDCs reported	QDCs with Mismatched Patient Age	
		#	%
#20 Timing of Antibiotic Prophylaxis - Ordering Physician	3,115,597	2,790,576	89.57%
#22 Discontinuation of Prophylactic Antibiotics (Non-Cardiac	238,411	66,905	28.06%
#23 VTE Prophylaxis	184,603	40,832	22.12%
#43 Use of IMA in CABG Surgery	39,176	14,500	37.01%
#44 Preoperative Beta-blocker in Patients with Isolated CABG Surgery	27,147	10,398	38.30%
#45 Discontinuation of Prophylactic Antibiotics	216,077	140,451	65.00%
#102 Inappropriate Use of Bone Scan for Staging Low-Risk Prostate	6,248	1,290	20.65%
#112 Screening Mammography	179,516	54,090	30.13%
#134 Screening for Clinical Depression	16,963	7,529	44.38%
#181 Elder Maltreatment Screen and Follow-Up Plan	4,127	2,324	56.31%

SOURCE: Part B claims from CMS National Claims History and CMS TAP files submitted by eligible professionals.

NOTES: Includes measures submitted through claims-based individual methods.

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

Table B-18. 2009 Physician Quality Reporting System Measures with > 20 percent QDCs reported with a Patient Age Mismatch

Measure	# QDCs reported	# QDCs with Mismatched Patient Age	% QDCs with Mismatched Patient Age
#3 High Blood Pressure Control	597,092	131,679	22.05%
#53 Pharmacologic Therapy	4,035	3,174	78.66%
#64 Asthma Assessment	3,484	2,976	85.42%
#65 Appropriate Treatment for Children	710	709	99.86%
#66 Appropriate Testing for Children	922	921	99.89%
#94 OME: Diagnostic Evaluation – Assessment of Tympanic Membrane Mobility	184	184	100.00%
#95 OME: Hearing Testing	8	8	100.00%
#112 Screening Mammography	179,516	58,941	32.83%
#116 Inappropriate Antibiotic Treatment for Adults	701	535	76.32%
#117 Dilated Eye Exam in Diabetic Patient	640,092	216,148	33.77%
#163 Diabetes Mellitus: Foot Exam	76,179	18,556	24.36%
#175 Pediatric End Stage Renal Disease (ESRD): Influenza Immunization	1	1	100.00%
All Measures	43,189,698	1,101,331	2.54%

SOURCE: Part B claims from CMS National Claims History and CMS TAP files submitted by eligible professionals.

NOTES: Includes measures submitted through claims-based individual methods.

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

Table B-19. Eligible Professionals Earning a Physician Quality Reporting System Incentive, by Reporting Method, by Program Year

Method	2007 # Earning Incentive (NPI ^a)	2007 % Earning Incentive (NPI ^a)	2008 # Earning Incentive (TIN/NPI)	2008 % Earning Incentive (TIN/NPI)	2009 # Earning Incentive (TIN/NPI)	2009 % Earning Incentive (TIN/NPI)
Total	57,834	58.60%	86,000	55.9%	119,804	56.90%
Claims-Individual Measures	57,834	58.60%	75,091	51.8%	92,147	49.77%
Claims-Measures Groups	N/A	N/A	415	29.4%	605	16.58%
Registry-Individual Measures	N/A	N/A	8,327	96.5%	20,447	89.88%
Registry-Measures Groups	N/A	N/A	3,140	99.1%	9,745	94.57%

SOURCE: Part B claims from CMS National Claims History and CMS TAP files submitted by eligible professionals, where payment exceeded \$0.00.

NOTES: Specialty is coded as the primary specialty designated by the eligible professional in NPPES, or the first specialty if no primary specialty was designated. In 2009, there were 1,397 eligible professionals who were satisfactory reporters but who earned \$0 incentive because they had no PFS allowed charges; these eligible professionals are not included in this table.

^a 2007 displays Eligible Professionals as unique NPIs whereas subsequent years counted unique TIN/NPIs.

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

Table B-20. Eligible Professionals Earning a Physician Quality Reporting System Incentive, by Specialty-Claims Based Individual Measures, by Program Year

Specialty	2007 # Earning Incentive	2007 % Earning Incentive	2008 # Earning Incentive (TIN/NPI)	2008 % Earning Incentive	2009 # Earning Incentive (TIN/NPI)	2009 % Earning Incentive
Total	57,834	58.6%	75,082	51.8%	92,147	49.8%
MD/DO	43,421	57.8%	55,343	50.5%	68,261	50.1%
Allergy/Immunology	27	52.9%	35	34.7%	76	40.6%
Anesthesiology	8,870	96.6%	10,481	81.1%	8,070	46.2%
Cardiology	1,971	50.0%	1,651	33.3%	2,341	40.3%
Colon/Rectal Surgery	37	34.6%	44	27.7%	61	31.9%
Critical Care	85	32.8%	65	28.1%	102	32.9%
Dermatology	853	56.5%	58	28.2%	638	34.0%
Emergency Medicine	14,013	75.4%	21,492	74.8%	24,401	78.7%
Endocrinology	216	44.6%	308	41.2%	404	44.5%
Family Practice	3,869	49.6%	5,361	44.0%	6,921	47.4%
Gastroenterology	412	39.5%	215	25.9%	439	30.9%
General Surgery	579	35.5%	743	34.3%	993	38.5%
General Practice	57	52.3%	108	49.3%	168	53.0%
Geriatrics	131	41.5%	155	30.3%	204	36.2%
Hand Surgery	26	44.1%	36	35.6%	54	38.0%
Infectious Disease	32	38.1%	79	35.3%	151	38.5%
Internal Medicine	4,048	45.4%	4,560	37.7%	5,723	40.2%
Interventional Radiology	64	53.8%	60	24.5%	154	36.5%
Nephrology	328	31.7%	309	27.1%	444	38.0%
Neurology	173	30.2%	218	24.2%	401	32.2%
Neurosurgery	108	36.6%	198	41.7%	263	44.4%
Nuclear Medicine	16	48.5%	14	35.9%	48	44.0%
Obstetrics/Gynecology	172	27.1%	254	24.2%	628	35.2%
Oncology/Hematology	480	22.6%	500	21.7%	827	31.6%
Ophthalmology	2,402	49.8%	1,558	26.9%	3,282	46.4%
Oral & Maxillofacial Surgery	3	100.0%	2	33.3%	5	38.5%
Orthopedic Surgery	703	37.3%	927	39.1%	1,385	41.8%
Other Physician	144	41.9%	252	34.9%	338	36.5%
Otolaryngology	59	37.6%	83	24.1%	245	31.4%
Pathology	3	75.0%	1,796	42.8%	2,604	57.4%
Pediatrics	54	72.0%	118	57.3%	187	59.0%
Physical Medicine	46	25.0%	78	20.9%	186	36.8%
Plastic Surgery	34	48.6%	44	43.1%	81	39.9%
Psychiatry	78	48.5%	110	38.1%	192	35.2%
Pulmonary Disease	181	32.4%	300	31.1%	430	35.4%
Radiation Oncology	144	30.3%	141	17.6%	183	23.2%
Radiology	2,058	40.3%	1,815	24.3%	4,079	34.6%
Rheumatology	108	30.7%	135	26.7%	252	34.8%

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

Specialty	2007 # Earning Incentive	2007 % Earning Incentive	2008 # Earning Incentive (TIN/NPI)	2008 % Earning Incentive	2009 # Earning Incentive (TIN/NPI)	2009 % Earning Incentive
Thoracic/Cardiac Surgery	436	52.3%	547	48.8%	515	47.2%
Urology	298	33.1%	323	24.2%	554	31.7%
Vascular Surgery	103	30.8%	170	32.0%	232	35.5%
Rheumatology	108	30.7%	135	26.7%	252	34.8%
Thoracic/Cardiac Surgery	436	52.3%	547	48.8%	515	47.2%
Urology	298	33.1%	323	24.2%	554	31.7%
Vascular Surgery	103	30.8%	170	32.0%	232	35.5%
Other Eligible Professionals	14,392	61.2%	19,661	55.9%	23,821	48.8%
Audiologist	N/A	N/A	N/A	N/A	63	56.8%
Chiropractor	2	33.3%	10	3.5%	60	13.1%
Dentist	3	75.0%	4	50.0%	6	37.5%
Dietitian/Nutritionist	50	53.2%	43	32.3%	75	50.0%
Health Center	54	43.9%	74	46.8%	84	42.9%
Nurse Anesthetist	4,651	98.4%	7,623	97.3%	6,398	53.7%
Nurse Practitioner	1,632	59.8%	2,332	51.4%	3,351	54.9%
Optometry	1,615	40.9%	1,050	21.7%	1,750	30.0%
Other non-MD/DO	2,139	51.8%	2,122	44.0%	3,473	48.5%
Physical/Occupational Therapy	1,157	35.7%	1,579	32.2%	1,896	33.0%
Physician Assistant	2,665	69.2%	4,367	66.0%	5,993	67.0%
Podiatry	21	19.6%	47	16.9%	173	17.8%
Psychologist	37	48.7%	60	24.0%	110	26.6%
Registered Nurse	353	79.5%	313	80.5%	331	53.2%
Social Worker	13	44.8%	37	32.5%	58	27.8%
Unknown/Missing	21	72.4%	78	50.6%	65	56.0%

SOURCE: Part B claims from CMS National Claims History and CMS TAP files submitted by eligible professionals, where payment exceeded \$0.00.

NOTES: Specialty is coded as the primary specialty designated by the eligible professional in NPPES, or the first specialty if no primary specialty was designated.

^a 2007 displays Eligible Professionals as unique NPIs whereas subsequent years counted unique TIN/NPIs.

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

Table B-21. Eligible Professionals Earning a Physician Quality Reporting System Incentive, by Specialty-Claims Based Measures Groups Method, by Program Year

Specialty	2007 # Earning Incentive	2007 % Earning Incentive	2008 # Earning Incentive (TIN/NPI)	2008 % Earning Incentive	2009 # Earning Incentive (TIN/NPI)	2009 % Earning Incentive
Total	N/A	N/A	415	29.4%	605	16.6%
MD/DO	N/A	N/A	381	29.1%	516	16.3%
Allergy/Immunology	N/A	N/A	N/A	N/A	1	25.0%
Anesthesiology	N/A	N/A	N/A	N/A	11	32.4%
Cardiology	N/A	N/A	8	36.4%	7	16.7%
Colon/Rectal Surgery	N/A	N/A	N/A	N/A	N/A	N/A
Critical Care	N/A	N/A	N/A	N/A	1	11.1%
Dermatology	N/A	N/A	2	40.0%	1	16.7%
Emergency Medicine	N/A	N/A	N/A	N/A	1	16.7%
Endocrinology	N/A	N/A	9	24.3%	11	15.3%
Family Practice	N/A	N/A	121	24.4%	110	11.8%
Gastroenterology	N/A	N/A	2	13.3%	5	17.2%
General Surgery	N/A	N/A	3	27.3%	9	6.2%
General Practice	N/A	N/A	N/A	N/A	2	14.3%
Geriatrics	N/A	N/A	5	25.0%	4	12.9%
Hand Surgery	N/A	N/A	N/A	N/A	N/A	N/A
Infectious Disease	N/A	N/A	N/A	N/A	1	33.3%
Internal Medicine	N/A	N/A	137	28.6%	155	15.5%
Interventional Radiology	N/A	N/A	N/A	N/A	N/A	N/A
Nephrology	N/A	N/A	59	67.8%	16	13.6%
Neurology	N/A	N/A	2	13.3%	4	20.0%
Neurosurgery	N/A	N/A	1	20.0%	15	25.4%
Nuclear Medicine	N/A	N/A	N/A	N/A	N/A	N/A
Obstetrics/Gynecology	N/A	N/A	2	22.2%	2	4.9%
Oncology/Hematology	N/A	N/A	9	52.9%	5	22.7%
Ophthalmology	N/A	N/A	5	23.8%	2	12.5%
Oral & Maxillofacial Surgery	N/A	N/A	N/A	N/A	N/A	N/A
Orthopedic Surgery	N/A	N/A	N/A	N/A	91	37.0%
Other Physician	N/A	N/A	1	25.0%	6	12.8%
Otolaryngology	N/A	N/A	N/A	N/A	2	33.3%
Pathology	N/A	N/A	N/A	N/A	N/A	N/A
Pediatrics	N/A	N/A	N/A	N/A	N/A	N/A
Physical Medicine	N/A	N/A	3	27.3%	9	34.6%
Plastic Surgery	N/A	N/A	N/A	N/A	2	66.7%
Psychiatry	N/A	N/A	N/A	N/A	N/A	N/A
Pulmonary Disease	N/A	N/A	4	33.3%	6	25.0%
Radiation Oncology	N/A	N/A	N/A	N/A	2	50.0%
Radiology	N/A	N/A	N/A	N/A	N/A	N/A
Rheumatology	N/A	N/A	2	40.0%	27	18.1%

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

Specialty	2007 # Earning Incentive	2007 % Earning Incentive	2008 # Earning Incentive (TIN/NPI)	2008 % Earning Incentive	2009 # Earning Incentive (TIN/NPI)	2009 % Earning Incentive
Thoracic/Cardiac Surgery	N/A	N/A	N/A	N/A	2	22.2%
Urology	N/A	N/A	3	23.1%	4	23.5%
Vascular Surgery	N/A	N/A	3	50.0%	2	12.5%
Other Eligible Professionals	N/A	N/A	34	34.3%	89	18.3%
Audiologist	N/A	N/A	N/A	N/A	N/A	N/A
Chiropractor	N/A	N/A	N/A	N/A	N/A	N/A
Dentist	N/A	N/A	N/A	N/A	N/A	N/A
Dietitian/Nutritionist	N/A	N/A	N/A	N/A	N/A	N/A
Health Center	N/A	N/A	2	100.0%	1	50.0%
Nurse Anesthetist	N/A	N/A	N/A	N/A	N/A	N/A
Nurse Practitioner	N/A	N/A	12	25.0%	39	23.4%
Optometry	N/A	N/A	N/A	N/A	5	25.0%
Other non-MD/DO	N/A	N/A	15	45.5%	19	13.1%
Physical/Occupational Therapy	N/A	N/A	N/A	N/A	N/A	N/A
Physician Assistant	N/A	N/A	4	33.3%	24	20.2%
Podiatry	N/A	N/A	0	0.0%	N/A	N/A
Psychologist	N/A	N/A	N/A	N/A	N/A	N/A
Registered Nurse	N/A	N/A	1	33.3%	1	25.0%
Social Worker	N/A	N/A	N/A	N/A	N/A	N/A
Unknown/Missing	N/A	N/A	N/A	N/A	N/A	N/A

SOURCE: Part B claims from CMS National Claims History and CMS TAP files submitted by eligible professionals, where payment exceeded \$0.00.

NOTES: Specialty is coded as the primary specialty designated by the eligible professional in NPPES, or the first specialty if no primary specialty was designated.

^a 2007 displays Eligible Professionals as unique NPIs whereas subsequent years counted unique TIN/NPIs.

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

Table B-22. Eligible Professionals Earning a Physician Quality Reporting System Incentive, by Specialty-Registry Individual Measures, by Program Year

Specialty	2007 # Earning Incentive	2007 % Earning Incentive	2008 # Earning Incentive (TIN/NPI)	2008 % Earning Incentive	2009 # Earning Incentive (TIN/NPI)	2009 % Earning Incentive
Total	N/A	N/A	8,327	96.5%	20,447	89.88%
MD/DO	N/A	N/A	6,823	96.6%	17,481	91.61%
Allergy/Immunology	N/A	N/A	30	100.0%	75	92.59%
Anesthesiology	N/A	N/A	13	68.4%	61	53.98%
Cardiology	N/A	N/A	327	97.9%	1,301	95.87%
Colon/Rectal Surgery	N/A	N/A	10	100.0%	26	86.67%
Critical Care	N/A	N/A	23	100.0%	40	95.24%
Dermatology	N/A	N/A	88	100.0%	241	93.41%
Emergency Medicine	N/A	N/A	114	83.2%	329	91.64%
Endocrinology	N/A	N/A	110	94.0%	365	95.30%
Family Practice	N/A	N/A	2,221	98.6%	4,210	93.33%
Gastroenterology	N/A	N/A	112	100.0%	327	97.03%
General Surgery	N/A	N/A	181	97.8%	513	92.60%
General Practice	N/A	N/A	4	100.0%	44	91.67%
Geriatrics	N/A	N/A	56	93.3%	184	93.88%
Hand Surgery	N/A	N/A	8	100.0%	20	80.00%
Infectious Disease	N/A	N/A	43	100.0%	197	89.14%
Internal Medicine	N/A	N/A	1,712	96.3%	4,162	92.12%
Interventional Radiology	N/A	N/A	7	100.0%	22	84.62%
Nephrology	N/A	N/A	69	98.6%	255	94.10%
Neurology	N/A	N/A	118	99.2%	363	93.56%
Neurosurgery	N/A	N/A	48	96.0%	128	92.09%
Nuclear Medicine	N/A	N/A	1	50.0%	9	64.29%
Obstetrics/Gynecology	N/A	N/A	292	94.5%	754	90.73%
Oncology/Hematology	N/A	N/A	84	100.0%	311	94.82%
Ophthalmology	N/A	N/A	140	95.9%	392	88.49%
Oral & Maxillofacial Surgery	N/A	N/A	1	100.0%	0	N/A
Orthopedic Surgery	N/A	N/A	282	99.3%	534	95.19%
Other Physician	N/A	N/A	81	93.1%	123	85.42%
Otolaryngology	N/A	N/A	81	98.8%	213	93.83%
Pathology	N/A	N/A	4	50.0%	12	92.31%
Pediatrics	N/A	N/A	39	62.9%	94	49.47%
Physical Medicine	N/A	N/A	22	100.0%	92	94.85%
Plastic Surgery	N/A	N/A	26	100.0%	80	89.89%
Psychiatry	N/A	N/A	47	100.0%	128	72.73%
Pulmonary Disease	N/A	N/A	99	100.0%	246	94.62%
Radiation Oncology	N/A	N/A	22	95.7%	192	90.14%
Radiology	N/A	N/A	43	59.7%	320	84.21%
Rheumatology	N/A	N/A	69	100.0%	202	92.66%

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

Specialty	2007 # Earning Incentive	2007 % Earning Incentive	2008 # Earning Incentive (TIN/NPI)	2008 % Earning Incentive	2009 # Earning Incentive (TIN/NPI)	2009 % Earning Incentive
Thoracic/Cardiac Surgery	N/A	N/A	34	100.0%	434	86.63%
Urology	N/A	N/A	135	100.0%	361	90.25%
Vascular Surgery	N/A	N/A	27	100.0%	121	87.05%
Other Eligible Professionals	N/A	N/A	1,499	96.3%	2,960	81.14%
Audiologist	N/A	N/A	13	100.0%	7	21.88%
Chiropractor	N/A	N/A	3	100.0%	8	66.67%
Dentist	N/A	N/A	1	100.0%	3	75.00%
Dietitian/Nutritionist	N/A	N/A	10	90.9%	39	82.98%
Health Center	N/A	N/A	4	80.0%	6	50.00%
Nurse Anesthetist	N/A	N/A	N/A	N/A	19	100.00%
Nurse Practitioner	N/A	N/A	557	96.5%	1,094	85.80%
Optometry	N/A	N/A	46	100.0%	90	90.00%
Other non-MD/DO	N/A	N/A	131	97.8%	496	82.26%
Physical/Occupational Therapy	N/A	N/A	35	85.4%	56	39.16%
Physician Assistant	N/A	N/A	572	97.1%	887	87.56%
Podiatry	N/A	N/A	55	98.2%	143	92.86%
Psychologist	N/A	N/A	20	80.0%	39	36.79%
Registered Nurse	N/A	N/A	17	89.5%	32	72.73%
Social Worker	N/A	N/A	35	94.6%	41	48.81%
Unknown/Missing	N/A	N/A	5	62.5%	6	28.57%

SOURCE: Part B claims from CMS National Claims History and CMS TAP files submitted by eligible professionals, where payment exceeded \$0.00.

NOTES: Specialty is coded as the primary specialty designated by the eligible professional in NPPES, or the first specialty if no primary specialty was designated.

^a 2007 displays Eligible Professionals as unique NPIs whereas subsequent years counted unique TIN/NPIs.

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

Table B-23. Eligible Professionals Earning a Physician Quality Reporting System Incentive, by Specialty-Registry Measures Groups, by Program Year

Specialty	2007 # Earning Incentive	2007 % Earning Incentive	2008 # Earning Incentive (TIN/NPI)	2008 % Earning Incentive	2009 # Earning Incentive (TIN/NPI)	2009 % Earning Incentive
Total	N/A	N/A	3,140	99.1%	9,745	94.55%
MD/DO	N/A	N/A	2,958	99.2%	8,668	95.24%
Allergy/Immunology	N/A	N/A	41	100.0%	63	98.44%
Anesthesiology	N/A	N/A	3	100.0%	26	76.47%
Cardiology	N/A	N/A	92	100.0%	628	96.62%
Colon/Rectal Surgery	N/A	N/A	2	100.0%	37	88.10%
Critical Care	N/A	N/A	7	100.0%	14	87.50%
Dermatology	N/A	N/A	4	100.0%	61	96.83%
Emergency Medicine	N/A	N/A	12	92.3%	25	89.29%
Endocrinology	N/A	N/A	43	100.0%	129	96.99%
Family Practice	N/A	N/A	1,466	99.1%	2,712	95.02%
Gastroenterology	N/A	N/A	28	100.0%	130	92.20%
General Surgery	N/A	N/A	15	100.0%	145	93.55%
General Practice	N/A	N/A	17	100.0%	39	95.12%
Geriatrics	N/A	N/A	43	100.0%	89	89.90%
Hand Surgery	N/A	N/A	1	100.0%	8	88.89%
Infectious Disease	N/A	N/A	5	100.0%	46	97.87%
Internal Medicine	N/A	N/A	780	99.2%	1,893	96.88%
Interventional Radiology	N/A	N/A	0	0	0	0
Nephrology	N/A	N/A	145	100.7%	745	97.77%
Neurology	N/A	N/A	19	95.0%	92	96.84%
Neurosurgery	N/A	N/A	4	100.0%	34	100.00%
Nuclear Medicine	N/A	N/A	0	0	1	100.00%
Obstetrics/Gynecology	N/A	N/A	30	96.8%	129	90.85%
Oncology/Hematology	N/A	N/A	30	100.0%	239	98.35%
Ophthalmology	N/A	N/A	17	100.0%	125	93.98%
Oral & Maxillofacial Surgery	N/A	N/A	0	0	0	0
Orthopedic Surgery	N/A	N/A	14	93.3%	324	91.27%
Other Physician	N/A	N/A	4	80.0%	44	88.00%
Otolaryngology	N/A	N/A	21	100.0%	141	95.27%
Pathology	N/A	N/A	0	0	1	100.00%
Pediatrics	N/A	N/A	0	0	13	86.67%
Physical Medicine	N/A	N/A	3	100.0%	51	86.44%
Plastic Surgery	N/A	N/A	1	100.0%	19	82.61%
Psychiatry	N/A	N/A	0	0	6	75.00%
Pulmonary Disease	N/A	N/A	51	100.0%	131	94.93%
Radiation Oncology	N/A	N/A	0	0	28	93.33%
Radiology	N/A	N/A	1	100.0%	2	20.00%
Rheumatology	N/A	N/A	14	100.0%	250	93.98%

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

Specialty	2007 # Earning Incentive	2007 % Earning Incentive	2008 # Earning Incentive (TIN/NPI)	2008 % Earning Incentive	2009 # Earning Incentive (TIN/NPI)	2009 % Earning Incentive
Thoracic/Cardiac Surgery	N/A	N/A	4	100.0%	26	100.00%
Urology	N/A	N/A	30	100.0%	190	96.94%
Vascular Surgery	N/A	N/A	11	100.0%	32	88.89%
Other Eligible Professionals	N/A	N/A	181	98.4%	1,077	89.96%
Audiologist	N/A	N/A	0	0	0	0
Chiropractor	N/A	N/A	0	0	2	50.00%
Dentist	N/A	N/A	0	0	2	66.67%
Dietitian/Nutritionist	N/A	N/A	0	0	2	100.00%
Health Center	N/A	N/A	0	0	6	40.00%
Nurse Anesthetist	N/A	N/A	0	0	0	0.00%
Nurse Practitioner	N/A	N/A	55	100.0%	307	88.47%
Optometry	N/A	N/A	4	100.0%	39	88.64%
Other non-MD/DO	N/A	N/A	81	100.0%	433	93.70%
Physical/Occupational Therapy	N/A	N/A	0	0	4	80.00%
Physician Assistant	N/A	N/A	36	97.3%	205	89.13%
Podiatry	N/A	N/A	3	75.0%	71	89.87%
Psychologist	N/A	N/A	0	0	0	0
Registered Nurse	N/A	N/A	2	100.0%	6	100.00%
Social Worker	N/A	N/A	0	0	0	0
Unknown/Missing	N/A	N/A	1	100.0%	0	0

SOURCE: Part B claims from CMS National Claims History and CMS TAP files submitted by eligible professionals, where payment exceeded \$0.00.

NOTES: Specialty is coded as the primary specialty designated by the eligible professional in NPPES, or the first specialty if no primary specialty was designated.

^a 2007 displays Eligible Professionals as unique NPIs whereas subsequent years counted unique TIN/NPIs.

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

Table B-24. Trends in Physician Quality Reporting System Clinical Performance Rates by Measure from 2007-2009 (Based on Claims and Registry Individual Measures Submissions)

Measure	2007		2008		2009	
	Mean Performance Rate	Number Eligible Professionals Submitting	Mean Performance Rate	Number Eligible Professionals Submitting	Mean Performance Rate	Number Eligible Professionals Submitting
#1 Hemoglobin A1c Poor Control ^a	11.47%	14,469	11.02%	22,122	11.98%	30,191
#2 Low Density Lipoprotein Control	59.81%	14,372	66.72%	21,246	67.60%	29,341
#3 High Blood Pressure Control	53.43%	14,567	56.16%	20,522	60.06%	27,815
#4 Screening for Future Fall Risk	92.63%	7,400	90.02%	9,097	N/A	N/A
#5 ACE Inhibitor or ARB Therapy for LVSD	66.83%	7,182	66.13%	9,456	94.61%	10,478
#6 Oral Antiplatelet Therapy Prescribed for Patients with CAD	89.94%	9,890	87.03%	12,797	86.59%	17,522
#7 Beta-blocker Therapy for Coronary Artery Disease Patients with Prior Myocardial Infarction	90.79%	4,661	88.38%	6,218	61.04%	1,941
#8 Beta-blocker Therapy for LVSD	63.78%	6,324	94.26%	4,849	95.18%	6,837
#9 Antidepressant Meds During Acute Phase for Patients with New Episode of MD	90.91%	492	74.87%	702	60.22%	1,130
#10 CT or MRI Reports	62.52%	5,452	61.14%	7,327	65.48%	9,093
#11 Carotid Imaging Reports	65.12%	3,762	62.26%	5,324	62.85%	7,078
#12 Optic Nerve Evaluation	93.43%	8,292	93.60%	8,778	95.86%	10,412
#13 Age-Related Macular Degeneration: Age-Related Eye Disease Study (AREDS)	90.01%	7,139	N/A	N/A	N/A	N/A
#14 Dilated Macular Examination	94.89%	7,551	95.01%	8,803	96.12%	10,491

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

Measure	2007		2008		2009	
	Mean Performance Rate	Number Eligible Professionals Submitting	Mean Performance Rate	Number Eligible Professionals Submitting	Mean Performance Rate	Number Eligible Professionals Submitting
#15 Cataracts: Assessment of Visual Functional Status	95.15%	8,089	N/A	N/A	N/A	N/A
#16 Cataracts: Documentation of Pre-Surgical Axial Length, Corneal Power Measurement and	99.66%	3,218	N/A	N/A	N/A	N/A
#17 Cataracts: Pre-Surgical Dilated Fundus Evaluation	98.71%	2,973	N/A	N/A	N/A	N/A
#18 Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and	97.41%	6,262	96.80%	7,137	96.86%	8,267
#19 Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	51.48%	6,633	33.58%	5,666	92.65%	4,166
#20 Timing of Antibiotic Prophylaxis - Ordering Physician	94.41%	5,702	93.08%	7,266	92.48%	8,689
#21 Selection of Prophylactic Antibiotic - First OR Second Generation Cephalosporin	89.12%	4,272	86.82%	5,500	90.11%	6,419
#22 Discontinuation of Prophylactic Antibiotics (Non-Cardiac Procedures)	54.38%	3,998	59.98%	4,977	94.51%	4,596
#23 VTE Prophylaxis	91.04%	3,378	89.80%	4,379	89.99%	5,419
#24 Communication with the Physician Managing Ongoing Care Post-Fracture	69.11%	556	59.74%	848	49.42%	1,123
#25 Melanoma: Patient Medical History	97.66%	2,428	N/A	N/A	N/A	N/A
#26 Melanoma: Complete Physical Skin Examination	95.43%	2,407	N/A	N/A	N/A	N/A
#27 Melanoma: Counseling on Self-Examination	97.07%	2,360	N/A	N/A	N/A	N/A
#28 Aspirin at Arrival	80.80%	7,002	79.91%	13,454	81.50%	14,972
#29 Beta-Blocker at Time of Arrival for Acute Myocardial Infarction (AMI)	66.65%	2,038	N/A	N/A	N/A	N/A

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

Measure	2007		2008		2009	
	Mean Performance Rate	Number Eligible Professionals Submitting	Mean Performance Rate	Number Eligible Professionals Submitting	Mean Performance Rate	Number Eligible Professionals Submitting
#30 Timing of Prophylactic Antibiotics - Administering Physician	93.36%	17,371	94.16%	23,799	91.37%	31,156
#31 DVT Prophylaxis for Ischemic Stroke or Intracranial Hemorrhage	82.40%	814	76.53%	1,127	83.66%	1,992
#32 Discharged on Antiplatelet Therapy	82.96%	1,475	76.06%	2,358	85.06%	3,085
#33 Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial	80.69%	285	66.43%	597	45.35%	43
#34 t-PA Considered	46.97%	690	51.43%	1,148	72.10%	1,564
#35 Screening for Dysphagia	43.37%	596	50.18%	771	76.70%	1,041
#36 Consideration of Rehabilitation Services	82.59%	932	76.29%	1,364	71.87%	2,560
#37 Dialysis Dose in End Stage Renal Disease (ESRD) Patients	80.30%	1,147	N/A	N/A	N/A	N/A
#38 Hematocrit Level in End Stage Renal Disease (ESRD) Patients	69.56%	1,149	N/A	N/A	N/A	N/A
#39 Screening or Therapy for Women Aged 65 Years and Older	80.30%	4,307	60.11%	4,982	57.17%	11,962
#40 Management Following Fracture	77.74%	986	68.32%	1,224	57.04%	1,759
#41 Pharmacologic Therapy	89.10%	3,407	81.45%	3,686	74.67%	5,537
#42 Osteoporosis: Counseling for Vitamin D, Calcium Intake, and Exercise	89.62%	2,138	N/A	N/A	N/A	N/A
#43 Use of IMA in CABG Surgery	94.49%	1,098	94.99%	1,284	97.96%	1,521
#44 Preoperative Beta-blocker in Patients with Isolated CABG Surgery	87.16%	771	89.98%	922	91.74%	1,239
#45 Discontinuation of Prophylactic Antibiotics	67.89%	954	11.03%	1,124	99.48%	1,227

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

Measure	2007		2008		2009	
	Mean Performance Rate	Number Eligible Professionals Submitting	Mean Performance Rate	Number Eligible Professionals Submitting	Mean Performance Rate	Number Eligible Professionals Submitting
#46 Medication Reconciliation	65.08%	1,356	66.42%	1,964	91.61%	174
#47 Advance Care Plan	45.10%	6,586	48.85%	5,182	45.75%	8,005
#48 Assessment of Presence or Absence of UI in Women Aged 65 Years and Older	81.75%	2,124	70.56%	3,754	57.34%	6,848
#49 Characterization of UI in Women Aged 65 Years and Older	96.43%	1,221	85.59%	1,658	68.88%	2,531
#50 Plan of Care for UI in Women Aged 65 Years and Older	94.92%	1,242	85.10%	1,598	76.42%	2,251
#51 Spirometry Evaluation	80.38%	1,693	69.29%	2,087	53.52%	3,183
#52 Bronchodilator Therapy	66.51%	1,312	66.99%	1,439	92.72%	1,645
#53 Pharmacologic Therapy	78.91%	122	76.68%	290	83.39%	662
#54 ECG Performed for Non-Traumatic Chest Pain	92.87%	23,723	93.58%	33,837	94.63%	37,748
#55 ECG Performed for Syncope	93.95%	19,305	95.33%	28,456	96.11%	31,611
#56 Vital Signs for Community-Acquired Bacterial Pneumonia	95.06%	15,790	93.96%	28,595	93.99%	32,701
#57 Assessment of Oxygen Saturation for Community-Acquired Bacterial Pneumonia	88.33%	20,131	91.43%	32,518	92.72%	36,771
#58 Assessment of Mental Status for Community-Acquired Bacterial Pneumonia	93.84%	14,862	94.68%	28,486	95.42%	32,758
#59 Empiric Antibiotic for Community-Acquired Bacterial Pneumonia	90.31%	12,124	90.62%	19,950	92.18%	23,168
#60 Gastroesophageal Reflux Disease (GERD): Assessment for Alarm Symptoms	93.84%	1,821	N/A	N/A	N/A	N/A
#61 Gastroesophageal Reflux Disease (GERD): Upper Endoscopy for Patients with Alarm	34.62%	1,845	N/A	N/A	N/A	N/A

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

Measure	2007		2008		2009	
	Mean Performance Rate	Number Eligible Professionals Submitting	Mean Performance Rate	Number Eligible Professionals Submitting	Mean Performance Rate	Number Eligible Professionals Submitting
#62 Gastroesophageal Reflux Disease (GERD): Biopsy for Barrett's Esophagus	72.20%	910	N/A	N/A	N/A	N/A
#63 Gastroesophageal Reflux Disease (GERD): Barium Swallow- Inappropriate Use	94.31%	1,009	N/A	N/A	N/A	N/A
#64 Asthma Assessment	96.89%	80	57.27%	227	34.24%	537
#65 Appropriate Treatment for Children	100.00%	1	N/A	N/A	66.67%	3
#66 Appropriate Testing for Children	N/A	N/A	N/A	N/A	N/A	N/A
#67 Baseline Cytogenetic Testing Performed on Bone Marrow	92.17%	951	90.52%	1,055	90.95%	1,446
#68 Documentation of Iron Stores in Patients Receiving Erythropoietin Therapy	71.70%	819	77.59%	885	97.69%	1,269
#69 Treatment with Bisphosphonates	82.07%	1,403	77.61%	1,566	86.06%	1,944
#70 Baseline Flow Cytometry	91.32%	1,243	92.36%	1,412	92.59%	1,740
#71 Hormonal Therapy for Stage IC-III ER/PR Positive Breast Cancer	93.03%	2,560	65.18%	1,527	96.42%	1,664
#72 Chemotherapy for Stage III	91.71%	1,665	68.53%	1,208	98.83%	1,273
#73 Plan for Chemotherapy Documented Before Chemotherapy Administered	99.01%	1,561	99.14%	937	N/A	N/A
#74 Radiation Therapy Recommended for Invasive Breast Cancer Patients Who Have Undergone Breast Conserving Surgery	92.73%	640	93.48%	746	N/A	N/A
#75 Prevention of Ventilator-Associated Pneumonia – Head Elevation	N/A	N/A	79.16%	112	N/A	N/A
#76 Prevention of CRBSI - Central Venous Catheter Insertion Protocol	N/A	N/A	81.93%	4,306	77.22%	9,197

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

Measure	2007		2008		2009	
	Mean Performance Rate	Number Eligible Professionals Submitting	Mean Performance Rate	Number Eligible Professionals Submitting	Mean Performance Rate	Number Eligible Professionals Submitting
#77 Assessment of GERD Symptoms in Patients Receiving Chronic Medication for GERD	N/A	N/A	76.10%	751	N/A	N/A
#78 Vascular Access for Patients Undergoing Hemodialysis	N/A	N/A	82.90%	509	N/A	N/A
#79 Influenza Vaccination in Patients with ESRD	N/A	N/A	67.08%	470	63.41%	289
#80 Plan of Care for ESRD Patients with Anemia	N/A	N/A	90.55%	676	N/A	N/A
#81 Plan of Care for Inadequate Hemodialysis in ESRD Patients	N/A	N/A	86.33%	642	15.96%	24
#82 End Stage Renal Disease (ESRD): Plan of Care for Inadequate Peritoneal Dialysis	N/A	N/A	37.67%	430	0.00%	10
#83 Testing of Patients with Chronic HCV for Hepatitis C Viremia	N/A	N/A	52.83%	308	70.60%	483
#84 Initial Hepatitis C RNA Testing	N/A	N/A	64.26%	213	84.48%	254
#85 Genotype Testing Prior to Therapy	N/A	N/A	66.73%	219	88.36%	261
#86 Consideration for Antiviral Therapy	N/A	N/A	61.12%	193	45.98%	261
#87 RNA Testing at Week 12 of Therapy	N/A	N/A	59.58%	99	74.50%	124
#88 Plan of Care for Inadequate Peritoneal Dialysis	N/A	N/A	59.89%	274	N/A	N/A
#89 Counseling Patients Regarding Use of Alcohol	N/A	N/A	64.67%	237	57.62%	370
#90 Counseling Patients Regarding Use of Contraception Prior to Starting Antiviral Therapy	N/A	N/A	60.53%	42	50.78%	73
#91 AOE: Topical Therapy	N/A	N/A	60.47%	301	72.77%	518
#92 AOE: Pain Assessment	N/A	N/A	34.41%	255	40.34%	414

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

Measure	2007		2008		2009	
	Mean Performance Rate	Number Eligible Professionals Submitting	Mean Performance Rate	Number Eligible Professionals Submitting	Mean Performance Rate	Number Eligible Professionals Submitting
#91 AOE: Topical Therapy	N/A	N/A	60.47%	301	72.77%	518
#92 AOE: Pain Assessment	N/A	N/A	34.41%	255	40.34%	414
#93 AOE: Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use	N/A	N/A	37.18%	280	45.52%	467
#94 OME: Diagnostic Evaluation – Assessment of Tympanic Membrane Mobility	N/A	N/A	N/A	N/A	N/A	N/A
#95 OME: Hearing Testing	N/A	N/A	N/A	N/A	N/A	N/A
#96 Otitis Media with Effusion (OME): Antihistamines or Decongestants – Avoidance of Inappropriate Use	N/A	N/A	N/A	N/A	N/A	N/A
#97 Otitis Media with Effusion (OME): Systemic Antimicrobials – Avoidance of Inappropriate Use	N/A	N/A	N/A	N/A	N/A	N/A
#98 Otitis Media with Effusion (OME): Systemic Corticosteroids – Avoidance of Inappropriate Use	N/A	N/A	N/A	N/A	N/A	N/A
#99 Breast Cancer Patients with a pT and pN Category and Histologic Grade	N/A	N/A	91.23%	4,048	96.64%	4,374
#100 CRC Patients with a pT and pN Category and Histologic Grade	N/A	N/A	95.25%	3,877	97.46%	4,202
#101 Appropriate Initial Evaluation of Patients with Prostate Cancer	N/A	N/A	87.54%	489	N/A	N/A
#102 Inappropriate Use of Bone Scan for Staging Low-Risk Prostate Cancer Patients	N/A	N/A	48.64%	231	63.51%	530
#103 Review of Treatment Options in Patients with Clinically Localized Prostate Cancer	N/A	N/A	83.36%	386	N/A	N/A
#104 Adjuvant Hormonal Therapy for High-Risk Prostate Cancer Patients	N/A	N/A	72.90%	215	71.84%	485
#105 Three-dimensional Radiotherapy for Patients with Prostate Cancer	N/A	N/A	83.61%	464	83.00%	568

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

Measure	2007		2008		2009	
	Mean Performance Rate	Number Eligible Professionals Submitting	Mean Performance Rate	Number Eligible Professionals Submitting	Mean Performance Rate	Number Eligible Professionals Submitting
#106 Patients who have MD Disorder who meet DSM IV Criteria	N/A	N/A	52.68%	158	68.04%	532
#107 Patients who have MD Disorder who are Assessed for Suicide Risks	N/A	N/A	61.41%	256	69.00%	582
#108 DMARD Therapy in Rheumatoid Arthritis	N/A	N/A	71.58%	551	66.51%	1,353
#109 Patients with OA with an Assessment of Pain and Function	N/A	N/A	59.29%	515	41.31%	1,624
#110 Vaccination for Patients >= 50 Years Old	N/A	N/A	54.05%	6,761	51.16%	14,193
#111 Vaccination for Patients 65 years and Older	N/A	N/A	54.85%	5,898	53.80%	15,196
#112 Screening Mammography	N/A	N/A	57.98%	4,548	57.74%	12,738
#113 CRC Screening	N/A	N/A	57.25%	3,492	53.65%	12,485
#114 Inquiry Regarding Tobacco Use	N/A	N/A	64.84%	8,302	76.56%	20,819
#115 Advising Smokers to Quit	N/A	N/A	47.62%	4,432	56.29%	10,597
#116 Inappropriate Antibiotic Treatment for Adults	N/A	N/A	80.01%	212	55.29%	322
#117 Dilated Eye Exam in Diabetic Patient	N/A	N/A	81.07%	7,298	73.02%	13,033
#118 ACE or ARB Therapy for Patients with CAD and Diabetes and/or LVSD	N/A	N/A	81.81%	1,362	73.21%	3,585
#119 Urine Screening for Microalbumin or Medical Attention for Nephropathy in Diabetic Patients	N/A	N/A	71.26%	4,738	73.45%	9,319
#120 ACE Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy in Patients with CKD	N/A	N/A	84.51%	119	N/A	N/A

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

Measure	2007		2008		2009	
	Mean Performance Rate	Number Eligible Professionals Submitting	Mean Performance Rate	Number Eligible Professionals Submitting	Mean Performance Rate	Number Eligible Professionals Submitting
#121 Laboratory Testing (Calcium, Phosphorus, iPTH and Lipid Profile)	N/A	N/A	73.35%	245	35.22%	1,497
#122 Blood Pressure Management	N/A	N/A	82.89%	442	68.91%	1,447
#123 Plan of Care: Elevated Hemoglobin for Patients Receiving ESAs	N/A	N/A	81.24%	304	95.98%	652
#124 HIT - Adoption/Use of EHRs	N/A	N/A	100.00%	12,132	100.00%	37,821
#125 HIT - Adoption/Use of e-Prescribing	N/A	N/A	99.98%	4,537	N/A	N/A
#126 Diabetic Foot and Ankle Care, Peripheral Neuropathy: Neurological Evaluation	N/A	N/A	62.91%	1,307	52.79%	2,964
#127 Diabetic Foot and Ankle Care, Ulcer Prevention: Evaluation of Footwear	N/A	N/A	47.98%	529	43.91%	1,984
#128 Universal Weight Screening and Follow-Up	N/A	N/A	56.20%	2,315	49.59%	8,246
#129 Universal Influenza Vaccine Screening and Counseling	N/A	N/A	23.45%	925	N/A	N/A
#130 Documentation of Current Medications	N/A	N/A	79.45%	1,740	68.77%	15,963
#131 Assessment Prior to Initiation of Patient Treatment	N/A	N/A	98.07%	3,545	97.43%	5,533
#132 Patient Co-Development of Treatment Plan/Plan of Care	N/A	N/A	96.44%	3,255	N/A	N/A
#133 Screening for Cognitive Impairment	N/A	N/A	87.58%	275	N/A	N/A
#134 Screening for Clinical Depression	N/A	N/A	79.98%	159	67.22%	406
#135 Chronic Kidney Disease (CKD): Influenza Immunization	N/A	N/A	N/A	N/A	49.60%	752
#136 Melanoma: Follow-Up Aspects of Care	N/A	N/A	N/A	N/A	92.03%	2,369

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

Measure	2007		2008		2009	
	Mean Performance Rate	Number Eligible Professionals Submitting	Mean Performance Rate	Number Eligible Professionals Submitting	Mean Performance Rate	Number Eligible Professionals Submitting
#137 Melanoma: Continuity of Care - Recall System	N/A	N/A	N/A	N/A	90.81%	2,196
#138 Melanoma: Coordination of Care	N/A	N/A	N/A	N/A	87.28%	1,028
#139 Cataracts: Comprehensive Preoperative Assessment for Cataract Surgery with Intraocular Lens (IOL) Placement	N/A	N/A	N/A	N/A	97.42%	3,117
#140 Age-Related Macular Degeneration (AMD): Counseling on Antioxidant Supplement	N/A	N/A	N/A	N/A	92.01%	5,459
#141 Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care	N/A	N/A	N/A	N/A	93.39%	2,792
#142 Osteoarthritis (OA): Assessment for Use of Anti-Inflammatory or Analgesic Over-the-Counter (OTC) Medications	N/A	N/A	N/A	N/A	41.95%	1,142
#143 Oncology: Medical and Radiation - Pain Intensity Quantified	N/A	N/A	N/A	N/A	66.83%	552
#144 Oncology: Medical and Radiation - Plan of Care for Pain	N/A	N/A	N/A	N/A	91.24%	345
#145 Radiology: Exposure Time Reported for Procedures Using Fluoroscopy	N/A	N/A	N/A	N/A	41.97%	7,772
#146 Radiology: Inappropriate Use of "Probably Benign" Assessment Category in Mammography Screening ^a	N/A	N/A	N/A	N/A	2.66%	5,799
#147 Nuclear Medicine: Correlation with Existing Imaging Studies for All Patients Undergoing Bone Scintigraphy	N/A	N/A	N/A	N/A	57.60%	4,383
#148 Back Pain: Initial Visit ^b	N/A	N/A	N/A	N/A	N/A	N/A
#149 Back Pain: Physical Exam ^b	N/A	N/A	N/A	N/A	N/A	N/A

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

Measure	2007		2008		2009	
	Mean Performance Rate	Number Eligible Professionals Submitting	Mean Performance Rate	Number Eligible Professionals Submitting	Mean Performance Rate	Number Eligible Professionals Submitting
#150 Back Pain: Advice for Normal Activities ^b	N/A	N/A	N/A	N/A	N/A	N/A
#151 Back Pain: Advice Against Bed Rest ^b	N/A	N/A	N/A	N/A	N/A	N/A
#152 Coronary Artery Disease (CAD): Lipid Profile in Patients with CAD	N/A	N/A	N/A	N/A	75.46%	6,528
#153 Chronic Kidney Disease (CKD): Referral for Arteriovenous (AV) Fistula	N/A	N/A	N/A	N/A	43.82%	450
#154 Falls: Risk Assessment	N/A	N/A	N/A	N/A	88.23%	8,178
#155 Falls: Plan of Care	N/A	N/A	N/A	N/A	86.80%	3,257
#156 Oncology: Radiation Dose Limits to Normal Tissues	N/A	N/A	N/A	N/A	89.42%	306
#157 Thoracic Surgery: Recording of Clinical Stage for Lung Cancer and Esophageal Cancer	N/A	N/A	N/A	N/A	77.73%	50
#158 Endarterectomy: Use of Patch During Conventional Endarterectomy	N/A	N/A	N/A	N/A	91.50%	305
#159 HIV/AIDS: CD4+ Cell Count or CD4+ Percentage	N/A	N/A	N/A	N/A	76.75%	92
#160 HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis	N/A	N/A	N/A	N/A	61.54%	44
#161 HIV/AIDS: Adolescent and Adult Patients with HIV/AIDS Who Are Prescribed Potent	N/A	N/A	N/A	N/A	90.27%	45
#162 HIV/AIDS: HIV RNA Control After Six Months of Potent Antiretroviral Therapy	N/A	N/A	N/A	N/A	76.65%	54
#163 Diabetes Mellitus: Foot Exam	N/A	N/A	N/A	N/A	51.73%	4,872
#164 Coronary Artery Bypass Graft (CABG): Prolonged Intubation (Ventilation)	N/A	N/A	N/A	N/A	73.85%	15
#165 Coronary Artery Bypass Graft (CABG): Deep Sternal Wound Infection Rate	N/A	N/A	N/A	N/A	100.00%	11

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

Measure	2007		2008		2009	
	Mean Performance Rate	Number Eligible Professionals Submitting	Mean Performance Rate	Number Eligible Professionals Submitting	Mean Performance Rate	Number Eligible Professionals Submitting
#166 Coronary Artery Bypass Graft (CABG): Stroke/Cerebrovascular Accident (CVA)	N/A	N/A	N/A	N/A	100.00%	4
#167 Coronary Artery Bypass Graft (CABG): Postoperative Renal Insufficiency	N/A	N/A	N/A	N/A	100.00%	4
#168 Coronary Artery Bypass Graft (CABG): Surgical Re-exploration	N/A	N/A	N/A	N/A	92.31%	12
#169 Coronary Artery Bypass Graft (CABG): Antiplatelet Medications at Discharge	N/A	N/A	N/A	N/A	7.14%	14
#170 Coronary Artery Bypass Graft (CABG): Beta-Blockers Administered at Discharge	N/A	N/A	N/A	N/A	0.00%	13
#171 Coronary Artery Bypass Graft (CABG): Lipid Management and Counseling	N/A	N/A	N/A	N/A	0.00%	13
#172 Hemodialysis Vascular Access Decision-Making by Surgeon to Maximize Placement of Autogenous Arterial Venous (AV) Fistula	N/A	N/A	N/A	N/A	91.18%	133
#173 Preventive Care and Screening: Unhealthy Alcohol Use - Screening	N/A	N/A	N/A	N/A	30.97%	1,801
#174 Pediatric End Stage Renal Disease (ESRD): Plan of Care for Inadequate Hemodialysis	N/A	N/A	N/A	N/A	N/A	N/A
#175 Pediatric End Stage Renal Disease (ESRD): Influenza Immunization	N/A	N/A	N/A	N/A	1.59%	9
#176 Rheumatoid Arthritis (RA): Tuberculosis Screening	N/A	N/A	N/A	N/A	90.01%	197
#177 Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity	N/A	N/A	N/A	N/A	38.16%	471
#178 Rheumatoid Arthritis (RA): Functional Status Assessment	N/A	N/A	N/A	N/A	38.39%	500
#179 Rheumatoid Arthritis (RA): Assessment and Classification of Disease Prognosis	N/A	N/A	N/A	N/A	33.18%	434
#180 Rheumatoid Arthritis (RA): Glucocorticoid Management	N/A	N/A	N/A	N/A	90.34%	485

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

Measure	2007		2008		2009	
	Mean Performance Rate	Number Eligible Professionals Submitting	Mean Performance Rate	Number Eligible Professionals Submitting	Mean Performance Rate	Number Eligible Professionals Submitting
#181 Elder Maltreatment Screen and Follow-Up Plan	N/A	N/A	N/A	N/A	50.86%	53
#182 Functional Outcome Assessment in Chiropractic Care	N/A	N/A	N/A	N/A	85.02%	147
#183 Hepatitis C: Hepatitis A Vaccination in Patients with HCV	N/A	N/A	N/A	N/A	39.36%	641
#184 Hepatitis C: Hepatitis B Vaccination in Patients with HCV	N/A	N/A	N/A	N/A	40.99%	645
#185 Endoscopy & Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps - Avoidance of Inappropriate Use	N/A	N/A	N/A	N/A	87.01%	650
#186 Wound Care: Use of Compression System in Patients with Venous Ulcers	N/A	N/A	N/A	N/A	83.42%	84

SOURCE: Part B claims from CMS National Claims History and CMS TAP files submitted by eligible professionals.

NOTES: Includes measures submitted through claims only in 2007, and through claims- and-registry-based individual methods in 2008 and 2009. If a professional submitted a measure through both claims and registry methods, the most advantageous performance rate was assigned. The measure performance rate is calculated as the number of times the eligible professional submitted a valid QDC indicating positive performance, divided by the number of instances they submitted QDCs for (excluding instances where an exclusion QDC was submitted), and multiplied by 100 to create a percentage. Performance rate calculations for 2007 and 2008 were updated to reflect requirements for the 2009 Physician Quality Reporting Program. This table includes measure performance among eligible professionals submitting valid measures, regardless of whether they met the 80% satisfactory reporting requirements.

^a Inverse performance measure.

^b Measures groups only – new for 2009.

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

TABLE B-25. Percentage of Eligible Professionals with \geq 90% Performance on 2009 Physician Quality Reporting System Measures (Based on Claims-Based Individual Measures Submissions)

Measure	Percent of TIN/NPIs with \geq 90% Performance ^a
#1 Hemoglobin A1c Poor Control ^b	61.91%
#2 Low Density Lipoprotein Control	19.31%
#3 High Blood Pressure Control	14.53%
#5 ACE Inhibitor or ARB Therapy for LVSD	69.17%
#6 Oral Antiplatelet Therapy Prescribed for Patients with CAD	79.77%
#8 Beta-blocker Therapy for LVSD	76.54%
#9 Antidepressant Meds During Acute Phase for Patients with New Episode of MD	75.98%
#10 CT or MRI Reports	36.40%
#11 Carotid Imaging Reports	46.44%
#12 Optic Nerve Evaluation	90.53%
#14 Dilated Macular Examination	93.58%
#18 Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	95.84%
#19 Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	85.41%
#20 Timing of Antibiotic Prophylaxis - Ordering Physician	93.43%
#21 Selection of Prophylactic Antibiotic - First OR Second Generation Cephalosporin	88.92%
#22 Discontinuation of Prophylactic Antibiotics (Non-Cardiac Procedures)	90.31%
#23 VTE Prophylaxis	90.40%
#24 Communication with the Physician Managing Ongoing Care Post-Fracture	55.13%
#28 Aspirin at Arrival	63.95%
#30 Timing of Prophylactic Antibiotics - Administering Physician	76.87%
#31 DVT Prophylaxis for Ischemic Stroke or Intracranial Hemorrhage	76.67%
#32 Discharged on Antiplatelet Therapy	73.30%
#34 t-PA Considered	35.57%
#35 Screening for Dysphagia	53.45%
#36 Consideration of Rehabilitation Services	53.91%
#39 Screening or Therapy for Women Aged 65 Years and Older	34.28%
#40 Management Following Fracture	56.61%
#41 Pharmacologic Therapy	66.37%
#43 Use of IMA in CABG Surgery	96.79%
#44 Preoperative Beta-blocker in Patients with Isolated CABG Surgery	84.88%
#45 Discontinuation of Prophylactic Antibiotics	96.17%
#47 Advance Care Plan	39.90%
#48 Assessment of Presence or Absence of UI in Women Aged 65 Years and Older	54.40%
#49 Characterization of UI in Women Aged 65 Years and Older	90.35%
#50 Plan of Care for UI in Women Aged 65 Years and Older	88.91%
#51 Spirometry Evaluation	77.04%
#52 Bronchodilator Therapy	79.58%

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

Measure	Percent of TIN/NPIs with $\geq 90\%$ Performance ^a
#53 Pharmacologic Therapy	62.16%
#54 ECG Performed for Non-Traumatic Chest Pain	86.83%
#55 ECG Performed for Syncope	89.16%
#56 Vital Signs for Community-Acquired Bacterial Pneumonia	89.56%
#57 Assessment of Oxygen Saturation for Community-Acquired Bacterial Pneumonia	85.02%
#58 Assessment of Mental Status for Community-Acquired Bacterial Pneumonia	91.51%
#59 Empiric Antibiotic for Community-Acquired Bacterial Pneumonia	82.66%
#64 Asthma Assessment	62.95%
#65 Appropriate Treatment for Children	50.00%
#66 Appropriate Testing for Children	N/A
#67 Baseline Cytogenetic Testing Performed on Bone Marrow	88.75%
#68 Documentation of Iron Stores in Patients Receiving Erythropoietin Therapy	83.33%
#69 Treatment with Bisphosphonates	77.33%
#70 Baseline Flow Cytometry	87.74%
#71 Hormonal Therapy for Stage IC-III ER/PR Positive Breast Cancer	80.20%
#72 Chemotherapy for Stage III	79.03%
#76 Prevention of CRBSI - Central Venous Catheter Insertion Protocol	67.75%
#79 Influenza Vaccination in Patients with ESRD	44.98%
#83 Testing of Patients with Chronic HCV for Hepatitis C Viremia	49.52%
#84 Initial Hepatitis C RNA Testing	41.49%
#85 Genotype Testing Prior to Therapy	47.70%
#86 Consideration for Antiviral Therapy	56.13%
#87 RNA Testing at Week 12 of Therapy	34.29%
#89 Counseling Patients Regarding Use of Alcohol	77.02%
#90 Counseling Patients Regarding Use of Contraception Prior to Starting Antiviral Therapy	28.81%
#91 AOE: Topical Therapy	76.49%
#92 AOE: Pain Assessment	82.35%
#93 AOE: Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use	72.68%
#94 OME: Diagnostic Evaluation – Assessment of Tympanic Membrane Mobility	N/A
#95 OME: Hearing Testing	N/A
#99 Breast Cancer Patients with a pT and pN Category and Histologic Grade	89.42%
#100 CRC Patients with a pT and pN Category and Histologic Grade	93.00%
#102 Inappropriate Use of Bone Scan for Staging Low-Risk Prostate Cancer Patients	38.35%
#104 Adjuvant Hormonal Therapy for High-Risk Prostate Cancer Patients	46.30%
#105 Three-dimensional Radiotherapy for Patients with Prostate Cancer	75.74%
#106 Patients who have MD Disorder who meet DSM IV Criteria	88.11%
#107 Patients who have MD Disorder who are Assessed for Suicide Risks	82.38%
#108 DMARD Therapy in Rheumatoid Arthritis	81.65%
#109 Patients with OA with an Assessment of Pain and Function	73.90%
#110 Vaccination for Patients ≥ 50 Years Old	38.95%

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

Measure	Percent of TIN/NPIs with >=90% Performance ^a
#111 Vaccination for Patients 65 years and Older	44.59%
#112 Screening Mammography	41.86%
#113 CRC Screening	37.38%
#114 Inquiry Regarding Tobacco Use	76.10%
#115 Advising Smokers to Quit	29.91%
#116 Inappropriate Antibiotic Treatment for Adults	23.21%
#117 Dilated Eye Exam in Diabetic Patient	77.13%
#118 ACE or ARB Therapy for Patients with CAD and Diabetes and/or LVSD	84.13%
#119 Urine Screening for Microalbumin or Medical Attention for Nephropathy in Diabetic Patients	59.39%
#121 Laboratory Testing (Calcium, Phosphorus, iPTH and Lipid Profile)	65.95%
#122 Blood Pressure Management	91.00%
#123 Plan of Care: Elevated Hemoglobin for Patients Receiving ESAs	87.27%
#124 HIT - Adoption/Use of EHRs	100.00%
#126 Diabetic Foot and Ankle Care, Peripheral Neuropathy: Neurological Evaluation	73.28%
#127 Diabetic Foot and Ankle Care, Ulcer Prevention: Evaluation of Footwear	60.31%
#128 Universal Weight Screening and Follow-Up	37.57%
#130 Documentation of Current Medications	64.76%
#131 Assessment Prior to Initiation of Patient Treatment	95.59%
#134 Screening for Clinical Depression	64.81%
#135 Chronic Kidney Disease (CKD): Influenza Immunization	39.01%
#136 Melanoma: Follow-Up Aspects of Care	91.29%
#137 Melanoma: Continuity of Care - Recall System	92.14%
#138 Melanoma: Coordination of Care	68.27%
#139 Cataracts: Comprehensive Preoperative Assessment for Cataract Surgery with Intraocular Lens (IOL) Placement	96.97%
#140 Age-Related Macular Degeneration (AMD): Counseling on Antioxidant Supplement	86.19%
#141 Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care	90.89%
#142 Osteoarthritis (OA): Assessment for Use of Anti-Inflammatory or Analgesic Over-the-Counter (OTC) Medications	66.96%
#143 Oncology: Medical and Radiation - Pain Intensity Quantified	80.70%
#144 Oncology: Medical and Radiation - Plan of Care for Pain	83.69%
#145 Radiology: Exposure Time Reported for Procedures Using Fluoroscopy	21.17%
#146 Radiology: Inappropriate Use of "Probably Benign" Assessment Category in Mammography Screening ^b	98.16%
#147 Nuclear Medicine: Correlation with Existing Imaging Studies for All Patients Undergoing Bone Scintigraphy	30.23%
#148 Back Pain: Initial Visit ^c	N/A
#149 Back Pain: Physical Exam ^c	N/A
#150 Back Pain: Advice for Normal Activities ^c	N/A
#151 Back Pain: Advice Against Bed Rest ^c	N/A
#152 Coronary Artery Disease (CAD): Lipid Profile in Patients with CAD	61.20%

Appendix B. 2009 Physician Quality Reporting System Detailed Tables

Measure	Percent of TIN/NPIs with $\geq 90\%$ Performance ^a
#153 Chronic Kidney Disease (CKD): Referral for Arteriovenous (AV) Fistula	41.97%
#154 Falls: Risk Assessment	36.81%
#155 Falls: Plan of Care	79.46%
#156 Oncology: Radiation Dose Limits to Normal Tissues	92.80%
#157 Thoracic Surgery: Recording of Clinical Stage for Lung Cancer and Esophageal Cancer Resection	75.00%
#158 Endarterectomy: Use of Patch During Conventional Endarterectomy	83.40%
#163 Diabetes Mellitus: Foot Exam	67.65%
#172 Hemodialysis Vascular Access Decision-Making by Surgeon to Maximize Placement of Autogenous Arterial Venous (AV) Fistula	85.71%
#173 Preventive Care and Screening: Unhealthy Alcohol Use - Screening	74.06%
#175 Pediatric End Stage Renal Disease (ESRD): Influenza Immunization	N/A
#176 Rheumatoid Arthritis (RA): Tuberculosis Screening	58.55%
#177 Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity	87.37%
#178 Rheumatoid Arthritis (RA): Functional Status Assessment	78.18%
#179 Rheumatoid Arthritis (RA): Assessment and Classification of Disease Prognosis	78.18%
#180 Rheumatoid Arthritis (RA): Glucocorticoid Management	98.34%
#181 Elder Maltreatment Screen and Follow-Up Plan	84.38%
#182 Functional Outcome Assessment in Chiropractic Care	79.45%
#183 Hepatitis C: Hepatitis A Vaccination in Patients with HCV	70.98%
#184 Hepatitis C: Hepatitis B Vaccination in Patients with HCV	72.08%
#185 Endoscopy & Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps - Avoidance of Inappropriate Use	86.35%
#186 Wound Care: Use of Compression System in Patients with Venous Ulcers	82.86%

SOURCE: Part B claims from CMS National Claims History and CMS TAP files submitted by eligible professionals.

^a The percentage of TIN/NPIs who have a performance rate of 90% or higher.

^b This is an inverse measure, therefore the percentage of TIN/NPIs with 90% performance represents the percentage of TIN/NPIs with performance rates of 10% or lower.

^c Measures Groups Only

-- No Eligible Professionals reported this measure

**APPENDIX C – 2009 ELECTRONIC PRESCRIBING INCENTIVE
PROGRAM (eRx) DETAILED TABLES**

Appendix C. 2009 eRx Detailed Tables

Table C-1. 2009 eRx Distribution of Incentives by Specialty

Specialty	# TIN/NPI Qualifying for Incentive	Incentive Amount					Percent of National Total
		Minimum	Maximum	Mean	Median	Total	
Total	48,354	\$0.30	\$67,466.30	\$3,060.92	\$1,646.49	\$148,007,815.60	100.00%
MD/DO	37,248	\$0.37	\$67,466.30	\$3,570.72	\$2,226.45	\$133,002,288.24	89.86%
Allergy/Immunology	246	\$8.31	\$15,779.54	\$1,192.53	\$712.67	\$293,362.45	0.20%
Anesthesiology	98	\$152.77	\$16,174.98	\$3,051.73	\$2,469.64	\$299,069.52	0.20%
Cardiology	3,334	\$1.21	\$66,508.88	\$7,385.50	\$6,660.58	\$24,623,273.42	16.64%
Colon/Rectal Surgery	64	\$372.56	\$6,172.42	\$2,585.14	\$2,333.20	\$165,449.17	0.11%
Critical Care	99	\$1.20	\$13,527.27	\$3,129.81	\$2,635.04	\$309,850.84	0.21%
Dermatology	788	\$2.08	\$43,023.43	\$4,938.05	\$3,025.59	\$3,891,184.29	2.63%
Emergency Medicine	214	\$2.16	\$9,496.44	\$845.88	\$478.30	\$181,018.72	0.12%
Endocrinology	454	\$1.24	\$19,477.27	\$1,974.79	\$1,542.93	\$896,553.66	0.61%
Family Practice	8,256	\$0.37	\$26,777.20	\$1,430.86	\$1,028.81	\$11,813,193.80	7.98%
Gastroenterology	892	\$1.22	\$21,399.43	\$3,105.03	\$2,749.84	\$2,769,682.82	1.87%
General Surgery	719	\$0.46	\$21,032.13	\$2,363.66	\$1,939.49	\$1,699,470.22	1.15%
General Practice	99	\$1.27	\$10,119.23	\$1,802.43	\$1,107.93	\$178,440.38	0.12%
Geriatrics	223	\$2.97	\$18,736.30	\$3,368.23	\$2,654.61	\$751,114.63	0.51%
Hand Surgery	107	\$117.84	\$7,274.93	\$2,330.30	\$2,193.79	\$249,342.40	0.17%
Infectious Disease	185	\$7.44	\$19,815.13	\$3,154.68	\$2,229.45	\$583,615.02	0.39%
Internal Medicine	7,320	\$0.99	\$42,006.95	\$2,628.22	\$1,940.88	\$19,238,571.61	13.00%
Interventional Radiology	10	\$1.30	\$12,465.03	\$4,673.12	\$4,671.16	\$46,731.19	0.03%
Nephrology	547	\$1.20	\$31,086.15	\$5,293.58	\$5,372.50	\$2,895,589.51	1.96%
Neurology	869	\$1.19	\$21,829.81	\$2,597.45	\$2,089.74	\$2,257,183.92	1.53%
Neurosurgery	189	\$1.49	\$9,255.75	\$2,905.78	\$2,821.41	\$549,192.61	0.37%
Nuclear Medicine	19	\$2,597.82	\$14,741.82	\$6,164.32	\$5,521.11	\$117,122.03	0.08%
Obstetrics/Gynecology	1,249	\$0.67	\$18,040.80	\$589.78	\$257.85	\$736,632.95	0.50%
Oncology/Hematology	1,375	\$2.17	\$60,055.55	\$6,043.51	\$5,053.92	\$8,309,828.40	5.61%
Ophthalmology	3,961	\$0.88	\$67,466.30	\$7,493.82	\$6,159.79	\$29,683,015.86	20.05%
Oral & Maxillofacial Surgery	3	\$109.75	\$1,017.57	\$439.44	\$191.00	\$1,318.33	0.00%
Orthopedic Surgery	1,649	\$1.45	\$27,499.47	\$3,578.11	\$3,099.83	\$5,900,307.14	3.99%
Other Physician	192	\$1.37	\$19,287.74	\$2,953.91	\$1,986.49	\$567,150.27	0.38%
Otolaryngology	678	\$1.48	\$25,852.69	\$2,332.32	\$1,949.22	\$1,581,315.43	1.07%
Pathology	3	\$0.96	\$5,100.10	\$1,705.09	\$14.23	\$5,115.28	0.00%
Pediatrics	148	\$0.37	\$7,195.57	\$348.10	\$21.25	\$51,519.09	0.03%
Physical Medicine	309	\$1.71	\$14,856.72	\$2,923.37	\$2,301.25	\$903,320.93	0.61%
Plastic Surgery	97	\$34.20	\$20,468.07	\$1,735.74	\$1,096.61	\$168,367.24	0.11%
Psychiatry	295	\$1.36	\$9,568.68	\$1,016.57	\$551.35	\$299,887.08	0.20%
Pulmonary Disease	730	\$2.45	\$22,333.76	\$4,427.34	\$3,770.71	\$3,231,959.48	2.18%

Appendix C. 2009 eRx Detailed Tables

Specialty	# TIN/NPI Qualifying for Incentive	Incentive Amount					Percent of National Total
		Minimum	Maximum	Mean	Median	Total	
Radiation Oncology	31	\$0.89	\$8,564.85	\$3,279.20	\$3,000.18	\$101,655.25	0.07%
Radiology	6	\$5.58	\$9,696.93	\$1,997.87	\$530.73	\$11,987.20	0.01%
Rheumatology	525	\$2.07	\$35,492.68	\$3,191.42	\$2,392.31	\$1,675,497.14	1.13%
Thoracic/Cardiac Surgery	52	\$60.03	\$11,294.10	\$4,126.48	\$3,870.29	\$214,576.86	0.14%
Urology	1,073	\$3.22	\$39,413.83	\$4,578.14	\$4,207.09	\$4,912,345.71	3.32%
Vascular Surgery	140	\$1.76	\$20,808.73	\$5,981.97	\$4,744.19	\$837,476.38	0.57%
Other Eligible Professionals	11,087	\$0.30	\$43,496.53	\$1,350.50	\$339.65	\$14,972,963.27	10.12%
Chiropractor	2	\$1,288.87	\$3,116.05	\$2,202.46	\$2,202.46	\$4,404.92	0.00%
Dentist	11	\$19.48	\$596.35	\$122.70	\$67.14	\$1,349.65	0.00%
Dietitian/Nutritionist	19	\$6.77	\$1,561.96	\$173.78	\$75.48	\$3,301.89	0.00%
Health Center	27	\$2.78	\$13,895.80	\$2,180.03	\$741.36	\$58,860.70	0.04%
Nurse Anesthetist	1	\$3.73	\$3.73	\$3.73	\$3.73	\$3.73	0.00%
Nurse Practitioner	3,888	\$0.31	\$9,180.64	\$285.76	\$84.22	\$1,111,018.38	0.75%
Optometry	1,559	\$1.16	\$21,048.39	\$1,265.87	\$729.42	\$1,973,493.78	1.33%
Other non-MD/DO	2,112	\$0.96	\$43,496.53	\$4,449.14	\$3,072.66	\$9,396,582.27	6.35%
Physical/Occupational Therapy	6	\$38.30	\$4,483.50	\$1,278.07	\$280.13	\$7,668.40	0.01%
Physician Assistant	2,690	\$0.31	\$7,874.85	\$420.98	\$224.09	\$1,132,437.51	0.77%
Podiatry	511	\$1.40	\$14,367.57	\$2,317.12	\$1,960.52	\$1,184,047.43	0.80%
Psychologist	90	\$4.90	\$3,130.52	\$330.45	\$215.76	\$29,740.86	0.02%
Registered Nurse	108	\$0.30	\$11,235.48	\$567.64	\$143.20	\$61,304.90	0.04%
Social Worker	63	\$1.06	\$535.18	\$138.87	\$103.20	\$8,748.87	0.01%
Unknown/Missing	19	\$1.90	\$6,933.36	\$1,713.90	\$665.13	\$32,564.09	0.02%

SOURCE: Part B claims from CMS National Claims History and CMS TAP files submitted by eligible professionals, where payment exceeded \$0.00.

NOTES: Specialty is coded as the primary specialty designated by the eligible professional in NPPES, or the first specialty if no primary specialty was designated.

Appendix C. 2009 eRx Detailed Tables

Table C-2. 2009 eRx Potential Average Incentives and Participation Rate, by Specialty

Specialty	Average Potential Incentive*	% Eligible Professionals Participating
Total	\$1,891.59	13.40%
MD/DO	\$2,327.90	15.22%
Allergy/Immunology	\$1,035.64	14.94%
Anesthesiology	\$1,706.20	3.17%
Cardiology	\$5,961.59	27.69%
Colon/Rectal Surgery	\$2,206.73	12.07%
Critical Care	\$3,238.98	14.58%
Dermatology	\$4,367.89	13.70%
Emergency Medicine	\$805.07	5.67%
Endocrinology	\$1,633.50	17.83%
Family Practice	\$1,195.68	19.21%
Gastroenterology	\$2,771.09	16.04%
General Surgery	\$1,865.26	7.71%
General Practice	\$1,142.95	5.35%
Geriatrics	\$2,369.03	15.45%
Hand Surgery	\$1,878.63	13.77%
Infectious Disease	\$2,413.60	12.01%
Internal Medicine	\$2,147.00	18.02%
Intervent Radiology	\$5,134.52	4.80%
Nephrology	\$5,082.79	17.28%
Neurology	\$1,973.06	13.36%
Neurosurgery	\$2,639.96	9.99%
Nuclear Medicine	\$4,593.35	14.23%
Obstetrics/Gynecology	\$389.15	9.52%
Oncology/Hematology	\$3,362.25	20.36%
Ophthalmology	\$4,890.25	29.63%
Oral & Maxillofacial Surgery	\$293.89	2.16%
Orthopedic Surgery	\$2,880.91	14.98%
Other Physician	\$2,027.52	6.16%
Otolaryngology	\$1,945.71	15.45%
Pathology	\$1,717.46	2.75%
Pediatrics	\$190.01	4.57%
Physical Medicine	\$2,266.34	9.83%
Plastic Surgery	\$1,173.80	5.22%
Psychiatry	\$739.78	2.47%
Pulmonary Disease	\$3,754.22	17.79%
Radiation Oncology	\$7,830.98	3.85%

Appendix C. 2009 eRx Detailed Tables

Specialty	Average Potential Incentive*	% Eligible Professionals Participating
Radiology	\$4,487.74	1.45%
Rheumatology	\$2,345.75	22.92%
Thoracic/Cardiac Surgery	\$3,618.57	6.91%
Urology	\$3,923.69	21.07%
Vascular Surgery	\$4,832.69	11.27%
Other Eligible Professionals	\$942.47	9.47%
Audiologist	\$347.70	3.45%
Chiropractor	\$921.02	5.26%
Dentist	\$177.74	0.67%
Dietitian/Nutritionist	\$154.42	10.54%
Health Center	\$1,351.51	5.12%
Nurse Anesthetist	\$857.97	1.64%
Nurse Practitioner	\$325.69	17.41%
Optometry	\$580.79	9.27%
Other non-MD/DO	\$3,098.92	12.63%
Physical/Occupational Therapy	\$2,581.94	7.21%
Physician Assistant	\$357.09	16.65%
Podiatry	\$1,990.48	7.59%
Psychologist	\$411.72	0.63%
Registered Nurse	\$351.50	9.23%
Social Worker	\$192.11	0.68%
Unknown/Missing	\$756.31	5.35%

SOURCE: Part B claims from CMS National Claims History and CMS TAP files submitted by eligible professionals, where payment exceeded \$0.00.

NOTES: Specialty is coded as the primary specialty designated by the eligible professional in NPPES, or the first specialty if no primary specialty was designated. The average potential incentive is calculated by dividing the total Medicare PFS total allowed charges in 2009 for each specialty by the number of professionals with charges, and then taking 2.0% of this value.

Appendix C. 2009 eRx Detailed Tables

Table C-3. 2009 eRx Participation, Successful Reporting, and Incentive Eligibility, by Specialty

Specialty	# Eligible (TIN/NPI)	# Participating (TIN/NPI)	% Participating	# Submitting Successfully (TIN/NPI)	% Successful Reporting	# Incentive Eligible (TIN/NPI)	% Incentive Eligible
Total	669,691	89,752	13.40%	50,924	56.74%	48,354	53.88%
MD/DO	458,910	69,835	15.22%	39,201	56.13%	37,248	53.34%
Allergy/Immunology	3,453	516	14.94%	246	47.67%	246	47.67%
Anesthesiology	6,938	220	3.17%	124	56.36%	98	44.55%
Cardiology	22,142	6,132	27.69%	3,647	59.47%	3,334	54.37%
Colon/Rectal Surgery	1,069	129	12.07%	66	51.16%	64	49.61%
Critical Care	1,413	206	14.58%	119	57.77%	99	48.06%
Dermatology	10,427	1,428	13.70%	873	61.13%	788	55.18%
Emergency Medicine	7,192	408	5.67%	251	61.52%	214	52.45%
Endocrinology	5,004	892	17.83%	456	51.12%	454	50.90%
Family Practice	81,998	15,753	19.21%	8,309	52.75%	8,256	52.41%
Gastroenterology	11,627	1,865	16.04%	953	51.10%	892	47.83%
General Surgery	20,042	1,546	7.71%	845	54.66%	719	46.51%
General Practice	4,900	262	5.35%	100	38.17%	99	37.79%
Geriatrics	3,004	464	15.45%	234	50.43%	223	48.06%
Hand Surgery	1,460	201	13.77%	109	54.23%	107	53.23%
Infectious Disease	4,364	524	12.01%	249	47.52%	185	35.31%
Internal Medicine	76,929	13,864	18.02%	7,607	54.87%	7,320	52.80%
Interventional Radiology	667	32	4.80%	24	75.00%	10	31.25%
Nephrology	7,148	1,235	17.28%	710	57.49%	547	44.29%
Neurology	11,764	1,572	13.36%	898	57.12%	869	55.28%
Neurosurgery	4,383	438	9.99%	239	54.57%	189	43.15%
Nuclear Medicine	246	35	14.23%	27	77.14%	19	54.29%
Obstetrics/Gynecology	29,399	2,798	9.52%	1,262	45.10%	1,249	44.64%
Oncology/Hematology	10,529	2,144	20.36%	1,384	64.55%	1,375	64.13%
Ophthalmology	18,930	5,609	29.63%	4,007	71.44%	3,961	70.62%
Oral & Maxillofacial Surgery	371	8	2.16%	4	50.00%	3	37.50%
Orthopedic Surgery	20,353	3,048	14.98%	1,726	56.63%	1,649	54.10%
Other Physician	6,524	402	6.16%	238	59.20%	192	47.76%
Otolaryngology	8,441	1,304	15.45%	686	52.61%	678	51.99%
Pathology	400	11	2.75%	10	90.91%	3	27.27%
Pediatrics	5,291	242	4.57%	151	62.40%	148	61.16%
Physical Medicine	6,574	646	9.83%	347	53.72%	309	47.83%
Plastic Surgery	4,199	219	5.22%	113	51.60%	97	44.29%
Psychiatry	26,404	651	2.47%	321	49.31%	295	45.31%
Pulmonary Disease	8,000	1,423	17.79%	776	54.53%	730	51.30%
Radiation Oncology	4,315	166	3.85%	112	67.47%	31	18.67%

Appendix C. 2009 eRx Detailed Tables

Specialty	# Eligible (TIN/NPI)	# Participating (TIN/NPI)	% Participating	# Submitting Successfully (TIN/NPI)	% Successful Reporting	# Incentive Eligible (TIN/NPI)	% Incentive Eligible
Radiology	3,789	55	1.45%	39	70.91%	6	10.91%
Rheumatology	4,197	962	22.92%	526	54.68%	525	54.57%
Thoracic/Cardiac Surgery	3,328	230	6.91%	147	63.91%	52	22.61%
Urology	8,953	1,886	21.07%	1,082	57.37%	1,073	56.89%
Vascular Surgery	2,743	309	11.27%	184	59.55%	140	45.31%
Other Eligible Professionals	209,865	19,868	9.47%	11,704	58.91%	11,087	55.80%
Audiologist	116	4	3.45%	3	75.00%	0	0.00%
Chiropractor	76	4	5.26%	2	50.00%	2	50.00%
Dentist	3,302	22	0.67%	12	54.55%	11	50.00%
Dietitian/Nutritionist	446	47	10.54%	23	48.94%	19	40.43%
Health Center	1,114	57	5.12%	31	54.39%	27	47.37%
Nurse Anesthetist	122	2	1.64%	1	50.00%	1	50.00%
Nurse Practitioner	35,622	6,202	17.41%	4,044	65.20%	3,888	62.69%
Optometry	29,886	2,771	9.27%	1,559	56.26%	1,559	56.26%
Other non-MD/DO	33,725	4,260	12.63%	2,250	52.82%	2,112	49.58%
Physical/Occupational Therapy	305	22	7.21%	7	31.82%	6	27.27%
Physician Assistant	28,127	4,682	16.65%	2,970	63.43%	2,690	57.45%
Podiatry	16,275	1,236	7.59%	528	42.72%	511	41.34%
Psychologist	30,722	194	0.63%	95	48.97%	90	46.39%
Registered Nurse	1,885	174	9.23%	116	66.67%	108	62.07%
Social Worker	28,142	191	0.68%	63	32.98%	63	32.98%
Unknown/Missing	916	49	5.35%	19	38.78%	19	38.78%

SOURCE: Part B claims from CMS National Claims History and CMS TAP files submitted by eligible professionals, where payment exceeded \$0.00.

NOTES: Specialty is coded as the primary specialty designated by the eligible professional in NPPES, or the first specialty if no primary specialty was designated.

Appendix C. 2009 eRx Detailed Tables

Table C-4. 2009 eRx Eligible Professional and Practice Participation by Size

a. Eligible Professionals (TIN/NPI)

Beneficiary Volume	# Eligible (TIN/NPI)	# Submitting (TIN/NPI)	% Submitting
1	36,923	687	1.86%
2-5	65,671	1,991	3.03%
6-25	109,553	6,049	5.52%
26-100	149,870	15,682	10.46%
101-200	111,649	17,724	15.87%
>200	196,025	47,619	24.29%
Total	669,691	89,752	13.40%

b. Practices (TIN)

Practice Size, Eligible Beneficiary Volume, Number of Specialties	# Eligible (TIN/NPI)	# Submitting (TIN/NPI)	% Submitting
Practice Size (# Unique NPIs)			
1	171,250	10,010	5.85%
2	22,372	2,987	13.35%
3-10	29,536	5,089	17.23%
>10	7,301	1,959	26.83%
Total	230,459	20,045	8.70%
Eligible Beneficiary Volume			
1	8,712	52	0.60%
2-5	19,722	141	0.71%
6-25	31,138	279	0.90%
26-100	42,846	1,539	3.59%
101-200	35,214	2,614	7.42%
>200	92,827	15,420	16.61%
Total	230,459	20,045	8.70%
Number of Specialties			
1	198,200	13,945	7.04%
2	19,114	3,403	17.80%
3-5	9,865	1,740	17.64%
>5	3,280	957	29.18%
Total	230,459	20,045	8.70%

SOURCE: Part B claims from CMS National Claims History and CMS TAP files submitted by eligible professionals, where payment exceeded \$0.00.

Appendix C. 2009 eRx Detailed Tables

Table C-5. 2009 eRx Participation, Successful Reporting, and Incentive Eligibility by State

State or Territory	# Eligible (TIN/NPI)	# Participating (TIN/NPI)	% Participating	# Submitting Successfully (TIN/NPI)	% Successful Reporting	# Incentive Eligible (TIN/NPI)	% Incentive Eligible
AK	1,570	60	3.82%	405	55.71%	22	36.67%
AL	8,069	1,029	12.75%	2,490	64.89%	470	45.68%
AR	5,169	536	10.37%	878	53.90%	281	52.43%
AZ	12,085	994	8.23%	399	64.77%	455	45.77%
CA	55,434	6,430	11.60%	3,208	56.88%	3,666	57.01%
CO	9,747	821	8.42%	2,567	60.36%	434	52.86%
CT	10,609	1,447	13.64%	820	49.76%	784	54.18%
DC	2,204	217	9.85%	324	59.45%	72	33.18%
DE	2,154	300	13.93%	129	55.13%	160	53.33%
FL	37,738	6,224	16.49%	2,208	60.00%	2,966	47.65%
GA	15,782	1,869	11.84%	41	51.90%	941	50.35%
HI	2,607	158	6.06%	251	61.67%	107	67.72%
IA	6,949	1,267	18.23%	165	54.28%	863	68.11%
ID	3,068	269	8.77%	1,605	51.21%	171	63.57%
IL	27,702	3,724	13.44%	164	65.34%	2,092	56.18%
IN	14,197	1,928	13.58%	133	50.19%	1,194	61.93%
KS	6,501	848	13.04%	2,830	52.19%	479	56.49%
KY	9,335	829	8.88%	1,462	55.91%	423	51.03%
LA	8,365	727	8.69%	311	49.84%	382	52.54%
MA	25,644	3,837	14.96%	953	54.58%	2,445	63.72%
MD	14,029	1,629	11.61%	3,996	62.90%	846	51.93%
ME	4,974	616	12.38%	6	16.67%	386	62.66%
MI	25,795	5,640	21.86%	290	59.30%	2,930	51.95%
MN	16,576	4,253	25.66%	424	45.54%	2,478	58.26%
MO	13,074	1,648	12.61%	225	65.79%	734	44.54%
MS	4,756	545	11.46%	1,055	53.55%	305	55.96%
MT	2,514	234	9.31%	2,178	48.85%	128	54.70%
NC	20,413	3,680	18.03%	192	64.00%	2,120	57.61%
ND	1,980	79	3.99%	1,486	60.36%	40	50.63%
NE	4,504	407	9.04%	1	50.00%	230	56.51%
NH	4,385	304	6.93%	84	49.41%	162	53.29%
NJ	20,918	3,134	14.98%	786	60.09%	1,542	49.20%
NM	4,007	251	6.26%	2,228	65.26%	155	61.75%
NV	3,845	265	6.89%	275	38.09%	131	49.43%
NY	55,999	5,423	9.68%	43	46.24%	2,726	50.27%
OH	27,098	2,615	9.65%	46	48.94%	1,403	53.65%
OK	7,157	624	8.72%	50,924	56.74%	304	48.72%

Appendix C. 2009 eRx Detailed Tables

State or Territory	# Eligible (TIN/NPI)	# Participating (TIN/NPI)	% Participating	# Submitting Successfully (TIN/NPI)	% Successful Reporting	# Incentive Eligible (TIN/NPI)	% Incentive Eligible
OR	8,399	1,746	20.79%	1,746	953	904	51.78%
PA	32,626	6,353	19.47%	6,353	3,996	3,689	58.07%
PR	5,539	36	0.65%	36	6	5	13.89%
RI	3,173	489	15.41%	489	290	283	57.87%
SC	8,373	931	11.12%	931	424	409	43.93%
SD	2,207	342	15.50%	342	225	206	60.23%
TN	14,277	1,970	13.80%	1,970	1,055	970	49.24%
TX	37,832	4,459	11.79%	4,459	2,178	2,031	45.55%
UT	4,893	300	6.13%	300	192	173	57.67%
VA	15,688	2,462	15.69%	2,462	1,486	1,414	57.43%
VI	113	2	1.77%	2	1	1	50.00%
VT	2,048	170	8.30%	170	84	83	48.82%
WA	15,369	1,308	8.51%	1,308	786	728	55.66%
WI	15,560	3,414	21.94%	3,414	2,228	2,088	61.16%
WV	4,014	722	17.99%	722	275	260	36.01%
WY	1,149	93	8.09%	93	43	40	43.01%
OTHER	1,478	94	6.36%	94	46	43	45.74%
Total	669,691	89,752	13.40%	89,752	50,924	48,354	53.88%

SOURCE: Part B claims from CMS National Claims History and CMS TAP files submitted by eligible professionals, where payment exceeded \$0.00.

NOTES: State is coded as the state associated with the eligible professional in the NPPES.

Appendix C. 2009 eRx Detailed Tables

Table C-6. 2009 eRx Eligible Professionals Meeting 10% Incentive Eligibility Threshold by Specialty

Specialty	# TIN/NPI Meeting Threshold	% TIN/NPI Meeting Threshold	# TIN/NPI <u>Not</u> Meeting Threshold	% TIN/NP <u>Not</u> Meeting Threshold	# TIN/NPI Submitting
Total	85,540	95.31%	4,212	4.69%	89,752
MD/DO	66,540	95.28%	3,295	4.72%	69,835
Allergy/Immunology	515	99.81%	1	0.19%	516
Anesthesiology	186	84.55%	34	15.45%	220
Cardiology	5,630	91.81%	502	8.19%	6,132
Colon/Rectal Surgery	123	95.35%	6	4.65%	129
Critical Care	179	86.89%	27	13.11%	206
Dermatology	1,279	89.57%	149	10.43%	1,428
Emergency Medicine	354	86.76%	54	13.24%	408
Endocrinology	888	99.55%	4	0.45%	892
Family Practice	15,655	99.38%	98	0.62%	15,753
Gastroenterology	1,720	92.23%	145	7.77%	1,865
General Surgery	1,321	85.45%	225	14.55%	1,546
General Practice	255	97.33%	7	2.67%	262
Geriatrics	443	95.47%	21	4.53%	464
Hand Surgery	199	99.00%	2	1.00%	201
Infectious Disease	383	73.09%	141	26.91%	524
Internal Medicine	13,394	96.61%	470	3.39%	13,864
Interventional Radiology	10	31.25%	22	68.75%	32
Nephrology	957	77.49%	278	22.51%	1,235
Neurology	1,526	97.07%	46	2.93%	1,572
Neurosurgery	357	81.51%	81	18.49%	438
Nuclear Medicine	25	71.43%	10	28.57%	35
Obstetrics/Gynecology	2,775	99.18%	23	0.82%	2,798
Oncology/Hematology	2,128	99.25%	16	0.75%	2,144
Ophthalmology	5,547	98.89%	62	1.11%	5,609
Oral & Maxillofacial Surgery	7	87.50%	1	12.50%	8
Orthopedic Surgery	2,918	95.73%	130	4.27%	3,048
Other Physician	337	83.83%	65	16.17%	402
Otolaryngology	1,294	99.23%	10	0.77%	1,304
Pathology	3	27.27%	8	72.73%	11
Pediatrics	233	96.28%	9	3.72%	242
Physical Medicine	566	87.62%	80	12.38%	646
Plastic Surgery	185	84.47%	34	15.53%	219
Psychiatry	596	91.55%	55	8.45%	651
Pulmonary Disease	1,344	94.45%	79	5.55%	1,423

Appendix C. 2009 eRx Detailed Tables

Specialty	# TIN/NPI Meeting Threshold	% TIN/NPI Meeting Threshold	# TIN/NPI <u>Not</u> Meeting Threshold	% TIN/NP <u>Not</u> Meeting Threshold	# TIN/NPI Submitting
Radiation Oncology	46	27.71%	120	72.29%	166
Radiology	12	21.82%	43	78.18%	55
Rheumatology	961	99.90%	1	0.10%	962
Thoracic/Cardiac Surgery	81	35.22%	149	64.78%	230
Urology	1,877	99.52%	9	0.48%	1,886
Vascular Surgery	231	74.76%	78	25.24%	309
Other Eligible Professionals	18,951	95.38%	917	4.62%	19,868
Audiologist	0	0.00%	4	100.00%	4
Chiropractor	4	100.00%	0	0.00%	4
Dentist	20	90.91%	2	9.09%	22
Dietitian/Nutritionist	41	87.23%	6	12.77%	47
Health Center	52	91.23%	5	8.77%	57
Nurse Anesthetist	2	100.00%	0	0.00%	2
Nurse Practitioner	5,997	96.69%	205	3.31%	6,202
Optometry	2,771	100.00%	0	0.00%	2,771
Other non-MD/DO	4,024	94.46%	236	5.54%	4,260
Physical/Occupational Therapy	18	81.82%	4	18.18%	22
Physician Assistant	4,281	91.44%	401	8.56%	4,682
Podiatry	1,201	97.17%	35	2.83%	1,236
Psychologist	187	96.39%	7	3.61%	194
Registered Nurse	162	93.10%	12	6.90%	174
Social Worker	191	100.00%	0	0.00%	191
Unknown/Missing	49	100.00%	0	0.00%	49

SOURCE: Part B claims from CMS National Claims History and CMS TAP files submitted by eligible professionals, where payment exceeded \$0.00.

NOTES: Specialty is coded as the primary specialty designated by the eligible professional in NPPES, or the first specialty if no primary specialty was designated. The 10% incentive eligibility threshold requires that charges for eligible instances are at least 10% of the eligible professional's total Medicare PFS charges.