

**Measure #321 (NQF 0493): Participation by a Hospital, Physician, or Other Clinician in a Systematic Clinical Database Registry that Includes Consensus Endorsed Quality Measures**

**2013 PQRS OPTIONS FOR INDIVIDUAL MEASURES:**  
**CLAIMS, REGISTRY**

**DESCRIPTION:**

Participation in a systematic qualified clinical database registry involves:

- a. Physician or other clinician submits standardized data elements to registry
- b. Data elements are applicable to consensus endorsed quality measures
- c. Registry measures shall include at least two (2) representative NQF consensus endorsed measures for registry's clinical topic(s) and report on all patients eligible for the selected measures
- d. Registry provides calculated measures results, benchmarking, and quality improvement information to individual physicians and clinicians
- e. Registry must receive data from more than 5 separate practices and may not be located (warehoused) at an individual group's practice. Participation in a national or state-wide registry is encouraged for this measure
- f. Registry may provide feedback directly to the provider's local registry if one exists

**INSTRUCTIONS:**

This measure is to be reported **once per patient seen during the reporting period**, with no penalty for over reporting. There is no diagnosis associated with this measure. This measure may be reported by clinicians who are participating in a systematic clinical database registry that includes consensus endorsed quality.

**Measure Reporting via Claims:**

CPT or HCPCS codes are used to identify patients who are included in the measure's denominator. G-codes are used to report the numerator of the measure.

When reporting the measure via claims, submit the listed CPT or HCPCS codes, and the appropriate numerator G-code. There are no allowable performance exclusions for this measure. All measure-specific coding should be reported on the claim(s) representing the eligible encounter. If no G-code is reported, this will count as a performance and reporting failure.

**Measure Reporting via Registry:**

CPT or HCPCS codes are used to identify patients who are included in the measure's denominator. The numerator options as described in the quality-data codes are used to report the numerator of the measure.

The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data. There are no allowable performance exclusions for this measure.

**DENOMINATOR:**

All patient encounters

**Denominator Criteria (Eligible Cases):**

**Patient encounter during the reporting period (CPT or HCPCS):** 90791, 90792, 90832, 90834, 90837, 90839, 92002, 92004, 92012, 92014, 92506, 92507, 92508, 92526, 92541, 92542, 92543, 92544, 92548, 92552, 92553, 92555, 92557, 92561, 92562, 92563, 92564, 92565, 92567, 92568, 92570, 92571, 92572, 92575, 92576, 92577, 92579, 92582, 92584, 92585, 92586, 92587, 92588, 92601, 92602, 92603, 92604,

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92610, 92611, 92612, 92620, 92621, 92625, 92626, 92627, 92640, 96150, 96151, 96152, 97001, 97002, 97003, 97004, 97532, 97750, 97802, 97803, 97804, 98940, 98941, 98942, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, D7140, D7210, G0101, G0108, G0109, G0270, G0271, G0402, G0438, G0439, G0442, G0443, G0445, G0446, G0447,

**NUMERATOR:**

The clinician participates in a systematic qualified clinical database registry capable of the following:

- a. Physician or other clinician submits standardized data elements to registry
- b. Data elements are applicable to consensus endorsed quality measures.
- c. Registry measures shall include at least two (2) representative NQF consensus endorsed measures for registry's clinical topic(s) and report on all patients eligible for the selected measures
- d. Registry provides calculated measures results, benchmarking, and quality improvement information to individual physicians and clinicians
- e. Registry must receive data from more than 5 separate practices and may not be located (warehoused) at an individual group's practice. Participation in a national or state-wide registry is encouraged for this measure
- f. Registry may provide feedback directly to the provider's local registry if one exists

**Definition:**

**Qualified Registry** - Qualified is defined as receiving data from more than five hospitals and providing calculated measures, results, benchmarks, and quality improvement information to the participant (and to designated third parties).

**Numerator Quality-Data Coding Options for Reporting Satisfactorily:**

**Clinician Reported Patient Data to Qualified Database Registry**

**G8954:** Complete and appropriate patient data were reported to a qualified clinical database registry

**RATIONALE:**

Clinical database registries have been used in diverse settings to understand clinical practices, provide peer benchmarking and for quality improvement and improved treatment strategies (Adams et al., 2005; Bilimoria et al., 2008; Bufalino et al., 2011). Such registries can provide real-time and historical data (Herbert et al., 2004). These diverse databases can be triangulated with other data sources to link clinical practice data with long-term outcomes (Dokholyan et al., 2009). Statistical power and clinical relevancy of registries require that robust and diverse data are available (Fonarow, 2009). Numerous programs exist which serve as a benchmarking, quality of care/improvement, and in some cases outcomes data.