Frequently Asked Questions

What is the Physician Quality Reporting System?

The Physicians Quality Reporting System (PQRS) was formerly known as the Physician Quality Reporting Initiative (PQRI) and is a voluntary program through the Centers for Medicare and Medicaid Services (CMS). It was designed to improve the quality of care to Medicare beneficiaries through a voluntary tracking of practice patterns.

Are Audiologists able to participate in PQRS?

Yes. All audiologists who are enrolled as Medicare participating or non-participating providers are eligible to report on the PQRS measures. PQRS is only for Medicare Part B beneficiaries, but does not apply to hospitals and skilled nursing facilities.

When can Audiologists participate in PQRS?


What type of incentive is provided to Audiologists for participating?

At the end of the reporting/calendar year, participating Audiologists will be paid an incentive on all approved reported measures. Audiologists were initially paid a 2% incentive in 2010; this decreased to 1% incentive in 2011, and 0.5% incentive in 2012 through 2014. Starting in 2015, unsuccessful participants will have a 1.5% deduction in all Medicare reimbursement. The deduction will increase to a 2.0% deduction in 2016. The 2015 deductions result from unsuccessfully reporting claims in 2013 and the 2016 deductions result from unsuccessfully reporting claims in 2014. Medicare deductions can be averted by successfully reporting on measures by January 1, 2013, at the latest.

What measures can Audiologists report on in 2012?

The measures that Audiologists can report on during the calendar year:

1. Referral for Otologic Evaluation for Patients with Congenital or Traumatic Deformity of the Ear;
2. Referral for Otologic Evaluation for Patients with a History of Active Drainage from the Ear within the Previous 90 Days;
3. Referral for Otologic Evaluation for Patients with a History or Sudden or Rapidly Progressive Hearing Loss;
4. Referral for Otologic Evaluation for Patients with Acute or Chronic Dizziness
5. Health Information Technology (HIT): Adoption/Use of Electronic Health Records;
6. Documentation and Verification of Current Medications in the Medical Record and
7. Screening for Clinical Depression and Follow-Up Plan.

The first four measures require the Audiologist to refer the patient to a physician after an audiologic evaluation finds a certain condition (the measure above), unless the patient fits into an exclusion. Measure #5 requires the audiologist to report when they have utilized a PQRS approved electronic medical record. Measure #6 requires the audiologist to report when they have documented the patient’s current medication list in the medical record. Measure #7 requires that the audiologist report when they have appropriately screened a Medicare beneficiary for clinical depression and have documented a follow-up plan, including but not limited to referral to a qualified medical professional for depression management.

**How does an Audiologist report the measures?**

Measures are reportable via the CMS 1500 claim form. Audiologists would simply add the Medicare-directed codes to the claim form to report the measures to CMS.

Each measure has a numerator, a denominator, and a denominator exclusion. The numerator describes the action required by the measure for reporting and performance. A denominator describes all the eligible patients for a given measure. The denominator exclusions are those patients that fit in the denominator, but are not eligible for the measure for a specific reason.

See the “Reporting Measures: A Step-by-Step Guide” document for more information.

**What is the history of PQRS?**

The PQRS measures were developed by the Audiology Quality Consortium (AQC)- a coalition of 10 audiology organization, based on the American Academy of Otolaryngology – Head and Neck Surgery (AAO-HNS) guidelines for “Red Flags- Warning of Ear Disease” and FDA regulations (21 C.F.R. § 801.420©(2)) requiring referral when there are signs of ear diseases. The AQC submitted eight “red flag” measures to the Centers for Medicare and Medicaid Services (CMS) for consideration and three were chose for 2010. These measures assisted audiologist in documenting referrals for warning signs the same year that Audiologists became eligible providers for PQRI (now PQRS).

**Where can more information be obtained?**
For more information on claims or PQRS, please contact Kim Cavitt, at Kim.Cavitt@audiologyresources.com, Stephanie Czuhajewski at Sczuhajewski@audiologist.org, or Alicia Spoor, Alicia.Spoor@AAHearingGroup.com.