2013 Physician Quality Reporting System (PQRS): Made Simple for Reporting the Preventive Care Measures Group Via Claims

Background

The Physician Quality Reporting System (PQRS) is a voluntary reporting program that provides an incentive payment to identified eligible professionals who satisfactorily report data on quality measures for covered Medicare Physician Fee Schedule (PFS) services furnished to Medicare Part B Fee-for-Service (FFS) beneficiaries. A web page dedicated to providing all the latest news on PQRS is available at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS on the Centers for Medicare & Medicaid Services (CMS) website.

Purpose

This Fact Sheet provides guidance on satisfactorily reporting the Preventive Care Measures Group via claims for 2013 PQRS. Complete information regarding reporting the Preventive Care Measures Group is available in the *2013 Physician Quality Reporting System (PQRS) Measures Groups Specification Manual* available on the CMS PQRS website.

Is This Your Situation?

- You have not yet begun to participate in 2013 PQRS;
- You don't currently submit data to a registry; and
- You would like to participate in 2013 PQRS using claims.

Solution

- Report on the Preventive Care Measures Group using the 20 unique patient sample method Medicare Part B FFS patient sample method for services rendered between January 1, 2013 and December 31, 2013.

How to Start Reporting this Measures Group

- Select a start date to begin submitting quality data (e.g., January 1, 2013);
- Identify the next Medicare Part B FFS patient you will be seeing who is 50 years of age or older and for whom you will bill an evaluation and management (E/M) code of 99201-99205 or 99212-99215. No specific diagnosis is required for this measures group;
- Report the measures group specific intent G-code **(G8486)** with your first patient; and
- Refer to Table 1 below to see which measures apply to the patient based on age and gender.

Table 1: 2013 PQRS Preventive Care Measures Group Demographic Criteria

Age	Measures for Male Patients	Measures for Female Patients
<50 years	Patient does not qualify for measures group analysis	Patient does not qualify for measures group analysis
50-64 years	110, 113, 128, 173, 226	110, 112, 113, 128, 173, 226
65-69 years	110, 111, 113, 128, 173, 226	39, 48, 110, 111, 112, 113, 128, 173, 226
70-75 years	110, 111, 113, 128, 173, 226	39, 48, 110, 111, 113, 128, 173, 226
≥76 years	110, 111, 128, 173, 226	39, 48, 110, 111, 128, 173, 226

How to Report Using This Measures Group

- **When you identify your first patient, place Preventive Care Measures Group intent G-code G8486 on the claim submitted for that patient. This signals CMS that you plan to submit the Preventive Care Measures Group.**
    - Know the Measures Group: Look at the Data Collection Worksheet (Appendix A) for a brief description of the measures in the Preventive Care Measures Group and the codes to report depending on the quality action or service you provide to the patient.
    - Reporting the Measures Group: The appropriate quality-data codes (QDCs) for the measures you are reporting for each patient will need to be included on the claim you submit for the patient during the 12-month reporting period. It is generally easier to report all of the applicable measures at one time on the same claim when the patient is seen. However, if a particular service has yet to be performed (e.g., a mammogram) you may report that measure at the time the patient returns post procedure if that patient is seen again prior to the end of the reporting period (December 31, 2013), see Appendix B Sample 1a and 1b for claim examples.
    - Composite G-Code: If all quality actions for the patient have been performed for the group, the composite G-code G8496 (i.e., all quality actions for the applicable measures in the Preventive Care Measures Group have been performed for this patient) may be reported in lieu of the individual QDCs for each of the measures within the group, see Appendix B Sample 2 for claim example.
- Check the CMS PQRS website for the full measures group specification manual and complete information for satisfactorily reporting this measures group at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS.

Sample Method:

- **20 Patient Sample Method:** This method uses 20 unique Medicare Part B FFS (fee for service) patients meeting patient sample criteria for the measures group. Note: the 20 patients do not have to be seen on consecutive dates.
    - Tracking Applicable Patients: Use the *Worksheet to Track Unique Medicare Part B FFS Patients for Reporting Preventive Care Measures Group* to track each of your 20 unique patients (note: you may want to collect more than 20 as a safeguard). You can list the measures which still need to be reported to help guide you during the patient's next visit. This is a suggested informal worksheet intended for your office's internal use only and should ***not*** be sent to CMS or your Medicare Carrier or A/B Medicare Administrative Contractor (MAC).
    - Tracking Measures Reported**: All applicable measures within the group must be reported** using the appropriate QDCs on the claim you submit for each Medicare Part B FFS patient. To assist with tracking, consider photocopying the **Data Collection Worksheet** (Appendix A). Highlight or circle the appropriate measures and measures codes (QDCs) you need to submit for that patient's visit and staple the worksheet to your encounter form. Your clinical support staff can use this information to report the appropriate measures codes on the patient's claim. Your system may also help you select those patients eligible for this measure by identifying the appropriate ICD-9 and CPT codes for each measure.

Appendix A: Data Collection Worksheet

Data Collection Worksheet: PQRS Preventive Care Measures Group Measures in the Preventive Care Measures Group (G8486) and the Quality-Data Codes to be Reported on Patient Claim Depending on Action/Service Performed			
Patient Name:	**Date of Service:**	**Physician:**	
PQRS Measure number and title*	**Action performed**	**Action not performed / Reason documented**	**Action not performed / Reason not documented**
#39 (NQF 0046): Screening or Therapy for Osteoporosis for Women Aged 65 Years and Older	G8399 Patient with central Dual-energy X-Ray Absorptiometry (DXA) results documented or ordered or pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed	G8401 Clinician documented that patient was not an eligible candidate for screening or therapy	G8400 Patient with central Dual-energy X-Ray Absorptiometry (DXA) results not documented or not ordered or pharmacologic therapy (other than minerals/vitamins) for osteoporosis not prescribed, reason not given
#48 (NQF 0098): Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older	1090F Presence or absence of urinary incontinence assessed	1090F-1P Documentation of medical reason(s) for not assessing for the presence or absence of urinary incontinence	1090F-8P Presence or absence of urinary incontinence not assessed, reason not otherwise specified
#110 (NQF 0041): Preventive Care and Screening: Influenza Immunization	G8482 Influenza immunization administered or previously received	G8483 Influenza immunization was not ordered or administered for reasons documented by clinician OR G0919 Influenza immunization ordered or recommended (to be given at alternate location or alternate provider); vaccine not available at time of visit	G8484 Influenza immunization was not ordered or administered, reason not given
#111 (NQF 0043): Preventive Care and Screening: Pneumococcal Vaccination for Patients 65 Years and Older	4040F Pneumococcal vaccine administered or previously received	4040F-1P Documentation of medical reason(s) for not administering or previously receiving pneumococcal vaccination	4040F-8P Pneumococcal vaccine was not administered or previously received, reason not otherwise specified

Data Collection Worksheet: PQRS Preventive Care Measures Group Measures in the Preventive Care Measures Group (G8486) and the Quality-Data Codes to be Reported on Patient Claim Depending on Action/Service Performed			
Patient Name:	**Date of Service:**	**Physician:**	
PQRS Measure number and title*	**Action performed**	**Action not performed / Reason documented**	**Action not performed / Reason not documented**
#112 (NQF 0031): Preventive Care and Screening: Breast Cancer Screening	3014F Screening mammography results documented and reviewed	3014F-1P Documentation of medical reason(s) for not performing a mammogram (i.e., women who had a bilateral mastectomy or two unilateral mastectomies)	3014F-8P Screening mammography results were not documented and reviewed, reason not otherwise specified
#113 (0034): Preventive Care and Screening: Colorectal Cancer Screening	3017F Colorectal cancer screening results documented and reviewed	3017F-1P Documentation of medical reason(s) for not performing a colorectal cancer screening	3017F-8P Colorectal cancer screening results were not documented and reviewed, reason not otherwise specified
#128 (NQF 0421): Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	G8420 Calculated BMI within normal parameters and documented OR G8417 Calculated BMI above normal parameters and a follow-up plan was documented OR G8418 Calculated BMI below normal parameters and a follow-up plan was documented	G8422 Patient not eligible for BMI calculation OR G8938 BMI is calculated, but patient not eligible for follow-up plan	G8421 BMI not calculated OR G8419 Calculated BMI outside normal parameters, no follow-up plan documented
#173: Preventive Care and Screening: Unhealthy Alcohol Use – Screening	3016F Patient screened for unhealthy alcohol use using a systematic screening method	3016F-1P Documentation of medical reason(s) for not screening for unhealthy alcohol use	3016F-8P Unhealthy alcohol use screening not performed, reason not otherwise specified
#226 (NQF 0028): Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	4004F Patient screened for tobacco use AND received tobacco cessation intervention (counseling, pharmacotherapy, or both), if identified as a tobacco user OR 1036F Current tobacco non-user	4004F-1P Documentation of medical reason(s) for not screening for tobacco use (eg, limited life expectancy, other medical reason)	4004F-8P Tobacco screening OR tobacco cessation not performed, reason not otherwise specified

Worksheet to Track Unique Medicare Part B FFS Patients for Reporting Preventive Care Measures Group				
Unique Patient #	**Date of Service**	**Patient Identifier**	**All Applicable Measures Submitted for this Patient?**	**Measure Numbers that still need to be submitted for this Patient (if any)**
Example A	01/10/2013	MS	No	113
Example B	02/16/2013	PF	Yes	None
1				
2				
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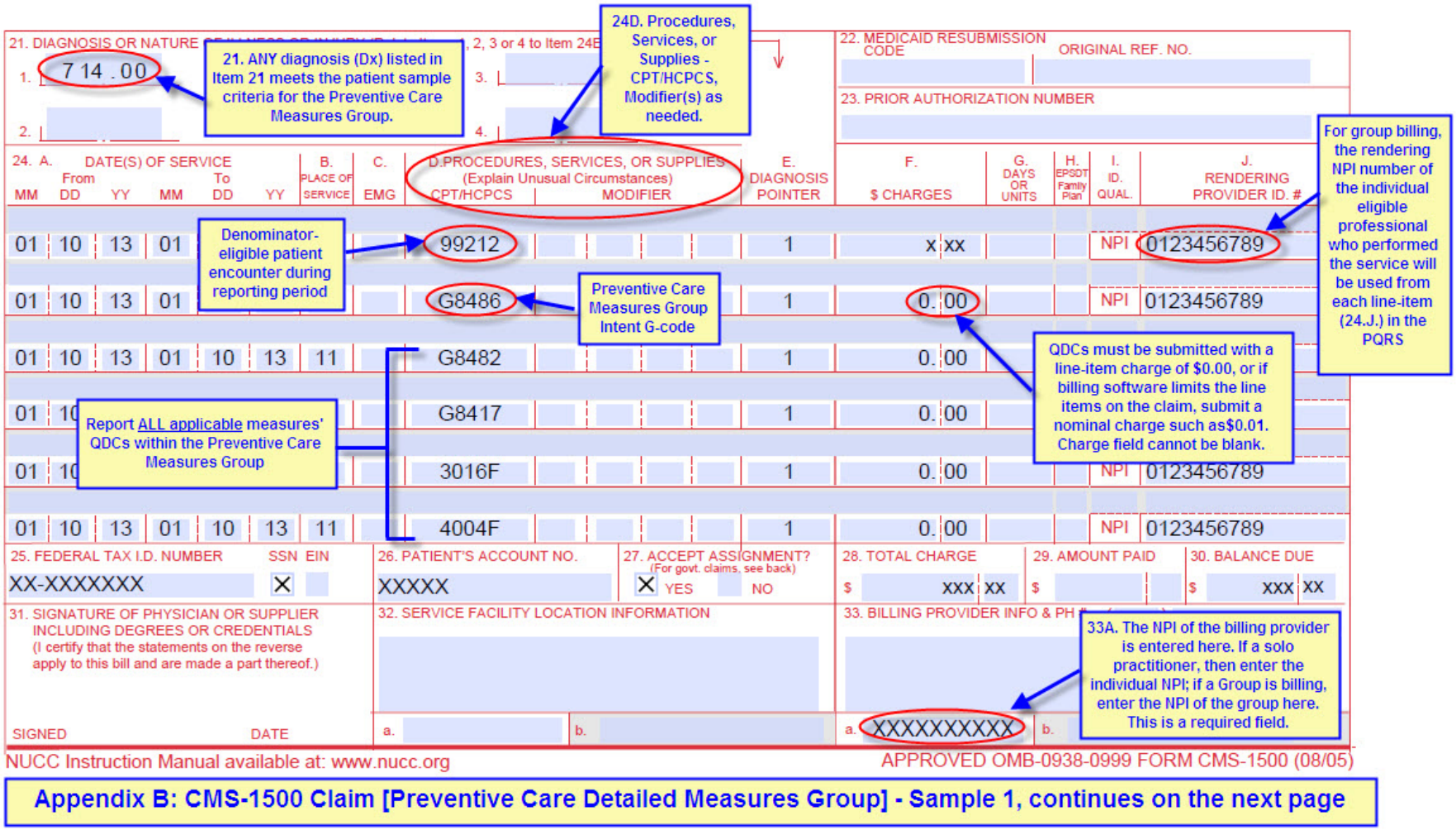
Appendix B: CMS-1500 Claim [Detailed Preventive Care Measures Group] – Sample 1a, Partial Reporting

Sample 1a illustrates a completed CMS-1500 claim for a 50 year-old male seen for Rheumatoid Arthritis, and the measures reported applicable to this visit. Note, Measure #113 (Colorectal Screening) will occur at a following visit; therefore, will be reported on a later claim, see Sample 1b.



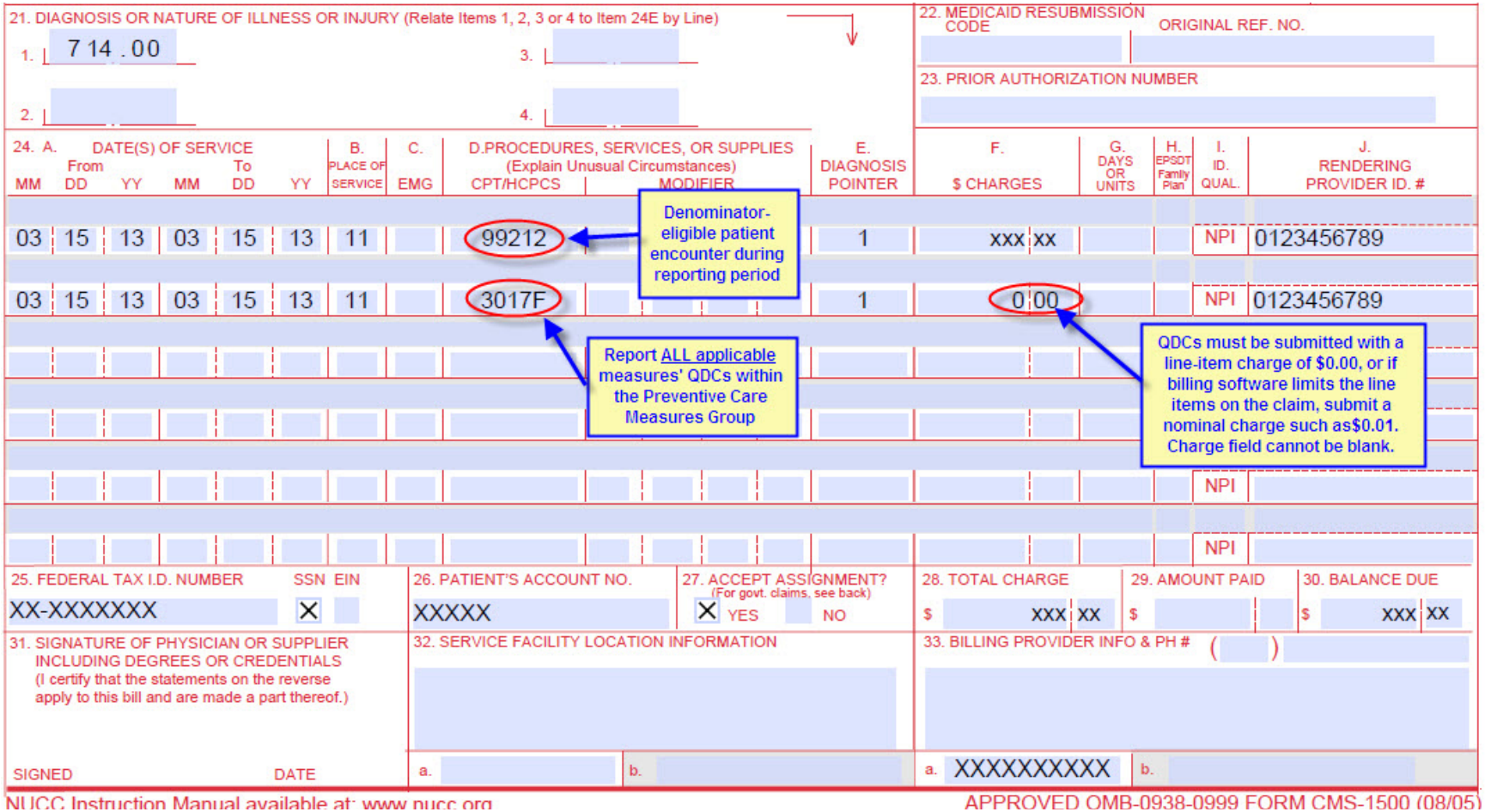
Appendix B: CMS-1500 Claim [Preventive Care Detailed Measures Group] - Sample 1, continues on the next page

The patient was seen for an **office visit (99212)** and **all applicable measures (#110, #128, #173, and #226) in the Preventive Care Measures Group** were reported for the specific encounter**:**

- Intent **G-code (G8486)** was submitted to initiate the eligible professional's submission of the Preventive Care Measures Group
- Measure **#110** (Influenza Immunization) with **QDC G8482** + any line-item diagnosis (24E points to **Dx 714.0** in **Item 21**);
- Measure **#128** (BMI Screening and Follow-Up) with **QDC G8417** + any line-item diagnosis (24E points to **Dx 714.0** in **Item 21**);
- Measure **#173** (Unhealthy Alcohol Use - Screening) with **QDC 3016F** + any line-item diagnosis (24E points to **Dx 714.0** in **Item 21**); and
- Measure **#226** (Tobacco Use: Screening and Cessation Intervention) with **QDC 4004F** + any line-item diagnosis (24E points to **Dx 714.0 Item 21**)

CMS-1500 Claim [Detailed Preventive Care Measures Group] – Sample 1b, Follow-Up Visit

For this example, the same patient, the 50 year-old male, was seen for a follow-up visit for Rheumatoid Arthritis and Measure #113 (Colorectal Screening) is conducted to complete the Preventive Care Measures Group reporting for this patient.



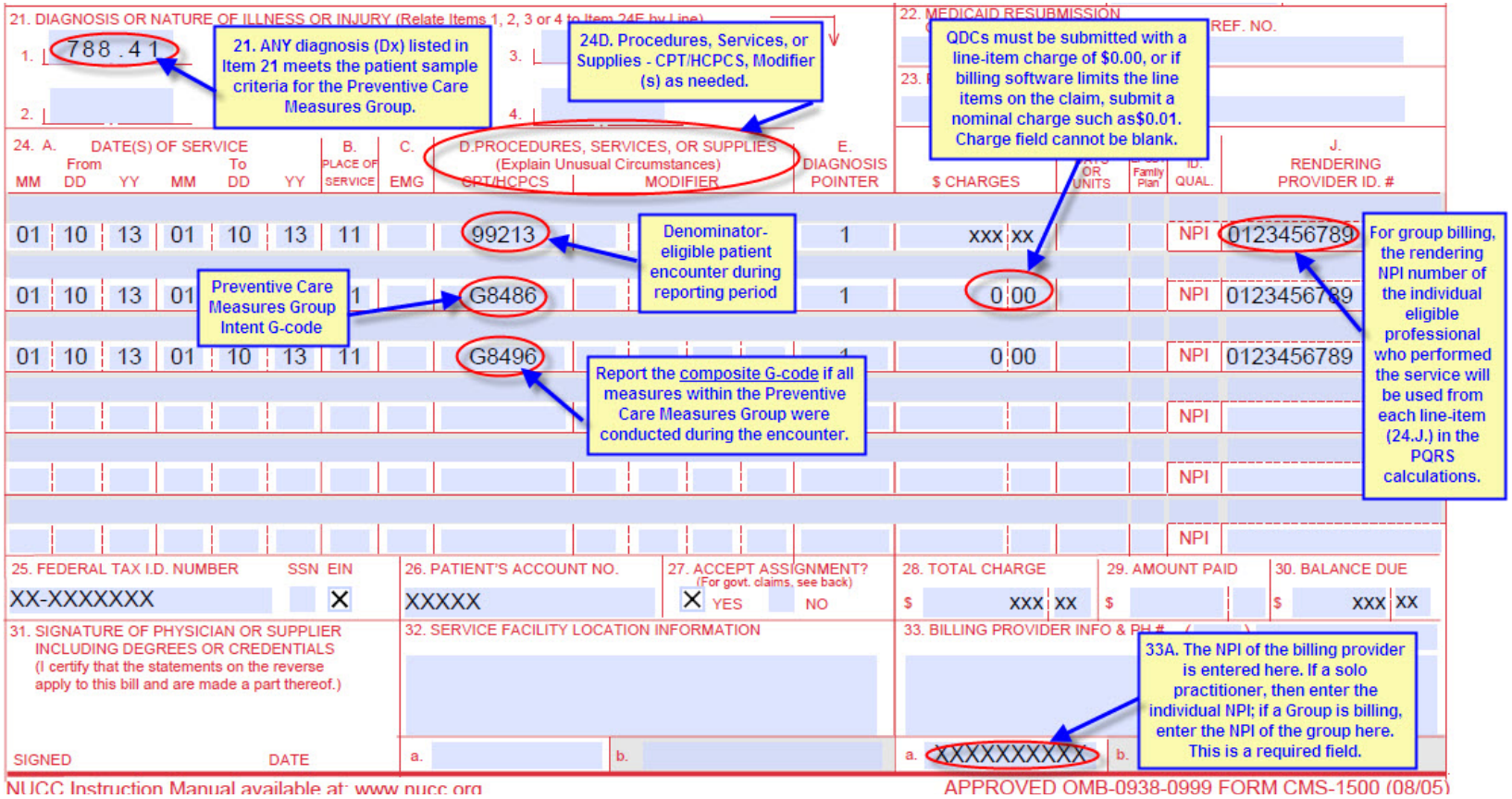
The patient was seen for an additional **office visit (99212)** and **the remaining applicable measure (#113)** was reported to complete the Preventive Care Measures Group for this patient**:**

- Measure **#113** (Colorectal Screening) with **QDC 3017F** + any line-item diagnosis (24E points to **Dx 714.0** in **Item 21)**

Note: All diagnoses listed in **Item 21** will be used for PQRS analysis. Preventive Care Measure Group is an open denominator measure. **Item 24J** must contain the NPI of the individual provider that rendered the service when a group is billing.

CMS-1500 Claim [Sample Measures Group] – Sample 2, Composite G-Code

Sample 2 shows initial reporting of all measures in the Preventive Care Measures Group using a composite G-code on a CMS-1500 claim form. This example is for a 50 year-old male seen for urinary frequency, and all measures are applicable to this visit.



The patient was seen for an **office visit (99213**). The provider reports all applicable measures (#110, #128, #173, #226, and #113) in the Preventive Care Measures Group:

- Intent **G-code (G8486)** was submitted to initiate the eligible professional's submission of the Preventive Care Measures Group.
- Measures Group **QDC Composite G-code G8496** (indicating all quality actions related to the Preventive Care Measures Group were performed for this patient for this encounter) + any line-item diagnosis (24E points to **Dx 88.41** in **Item 21)**. The composite G-code G8496 **may not** be used if performance modifiers (1P, 2P, 3P, or G-code equivalent) or the 8P reporting modifier apply.

Note: All diagnoses listed in **Item 21** will be used for PQRS analysis. Preventive Care Measure Group is an open denominator measure. **Item 24J** must contain the NPI of the individual provider that rendered the service when a group is billing.