

**Technical Corrections
2008 PQRI Measure Specifications
Release Notes
Version 1.1**

January 2008

The list below details the technical corrections made to the 2008 PQRI Measure Specifications originally posted on November 16, 2007.

Measure #1: Hemoglobin A1c Poor Control in Type 1 or 2 Diabetes Mellitus

- Deleted from Instructions "There are no allowable performance exclusions for this measure."

Measure #2: Low Density Lipoprotein Control in Type 1 or 2 Diabetes Mellitus

- Deleted from Instructions "There are no allowable performance exclusions for this measure."

Measure #3: High Blood Pressure Control in Type 1 or 2 Diabetes Mellitus

- Added clarification to Numerator Coding related to combinations for systolic and diastolic blood pressure values.
- Replaced systolic and diastolic coding options as they were in 2007 PQRI measure specifications.
- Deleted from Instructions, "There are no allowable performance exclusions for this measure".

Measure #20: Perioperative Care: Timing of Antibiotic Prophylaxis – Ordering Physician

- Added procedure codes 27269 and 27769 to denominator coding (Trauma section).
- Added procedure code 52649 to denominator coding (Genitourinary section).

Measure #21: Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin

- Added procedure codes 49203, 49204, and 49205 to denominator coding (Abdomen, Peritoneum & Omentum section).
- Added procedure codes 27269 and 27769 to denominator coding (Trauma section).

Measure #22: Perioperative Care: Discontinuation of Prophylactic Antibiotics (Non-Cardiac Procedures)

- Added procedure codes 27269 and 27769 to denominator coding (Trauma section).

Measure #23: Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients)

- Added procedure codes 49203, 49204, and 49205 to denominator coding (General Surgery section).
- Added procedure code 27269 to denominator coding (Hip Fracture section).

Measure #36: Stroke and Stroke Rehabilitation: Consideration of Rehabilitation Services

- Deleted reference to hospital discharge from Instructions.

Measure #45: Perioperative Care: Discontinuation of Prophylactic Antibiotics (Cardiac Procedures)

- Minor clarification made to the note under CPT II code 4043F.

Measure #46: Medication Reconciliation

- Replaced in the Instructions; "There are no reporting requirements for this measure if a patient has been seen in an outpatient setting and not discharged from an inpatient facility within 60 days prior to the outpatient visit." with "This measure is not to be reported unless a patient has been discharged from an inpatient facility within 60 days prior to the outpatient visit."

Measure #71: Hormonal Therapy for Stage IC - III ER/PR Positive Breast Cancer

- Deleted CPT II codes 3313F and 3314F from Numerator Coding.

Measure #72: Chemotherapy for Stage III Colon Cancer Patients

- Deleted CPT II codes 3313F and 3314F from Numerator Coding.

Measure #78: Vascular Access for Patients Undergoing Hemodialysis

- Deleted the example from CPT II code 4051F-1P "(e.g., documentation of a functioning AV graft)".

Measure #80: Plan of Care for ESRD Patients with Anemia

- Clarified instructions on how to report calendar months.

Measure #81: Plan of Care for Inadequate Hemodialysis in ESRD Patients

- Clarified instructions on how to report calendar months.

Measure #83: Testing of Patients with Chronic Hepatitis C (HCV) for Hepatitis C Viremia

- Modified first sentence of Instructions to read, "This measure should be reported on the first visit occurring during the reporting period for all patients with a diagnosis of hepatitis C seen during the reporting period."

Measure #95: Otitis Media with Effusion (OME): Hearing Testing

- Deleted CPT E/M service codes 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, and 99245 from denominator coding.

Measure #101: Appropriate Initial Evaluation of Patients with Prostate Cancer

- Added to Description and Numerator Statement, "prior to initiation of treatment".
- Added to Instructions and Denominator Coding, "to the prostate" after external beam radiotherapy.
- Added procedure code 77427 to denominator coding.

Measure #102: Inappropriate Use of Bone Scan for Staging Low-Risk Prostate Cancer Patients

- Added to Instructions, "to the prostate" after external beam radiotherapy.
- Added procedure code 77427 to denominator coding.

Measure #103: Review of Treatment Options in Patients with Clinically Localized Prostate Cancer

- Added to Description and Numerator Statement, "prior to initiation of treatment".
- Added to Denominator Coding, "to the prostate" after external beam radiotherapy.

Measure #104: Adjuvant Hormonal Therapy for High-Risk Prostate Cancer Patients

- Added to Instructions and Denominator Coding, "to the prostate" after external beam radiotherapy.
- Added procedure code 77427 to denominator coding.

Measure #105: Three-dimensional Radiotherapy for Patients with Prostate Cancer

- Added to Instructions and Denominator Coding, “to the prostate” after external beam radiotherapy.
- Added procedure code 77427 to denominator coding.

Measure #106: Patients who have Major Depressive Disorder who meet DSM IV Criteria

- Clarified Instructions.
- Replaced CPT II code 3093F with G-code G8467 throughout measure.
- Replaced CPT II code 3092F with G-code G8466 throughout measure.
- Added Definition, “Patient is considered to be in remission if he/she no longer meets DSM-IV™ criteria.”
- Added CPT codes 90804, 90805, 90806, 90807, 90808, 90809, 90810, 90811, 90812, 90813, 90814, 90815, 90845, and 90862 to denominator coding.
- Added additional Clinical Recommendations.

Measure #107: Patients who have Major Depressive Disorder who are Assessed for Suicide Risks

- Clarified Instructions.
- Replaced G-code G8467 with CPT II code 3093F throughout measure.
- Replaced G-code G8466 with CPT II code 3092F throughout measure.
- Deleted CPT E/M service codes 90847, 90849, 90853, and 90857 from denominator coding.

Measure #123: Chronic Kidney Disease (CKD): Plan of Care: Elevated Hemoglobin for Patients Receiving Erythropoiesis - Stimulating Agents (ESA)

- Clarified Instructions on how to report calendar months.

Measure #126: Diabetic Foot and Ankle Care, Peripheral Neuropathy: Neurological Evaluation

- Added CPT codes 97001 and 97002 to denominator coding.

Measure #127: Diabetic Foot and Ankle Care, Ulcer Prevention: Evaluation of Footwear

- Added CPT codes 97001 and 97002 to denominator coding.