

2011 Physician Quality Reporting System (Physician Quality Reporting) Measures Groups Specifications Manual - Release Notes

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**2011 Physician Quality Reporting System (Physician Quality Reporting)
Measures Groups Specifications Manual
Release Notes**

CMS is pleased to announce the release of the 2011 Physician Quality Reporting System ("Physician Quality Reporting", formerly known as Physician Quality Reporting Initiative or PQRI) Measures Groups Specifications Manual Release Notes. The list below details the list of changes made since the release of the 2010 PQRI Measures Groups Specifications Manual.

Global Changes:

- Updated dates included in Introduction
- Updated the 80% Patient Sample Method to 50% Patient Sample Method via Claims and 80% Patient Sample Method via Registry
- Updated references to the 30 Patient Sample Method to clarify that this method is only applicable when 30 unique Medicare Part B PFS patients are reported
- Updated the amount an eligible professional can earn if incentive eligible from 2.0% to 1.0% of their total estimated allowed charges for Medicare Part B PFS covered professional services furnished during the program year

Table of Contents:

- Updated Page Numbers and Measure Titles
- Added the Asthma Measures Group

Diabetes Mellitus Measures Group

- Updated Instructions for Reporting the Composite G-code in the Overview section to clarify "...that Measure #1 (Diabetes Mellitus: Hemoglobin A1c Poor Control in Diabetes Mellitus) is a poor control or inverse measure, therefore, the **composite G-code should only be reported** when the patient's **Most Recent Hemoglobin A1c Level \leq 9.0%** and all of the other quality actions for this measures group have been performed."
- Measures #1, 2, 3: Added Numerator Note
- Measure #3: Updated Description and Numerator Statement – to include less than 140/90 mmHg

Chronic Kidney Disease (CKD) Measures Group

- REMOVED Measure #135 from Measures Group
- Measure #123: Added Numerator Definition for Erythropoiesis-Stimulating Agents (ESA)

Preventive Care Measures Group

- RETIRED Measures #114 and #115 from PQRI effective January 1, 2011
- Added Measure 226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
- Updated the Preventive Measures Group Demographic Criteria Chart
- Measure #110: Updated dates included in Instructions
- Measure #128: Updated Description
- Measure #128: Updated Numerator Definition for BMI, Follow-up Plan, and Not Eligible/Not Appropriate for BMI Measurement
- Measure #128: Deleted Numerator Definition for Terminal Illness – now included under Not Eligible/Not Appropriate for BMI Measurement definition
- Measure #128: Added Numerator Definition for Elderly BMI

Coronary Artery Bypass Graft (CABG) Measures Group

- Clarified language to indicate 30 unique procedures are to be reported as opposed to 30 unique patients (3/31/2011 version)

Rheumatoid Arthritis (RA) Measures Group

NO CHANGES

Perioperative Care Measures Group

- Deleted from Common Denominator Coding: CPT codes 43324 and 43326
- Added to Common Denominator Coding: CPT codes 43327, 43328, 43332, 43333, 43334, 43335, 43336, 43337
- Added the following NOTE to the Instructions for Reporting section "NOTE: CPT Category I procedure codes billed by surgeons performing surgery on the same patient, submitted with modifier 62 (indicating two surgeons, i.e., dual procedures) will be included in the denominator population. Both surgeons participating in Physician Quality Reporting will be fully accountable for the clinical action described in the measure."
- Measure #20: Replaced CPT II codes 4047F, 4048F, 4047F-1P, 4047F-8P with G-codes G8629, G8630, G8631, G8632
- Clarified language to indicate 30 unique procedures are to be reported as opposed to 30 unique patients (3/31/2011 version)

Back Pain Measures Group

NO CHANGES

Hepatitis C Measures Group

- Measure #85: Updated Numerator Statement

Heart Failure (HF) Measures Group

- RETIRED Measures #114 and #115 from PQRI effective January 1, 2011
- Added Measure 226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
- Deleted from Common Denominator Coding: ICD-9-CM codes 398.91, 425.0, 425.1, 425.2, 425.3, 425.4, 425.5, 425.7, 425.8, 425.9
- Measures #5, 8, 198: Added Numerator Instructions

Coronary Artery Disease (CAD) Measures Group

- RETIRED Measures #114 and #115 from PQRI effective January 1, 2011
- Added Measure 226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
- Measure #197: Added Definition for "Prescribed"

Ischemic Vascular Disease (IVD) Measures Group

- RETIRED Measures #114 and #115 from PQRI effective January 1, 2011
- Added Measure 226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
- Measures 201, 203, 204: Added Numerator Note

HIV/AIDS Measures Group

NO CHANGES

Community-Acquired Pneumonia Measures Group

- Measure #56: Added Numerator definition for Vital Signs
- Measure #56: Updated Numerator definition for Documented and Reviewed
- Measure #57: Added Numerator definition for Oxygen Saturation
- Measure #57: Updated Numerator definition for Documented and Reviewed
- Measure #58: Updated Numerator definition for Assessed
- Clarified language to indicate 30 unique episodes are to be reported as opposed to 30 unique patients (3/31/2011 version)