2010 Physician Quality Reporting Initiative (PQRI) Made Simple

For Reporting the Preventive Care Measures Group

January 2010

The Physician Quality Reporting Initiative (PQRI) is a voluntary individual 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 PQRI is available at *http://www.cms.hhs.gov/PQRI* on the Centers for Medicare & Medicaid Services (CMS) website.

Is This Your Situation?

- You have not begun to participate in PQRI in 2010;
- You don't currently submit data to a registry; and
- You would like to participate in PQRI in 2010 using claims.

Solution

- Report on the Preventive Care Measures Group for 30 unique Medicare Part B PFS patients between January 1, 2010 and December 31, 2010.

How to Start Using this Measures Group

- Select a start date on which you want to begin submitting quality data (e.g., February 15, 2010);
- Identify the next Medicare Part B PFS 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 the following table to see which measures apply to the patient based on their age and gender.

Table 1: Preventive 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, 114, 115, 128, 173	110, 112, 113, 114, 115, 128, 173
65-69 years	110, 111, 113, 114, 115, 128, 173	39, 48, 110, 111, 112, 113, 114, 115, 128, 173
70-75 years	110, 111, 113, 114, 115, 128, 173	39, 48, 110, 111, 113, 114, 115, 128, 173
≥76 years	110, 111, 114, 115, 128, 173	39, 48, 110, 111, 114, 115, 128, 173

How to Report Using this Measures Group

- When you identify your first patient, place intent G-code G8486 on the claim you submit for that patient. This signals CMS that you plan to submit the Preventive Care Measures Group on 30 unique Medicare Part B PFS patients. (Note this is a change from the prior program year: for 2010 PQRI, the 30 patients do not have to be seen on consecutive dates.)
- 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. 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) and you expect to see that patient again before the end of the reporting period (December 31, 2010) at which time the patient will have had her mammogram, you can report the mammography measure when the patient returns for her next visit later in the year. If all quality actions for the patient have been performed for the group, the composite G-code G8496 (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.
- Check the Measures Codes section of the PQRI web page for the full measures groups' specifications at *http://www.cms.hhs.gov/PQRI* on the CMS website.
- Report **all** of the **applicable** measures (using the appropriate QDCs) on the claim you submit for each Medicare Part B PFS patient. To help you keep track, you might consider photocopying the **Data Collection Worksheet** (*Appendix A*) and highlighting or circling the appropriate measures (for the patient you are seeing) and the measure codes (QDCs) you need to submit and then staple the worksheet to your superbill. Your

billing staff or company can use this information to report the appropriate measures codes on the patient's claim.

- Use the worksheet following the **Data Collection Worksheet** (*Appendix A*) to track each of your 30 unique patients. You can list the measures which still need to be reported to help guide you during the patient's next visit. This is an informal suggested worksheet intended for your office's internal use only and should **not** be sent to CMS or your Medicare Contractor.

Appendix A: Data Collection Worksheet

Data Collection Worksheet: PQRI 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:**	
Measure number and title*	**Action performed**	**Action not performed / Reason documented**	**Action not performed / Reason not documented**
39: Screening or Therapy for Osteoporosis (females only)	**G8399** DXA ordered, documented or patient on Rx treatment	**G8401** DXA not ordered or patient not on meds for documented reasons	**G8400** DXA not ordered, no Rx treatment, reason not specified.
48: Assessment of Presence or Absence of Urinary Incontinence (females only)	**1090F** Incontinence assessed within past 12 months	**1090F-1P** Medical reason for not assessing incontinence	**1090F-8P** Incontinence not assessed, reason not specified.
110: Influenza Immunization (September through February)	**G8482** Influenza immunization ordered or administered	**G8483** Influenza immunization not ordered or administered for reasons documented by clinician	**G8484** Influenza immunization not ordered or administered, reason not specified.

Data Collection Worksheet: PQRI 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:**	
Measure number and title*	**Action performed**	**Action not performed / Reason documented**	**Action not performed / Reason not documented**
111: Pneumonia Vaccination	**4040F** Pneumococcal vaccine administered or previously received	**4040F-1P** Pneumococcal vaccine not administered or previously received for medical reasons	**4040F-8P** Pneumococcal vaccine not administered or previously received, reason not specified.
112: Screening Mammography (females only)	**3014F** Screening mammography results documented and reviewed	**3014F-1P** Mammogram not performed for medical reasons (e.g., mastectomy)	**3014F-8P** Screening mammography results were not documented and reviewed, reason not specified.
113: Colorectal Cancer Screening	**3017F** Colorectal cancer screening results documented and reviewed	**3017F-1P** Colorectal cancer screening not performed for medical reasons	**3017F-8P** Colorectal cancer screening results not documented and reviewed, reason not specified.

Data Collection Worksheet: PQRI 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:**	
Measure number and title*	**Action performed**	**Action not performed / Reason documented**	**Action not performed / Reason not documented**
114: Inquiry Regarding Tobacco Use	**1000F** Tobacco use assessed **AND** either: **1034F** Current tobacco smoker **OR** **1035F** Current smokeless tobacco user (e.g., chew, snuff) **OR** **1036F** Current tobacco non-user	Not applicable.	**1000F-8P** Tobacco use not assessed, reason not specified.

Data Collection Worksheet: PQRI 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:**	
Measure number and title*	**Action performed**	**Action not performed / Reason documented**	**Action not performed / Reason not documented**
115: Advising Smokers and Tobacco Users to Quit	**G8455** Current tobacco smoker **OR** **G8456** Current smokeless tobacco user (e.g., chew, snuff) **AND** either: **4000F** Tobacco use cessation intervention, counseling **OR** **4001F** Tobacco use cessation intervention, pharmacologic therapy	**G8457** Current tobacco non-user	**4000F-8P** Tobacco use cessation intervention not counseled or tobacco use not assessed, reason not specified.

Data Collection Worksheet: PQRI 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:**	
Measure number and title*	**Action performed**	**Action not performed / Reason documented**	**Action not performed / Reason not documented**
128: Body Mass Index (BMI) Screening and Follow-Up	**G8420** Calculated BMI within normal parameters and documented **OR** **G8417** Calculated BMI above the upper parameter and a follow-up plan was documented **OR** **G8418** Calculated BMI below the lower parameter and a follow-up plan was documented	**G8422** Patient not eligible for BMI calculation for documented reasons	**G8421** BMI not calculated **OR** **G8419** Calculated BMI outside normal parameters, no follow-up plan documented
173: Unhealthy Alcohol Use – Screening	**3016F** Screened for unhealthy alcohol use using a systematic screening method	**3016F-1P** Medical reason(s) for not screening for unhealthy alcohol use	**3016F-8P** Not screened, reason not specified.

* Note: Medicare coverage may differ from PQRI measures specification.

Worksheet to Track Unique Medicare Part B PFS 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	02/15/2010	MS	No	112
Example B	02/16/2010	PF	Yes	None
1				
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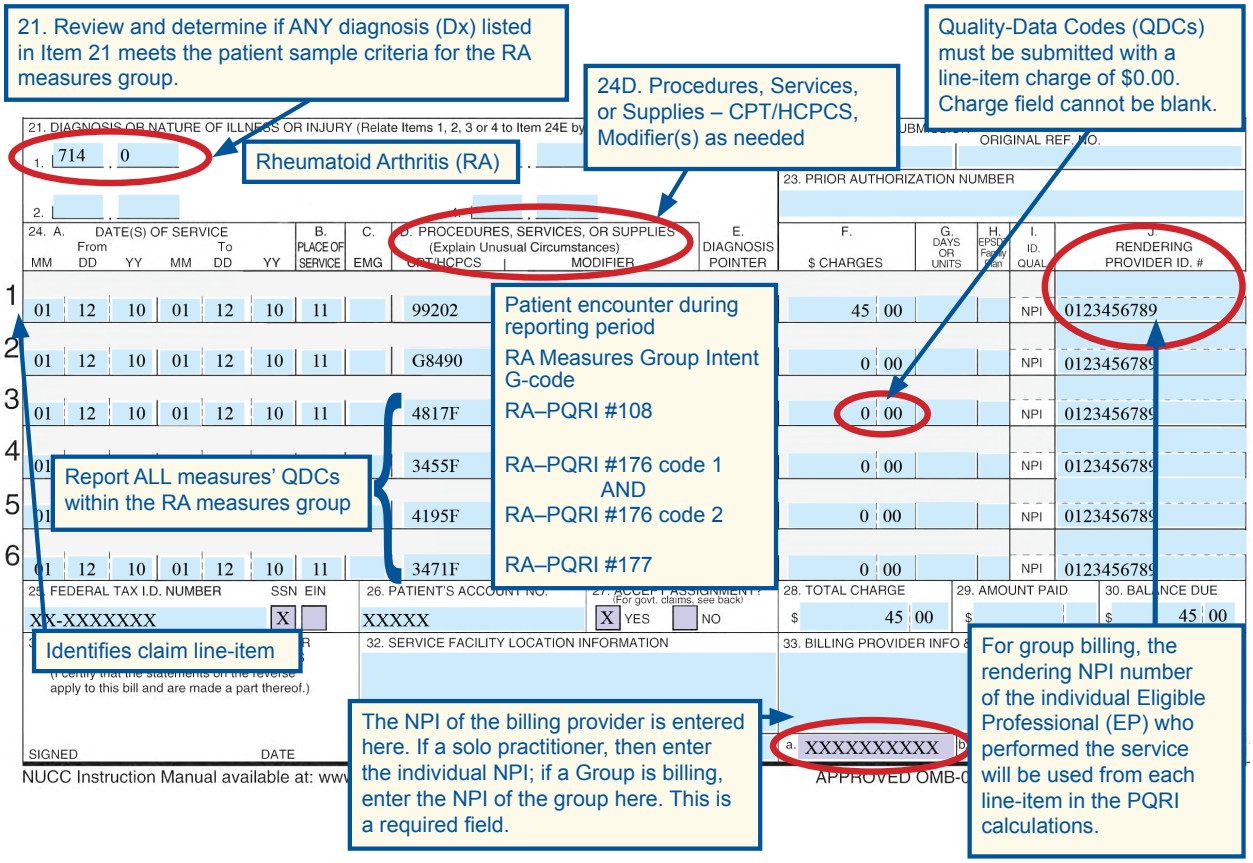
Appendix B: CMS-1500 Claim [Detailed Measures Group] – Sample 1 (continues on the next page)

The following is a claim sample for reporting the Rheumatoid Arthritis (RA) Measures Group on a CMS-1500 claim and it continues on the next page. Two samples are included: one is for reporting of individual measures for the RA measures group; the second sample shows reporting performance of all measures in the group using a composite G-code. See *http://www.cms.hhs.gov/PQRI/15_MeasuresCodes.asp* for more information.



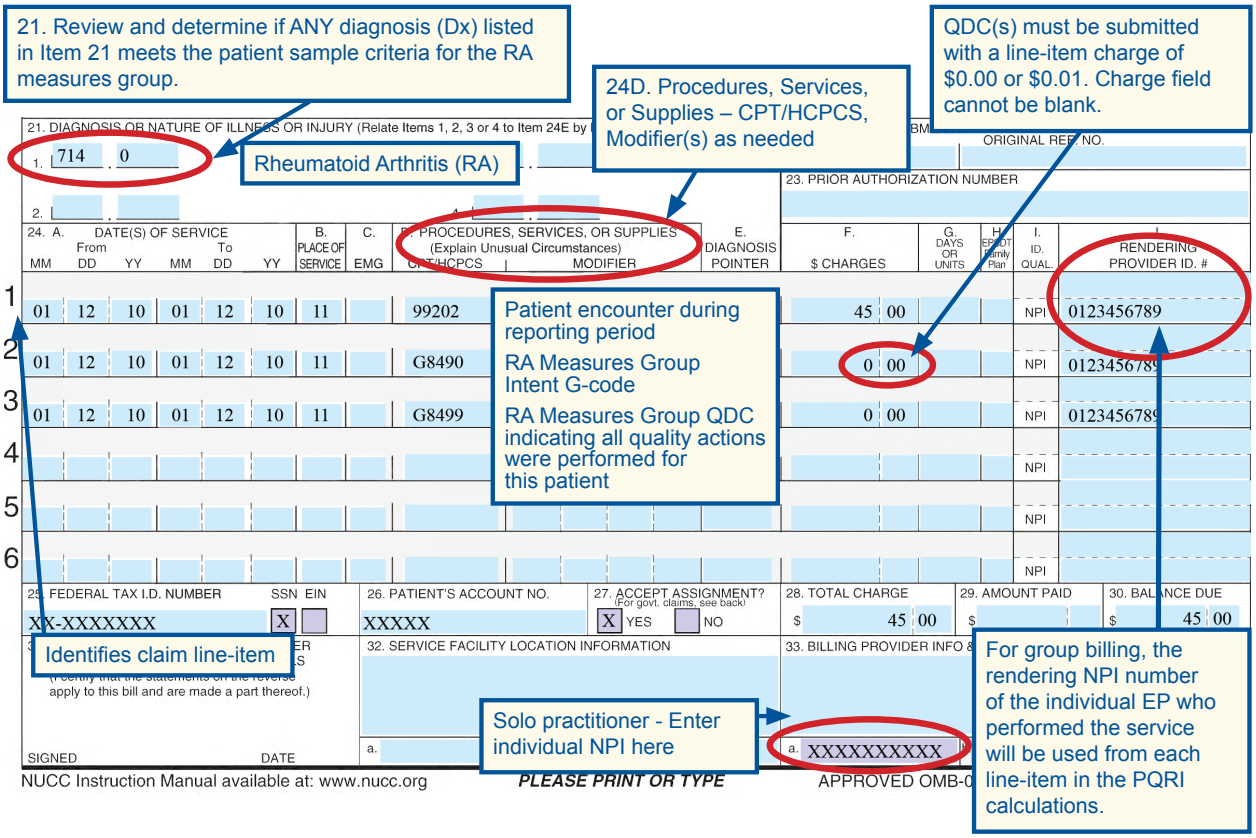
The patient was seen for an **office visit (99202)**. The provider reports **all measures (#108, #176, #177, #178, #179, and #180) in the RA Measures Group**:

- Intent **G-code (G8490)** was submitted to initiate the EP's submission of the RA Measures Group.
- Measure **#108** (RA-DMARD Therapy) with **QDC 4187F** + RA line-item diagnosis (24E points to **Dx 714.0** in **Item 21**);
- Measure **#176** (RA-Tuberculosis Screening) with **QDCs 3455F** + **4195F** + RA line-item diagnosis (24E points to **Dx 714.0** in **Item 21**);
- Measure **#177** (RA-Periodic Assessment of Disease Activity) with **QDC 3471F** + RA line-item diagnosis (24E points to **Dx 714.0** in **Item 21**);

RA Measures Group Sample 1 continues on the next page.

Appendix B: CMS-1500 Claim [Detailed Measures Group] – Sample 1 (cont.)

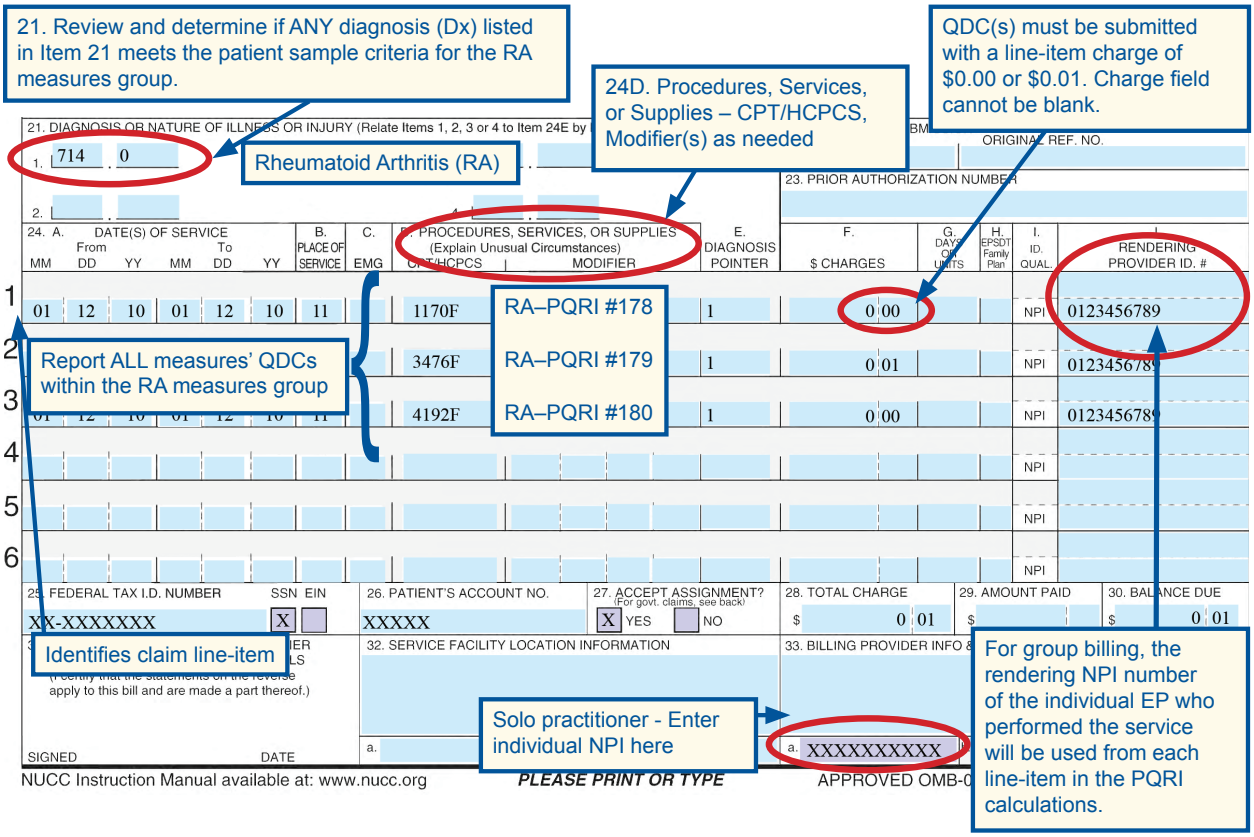
If billing software limits the line items on a claim, you may add a nominal amount such as a penny to one of the QDC line items on that second claim for a total charge of $0.01.



- Measure **#178** (RA-Functional Status Assessment) with **QDC 1170F** + RA line-item diagnosis (24E points to **Dx 714.0** in **Item 21**);
- Measure **#179** (RA-Assessment & Classification) with **QDC 3476F** + RA line-item diagnosis (24E points to **Dx 714.0** in **Item 21**); and
- Measure **#180** (RA-Glucocorticoid Management) with **QDC 4192F** + RA line-item diagnosis (24E points to **Dx 714.0** in **Item 21**).
- **Note:** All diagnoses listed in **Item 21** will be used for PQRI analysis. (Measures that require the reporting of two or more diagnoses on a claim will be analyzed as submitted in Item 21.)
- **NPI placement: Item 24J** must contain the NPI of the individual provider that rendered the service when a group is billing.

Appendix B: CMS-1500 Claim [Sample Measures Group] – Sample 2

A detailed sample of an individual NPI reporting the RA Measures Group on a related CMS-1500 claim is shown below. This sample shows reporting performance of all measures in the group using a composite G-code. See *http://www.cms.hhs.gov/PQRI/15_MeasuresCodes.asp* for more information.



The patient was seen for an **office visit (99202)**. The provider reports **all measures (#108, #176, #177, #178, #179, and #180) in the RA Measures Group**:

- Intent **G-code (G8490)** was submitted to initiate the EP's submission of the RA Measures Group.
- Measures Group **QDC Composite G-code G8499** (indicating all quality actions related to the RA Measures Group were performed for this patient) + RA line-item diagnosis (24E points to **Dx 714.0** in **Item 21**). The composite G-code G8499 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 PQRI analysis. (Measures that require the reporting of two or more diagnoses on claim will be analyzed as submitted in Item 21.)
- **NPI placement: Item 24J** must contain the NPI of the individual provider that rendered the service when a group is billing.

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