NOTE: Transmittal 252, dated December 8, 2006 is rescinded and replaced with Transmittal 259, dated January 5, 2007. Business requirement 5409.5 was removed and the section III provider education was changed to none. All other information remains the same.

Subject: Additional Codes for Physician Voluntary Reporting Program (PVRP)

I. SUMMARY OF CHANGES: This CR adds additional codes that could potentially be used for PVRP 2007.

New / Revised Material
Effective Date: January 1, 2007
Implementation Date: January 2, 2007

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/ revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-Only One Per Row.

<table>
<thead>
<tr>
<th>R/N/D</th>
<th>Chapter / Section / Subsection / Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

III. FUNDING:
No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2007 operating budgets.

IV. ATTACHMENTS:

One-Time Notification

*Unless otherwise specified, the effective date is the date of service.
NOTE: Transmittal 252, dated December 8, 2006 is rescinded and replaced with Transmittal 259, dated January 5, 2007. Business requirement 5409.5 was removed and the section III provider education was changed to none. All other information remains the same.

SUBJECT: Additional Codes for Physician Voluntary Reporting Program (PVRP)

Effective Date: January 1, 2007

Implementation Date: January 2, 2007

I. GENERAL INFORMATION

A. Background: As part of its overall quality improvement efforts, the Centers for Medicare & Medicaid Services (CMS) launched the Physician Voluntary Reporting Program (PVRP) on January 1, 2006. This new program builds on Medicare’s comprehensive efforts to substantially improve the health and function of our beneficiaries by improving the quality of care delivered. Under the PVRP, physicians who choose to participate will help capture data about the quality of care provided to Medicare beneficiaries in order to identify the most effective ways to use the quality measures in routine practice and to support physicians in their efforts to improve quality of care. Participating physicians will begin reporting quality data and not only be able to receive feedback on their reporting rates and performance, but also provide input on how quality reporting can be improved and less burdensome.

PVRP consists of evidence-based, clinically valid measures which have been part of the guidelines endorsed by physicians and medical specialty societies, and are the result of extensive input from physicians and other quality care experts. CR 4183 dated November 2, 2005, contained the 16 measures to be reported by physicians using the existing Medicare claims system effective January 1, 2006. CR 5036 dated March 24, 2006, added CPT Category II codes to 7 of the 16 measures effective April 1, 2006.

B. Policy: This CR adds additional codes that could potentially be used for PVRP 2007. Prior to January 1, 2007, CMS will post the final list of measures effective for PVRP January 1, 2007.

II. BUSINESS REQUIREMENTS

<table>
<thead>
<tr>
<th>Number</th>
<th>Requirement</th>
<th>Responsibility (place an “X” in each applicable column)</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>A / B</td>
<td>D M E</td>
</tr>
<tr>
<td>5409.1</td>
<td>Effective for claims submitted on and after January 1, 2007, contractors shall recognize the new PVRP codes listed in the</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Number</td>
<td>Requirement</td>
<td>Responsibility (place an “X” in each applicable column)</td>
<td></td>
</tr>
<tr>
<td>--------</td>
<td>------------------------------------------------------------------------------</td>
<td>------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>NOTE:</strong> These codes will also be listed in the second HCPCS file which will be released on November 15, 2006 and in the Medicare Physician Fee Schedule Data Base with an M indicator.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5409.2</td>
<td>Effective for claims submitted on and after January 1, 2007, contractors shall use type of service 1 for these new codes.</td>
<td>X X</td>
<td></td>
</tr>
<tr>
<td>5409.3</td>
<td>As with previous PVRP codes, contractors shall not pay for these services.</td>
<td>X X</td>
<td></td>
</tr>
<tr>
<td>5409.4</td>
<td>Contractors shall continue to deny these codes when billed with or without charges, and pass the denied code to CWF.</td>
<td>X X</td>
<td></td>
</tr>
<tr>
<td>5409.5</td>
<td>Intentionally left blank</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5409.6</td>
<td>Contractor shall instruct providers that PVRP codes are for voluntary reporting purposes only and physicians should not charge for these codes.</td>
<td>X X</td>
<td></td>
</tr>
<tr>
<td>5409.7</td>
<td>Contractors shall instruct providers that a note clarifying “not eligible” has been added to the instruction for each measure.</td>
<td>X X</td>
<td></td>
</tr>
</tbody>
</table>
III. PROVIDER EDUCATION

<table>
<thead>
<tr>
<th>Number</th>
<th>Requirement</th>
<th>Responsibility (place an “X” in each applicable column)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>A / B</td>
</tr>
<tr>
<td></td>
<td></td>
<td>M A C</td>
</tr>
<tr>
<td>NONE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

IV. SUPPORTING INFORMATION

A. For any recommendations and supporting information associated with listed requirements, use the box below:

*Use "Should" to denote a recommendation.*

<table>
<thead>
<tr>
<th>X-Ref Requirement Number</th>
<th>Recommendations or other supporting information:</th>
</tr>
</thead>
</table>

B. For all other recommendations and supporting information, use the space below:

V. CONTACTS

Pre-Implementation Contact(s): Latousha Leslie, (410) 786-5050, latousha.leslie@cms.hhs.gov

Post-Implementation Contact(s): Latousha Leslie, (410) 786-5050, latousha.leslie@cms.hhs.gov

VI. FUNDING

A. For TITLE XVIII Contractors:

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets.

B. For Medicare Administrative Contractors (MAC), use only one of the following statements:

The contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the Statement of Work (SOW). The contractor is not obligated to incur costs in excess of the amounts specified in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.
**Measure Descriptors and Codes for Pool of Potential 2007 PVRP Quality Measures**

**GERD**

**Measure #1: Assessment for Alarm Symptoms**
- **G8245**: Clinician documented presence or absence alarm symptoms
- **G8274**: Clinician has not documented presence or absence of alarm symptoms
- **G8349**: Patient was not an eligible candidate for documentation of presence or absence of alarm symptoms

**Measure #2: Upper endoscopy for Patients with Alarm Symptoms**
- **G8247**: Patient with alarm symptom(s) documented to have had upper endoscopy performed or referral for upper endoscopy
- **G8248**: Patient with at least one alarm symptom not documented to have had upper endoscopy or referral for upper endoscopy
- **G8249**: Clinician documented that patient was not an eligible candidate for upper endoscopy

**Measure #3: Biopsy for Barrett’s Esophagus**
- **G8250**: Patients with suspicion of Barrett’s esophagus in endoscopy report and documented to have received an esophageal biopsy
- **G8251**: Patient not documented to have received an esophageal biopsy when suspicion of Barrett's esophagus is indicated in the endoscopy report
- **G8252**: Clinician documented that patient was not an eligible candidate for esophageal biopsy

**Measure #4: Barium Swallow- Inappropriate Use**
- **G8253**: Patient documented to have received an order for a barium swallow test
- **G8254**: Patients with no documentation order for barium swallow test
- **G8255**: Clinician documentation that patient was an eligible candidate for barium swallow test.
<table>
<thead>
<tr>
<th>Measure #1: Medication Reconciliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>G8256: Clinician documented reconciliation of discharge medications with current medication list in medical record</td>
</tr>
<tr>
<td>G8257: Clinician has not documented reconciliation of discharge medications with current medication list in medical record</td>
</tr>
<tr>
<td>G8258: Patient was not an eligible candidate for discharge medications review</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Measure #2: Advance Care Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>G8259: Patient documented to have surrogate decision maker or advance care plan in medical record</td>
</tr>
<tr>
<td>G8260: Patient not documented to have surrogate decision maker or advance care plan in medical record</td>
</tr>
<tr>
<td>G8261: Clinician documented that patient was not an eligible candidate for surrogate decision maker or advance care plan</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Measure #3: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older</th>
</tr>
</thead>
<tbody>
<tr>
<td>G8262: Patient documented to have been assessed for presence or absence of urinary incontinence</td>
</tr>
<tr>
<td>G8263: Patient not documented to have been assessed for presence or absence of urinary incontinence</td>
</tr>
<tr>
<td>G8264: Clinician documented that patient was not an eligible candidate for an assessment of the presence or absence of urinary incontinence</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Measure #4: Characterization of Urinary Incontinence in Women Aged 65 Years and Older</th>
</tr>
</thead>
<tbody>
<tr>
<td>G8265: Patients documented to have received characterization of urinary incontinence</td>
</tr>
<tr>
<td>G8266: Patient not documented to have received characterization of urinary incontinence</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Measure #5: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older</th>
</tr>
</thead>
<tbody>
<tr>
<td>G8267: Patient documented to have received a plan of care for urinary incontinence</td>
</tr>
<tr>
<td>G8268: Patient not documented to have received plan of care for urinary incontinence</td>
</tr>
<tr>
<td>G8269: Clinician has not provided care for the patient for the required time to develop plan of care for urinary incontinence</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Measure #6: Screening for Falls Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>G8270: Patient documented to have received screening for fall risk (2 or more falls in the past year or any fall with injury in the past year)</td>
</tr>
<tr>
<td>G8271: Patients with no documentation of screening for fall risks (2 or more falls in the past year or any fall with injury in the past year)</td>
</tr>
<tr>
<td>G8272: Clinician documentation that patient was not an eligible candidate for fall risk screening</td>
</tr>
</tbody>
</table>
Measure Descriptors for Pool of Potential 2007 PVRP Quality Measures

**G8273:** Clinician has not provided care for the patient for the required time to screen for fall risk
Measure Descriptors for Pool of Potential 2007 PVRP Quality Measures

Emergency Medicine

Measure #1: Electrocardiogram Performed for Non-Traumatic Chest Pain

G8350: Patient documented to have had 12-lead ECG performed
G8351: Patient not documented to have had ECG
G8352: Clinician documented that patient was not an eligible candidate for ECG

Measure #2: Aspirin at Arrival for AMI

G8353: Patient documented to have received or taken aspirin 24 hours before emergency department arrival or during emergency department stay
G8354: Patient not documented to have received or taken aspirin 24 hours before emergency department arrival or during emergency department stay
G8355: Clinician documented that patient was not an eligible candidate to receive aspirin

Measure #3: Electrocardiogram Performed for Syncope

G8356: Patient documented to have had ECG performed
G8357: Patient not documented to have had ECG
G8358: Clinician documented that patient was not an eligible candidate for ECG

Measure #4: Vital Signs for Community Acquired Bacterial Pneumonia

G8359: Patient documented to have had vital signs recorded and reviewed
G8360: Patient not documented to have vital signs recorded and reviewed

Measure #5: Assessment of Oxygen Saturation for Community Acquired Bacterial Pneumonia

G8361: Patient documented to have oxygen saturation assessed
OR
CPT II 3028F: Oxygen saturation results documented and reviewed
G8362: Patient not documented to have oxygen saturation assessed
G8363: Clinician documented that patient was not an eligible candidate for oxygen saturation assessment

Measure #6: Assessment of Mental Status for Community Acquired Bacterial Pneumonia
Measure Descriptors for Pool of Potential 2007 PVRP Quality Measures

G8364: Patient documented to have mental status assessed
OR
● CPT II 2014F: Mental status assessed
G8365: Patient not documented to have mental status assessed

Measure #7: Empiric Antibiotic for Community Acquired Bacterial Pneumonia
G8366: Patient documented to have appropriate empiric antibiotic prescribed
OR
● CPT II 4045F: Appropriate empiric antibiotic prescribed
G8367: Patient not documented to have appropriate empiric antibiotic prescribed
G8368: Clinician documented that patient was not an eligible candidate for appropriate empiric antibiotic
Measure Descriptors for Pool of Potential 2007 PVRP Quality Measures

Stroke and Stroke Rehabilitation

Measure #1: Deep Vein Thrombosis Prophylaxis (DVT) for Ischemic Stroke or Intracranial Hemorrhage
G8216: Patient documented to have received DVT prophylaxis by end of hospital day two
G8217: Patient not documented to have received DVT prophylaxis by end of hospital day 2
G8218: Patient was not an eligible candidate for DVT Prophylaxis by end of hospital day 2, including physician documentation that patient is ambulatory

Measure #2: Discharged on Antiplatelet Therapy
G8222: Patient documented to have been prescribed antiplatelet therapy at discharge
G8223: Patient not documented to have received prescription for antiplatelet therapy at discharge
G8224: Clinician documented that patient was not an eligible candidate for antiplatelet therapy at discharge, including identification from medical record that patient is on anticoagulation therapy

Measure #3: Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge
G8225: Patient documented to have been prescribed an anticoagulant at discharge
G8226: Patient not documented to have received prescription for anticoagulant therapy at discharge
G8227: Patient not documented to have permanent, persistent, or paroxysmal atrial fibrillation
G8228: Clinician documented that patient was not an eligible candidate for anticoagulant therapy at discharge

Measure #4: Tissue Plasminogen Activator (t-PA) Considered
G8229: Patient documented to have been administered or considered for t-PA
G8230: Patient not eligible for t-PA administration, ischemic stroke symptom onset of more than 3 hours
G8231: Patient not documented to have received t-PA or not documented to have been considered a candidate for t-PA administration

Measure #5: Screening for Dysphagia
G8232: Patient documented to have received dysphagia screening prior to taking any foods, fluids or medication by mouth
G8234: Patient not documented to have received dysphagia screening
G8235: Patient not receiving or ineligible to receive food, fluids or medication by mouth, or documentation of NPO (nothing by mouth) order
G8236: Clinician documented that patient was not an eligible candidate for dysphagia screening prior to taking any foods, fluids or medication by mouth
Measure Descriptors for Pool of Potential 2007 PVRP Quality Measures

**Measure #6: Consideration of Rehabilitation Services**

G8237: Patient documented to have received order for rehabilitation services or documentation of consideration for rehabilitation services

G8238: Patient not documented to have received order for or consideration for rehabilitation services

**Measure #7: Carotid Imaging Reports**

G8348: Internal carotid stenosis patient in the 30-99% range documented to have reference to measurements of distal internal carotid diameter as the denominator for stenosis measurement

G8239: Internal carotid stenosis patient below 30%, reference to measurements of distal internal carotid diameter as the denominator for stenosis measurement not necessary

G8240: Internal carotid stenosis patient in the 30-99% range, and no documentation of reference to measurements of distal internal carotid diameter as the denominator for stenosis measurement

G8241: Clinician documented that patient whose final report of the carotid imaging study performed (neck MRA, neck CTA, neck duplex ultrasound, carotid angiogram), with characterization of an internal carotid stenosis in the 30-99% range, was not an eligible candidate for reference to measurements of distal internal carotid diameter as the denominator for stenosis measurement

**Measure #8: Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) Reports**

G8242: Patient documented to have received CT or MRI with presence or absence of hemorrhage, mass lesion and acute infarction documented in the final report.

G8243: Patient not documented to have received CT or MRI AND the presence or absence of hemorrhage, mass lesion and acute infarction not documented in the final report.
### Measure Descriptors for Pool of Potential 2007 PVRP Quality Measures

#### Melanoma

**Measure #1: Patient Medical History**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>G8275</td>
<td>Patient documented to have medical history taken which included assessment of new or changing moles</td>
</tr>
<tr>
<td>OR</td>
<td>• CPT II 1050F: History obtained regarding new or changing moles</td>
</tr>
<tr>
<td>G8276</td>
<td>Patient not documented to have received medical history with assessment of new or changing moles.</td>
</tr>
<tr>
<td>G8277</td>
<td>Patient was not an eligible candidate for medical history review with assessment of new or changing moles.</td>
</tr>
</tbody>
</table>

**Measure #2: Complete Physical Skin Examination**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>G8278</td>
<td>Patient documented to have received complete physical skin exam</td>
</tr>
<tr>
<td>OR</td>
<td>• CPT II 2029F: Complete physical skin exam performed</td>
</tr>
<tr>
<td>G8279</td>
<td>Patient not documented to have received a complete physical skin exam</td>
</tr>
<tr>
<td>G8280</td>
<td>Patient was not an eligible candidate for complete physical skin exam during the reporting year</td>
</tr>
</tbody>
</table>

**Measure #3: Counseling on Self-Examination**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>G8281</td>
<td>Patient documented to have received counseling to perform a self-examination</td>
</tr>
<tr>
<td>OR</td>
<td>• CPT II 5005F: Patient counseled on self-examination for new or changing moles</td>
</tr>
<tr>
<td>G8282</td>
<td>Patient not documented to have received counseling to perform a self-examination.</td>
</tr>
<tr>
<td>G8283</td>
<td>Patient was not an eligible candidate for counseling to perform self-examination</td>
</tr>
</tbody>
</table>
### Perioperative Care

**Measure #1: Timing of Prophylactic Antibiotics – Ordering Physician**

- **G8191**: Clinician documented to have given order for prophylactic antibiotic to be given within one hour (if vancomycin, two hours) prior to surgical incision (or start of procedure when no incision is required)
- **G8192**: Clinician documented to have given the prophylactic antibiotic within one hour (if vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required)
- **G8193**: Clinician did not document that an order for prophylactic antibiotic to be given within one hour (if vancomycin, two hours) prior to surgical incision (or start of procedure when no incision is required) was given
- **G8194**: Clinician documented that patient was not an eligible candidate for prophylactic antibiotic

**Measure #2: Timing of Prophylactic Antibiotics – Administering Physician**

- **G8195**: Clinician documented to have given the prophylactic antibiotic within one hour (if vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required)
- **G8196**: Clinician did not document a prophylactic antibiotic was administered within one hour (if vancomycin, two hours) prior to surgical incision (or start of procedure when no incision is required)
- **G8197**: Patient documented to have order for prophylactic antibiotic to be given within one hour (if vancomycin, two hours) prior to surgical incision (or start of procedure when no incision is required)

**Measure #3: Selection of Prophylactic Antibiotic -- First OR Second Generation Cephalosporin**

- **G8198**: Patient documented to have order for cefazolin OR cefuroxime for antimicrobial prophylaxis
- **G8199**: Clinician documented to have given cefazolin OR cefuroxime for antimicrobial prophylaxis
- **G8200**: Order for cefazolin OR cefuroxime for antimicrobial prophylaxis not documented
- **G8201**: Patient was not an eligible candidate for cefazolin OR cefuroxime for antimicrobial prophylaxis

**Measure #4: Discontinuation of Prophylactic Antibiotics (Non-Cardiac Procedures)**

- **G8202**: Clinician documented an order was given to discontinue prophylactic antibiotics within 24 hours of surgical end time
- **G8203**: Clinician documented that prophylactic antibiotics were discontinued within 24 hours of surgical end time
- **G8204**: Clinician did not document an order was given to discontinue prophylactic antibiotics within 24 hours of surgical end time
- **G8205**: Clinician documented that patient was not an eligible candidate for prophylactic antibiotic discontinuation within 24 hours of surgical end time
### Measure Descriptors for Pool of Potential 2007 PVRP Quality Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>G8206</strong></td>
<td>Clinician documented that prophylactic antibiotic was given</td>
</tr>
</tbody>
</table>

#### Measure #5: Discontinuation of Prophylactic Antibiotics (Cardiac Procedures)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>G8207</strong></td>
<td>Clinician documented an order was given to discontinue prophylactic antibiotics within 48 hours of surgical end time</td>
</tr>
<tr>
<td><strong>G8208</strong></td>
<td>Clinician documented that prophylactic antibiotics were discontinued within 48 hours of surgical end time</td>
</tr>
<tr>
<td><strong>G8209</strong></td>
<td>Clinician did not document an order was given to discontinue prophylactic antibiotics within 48 hours of surgical end time</td>
</tr>
<tr>
<td><strong>G8210</strong></td>
<td>Clinician documented patient was not an eligible candidate for discontinuation of prophylactic antibiotic discontinuation within 48 hours of surgical end time</td>
</tr>
<tr>
<td><strong>G8211</strong></td>
<td>Clinician documented that prophylactic antibiotic was given</td>
</tr>
</tbody>
</table>

#### Measure #6: Venous Thromboembolism (VTE) Prophylaxis (when indicated in All patients)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>G8212</strong></td>
<td>Clinician documented an order was given for appropriate Venous Thromboembolism (VTE) prophylaxis to be given within 24 hrs prior to incision time or 24 hours after surgery end time</td>
</tr>
<tr>
<td><strong>G8213</strong></td>
<td>Clinician documented to have given Venous Thromboembolism (VTE) prophylaxis within 24 hrs prior to incision time or 24 hours after surgery end time</td>
</tr>
<tr>
<td><strong>G8214</strong></td>
<td>Clinician did not document an order was given for appropriate Venous Thromboembolism (VTE) prophylaxis to be given within 24 hrs prior to incision time or 24 hours after surgery end time.</td>
</tr>
<tr>
<td><strong>G8215</strong></td>
<td>Clinician documented that patient was not an eligible candidate for Venous Thromboembolism (VTE) prophylaxis to be given within 24 hours prior to incision time or 24 hours after surgery end time</td>
</tr>
</tbody>
</table>
Measure Descriptors for Pool of Potential 2007 PVRP Quality Measures

Osteoporosis

**Measure #1: Communication with the Physician Managing Ongoing Care Post-Fracture**

**G8337**: Clinician documented that communication was sent to the physician managing ongoing care of patient that a fracture occurred and that the patient was or should be tested or treated for osteoporosis.

**OR**

- **CPT II 5015F**: Documentation of communication that a fracture occurred and that the patient was or should be tested or treated for osteoporosis

**G8338**: Clinician has not documented that communication was sent to the physician managing ongoing care of patient that a fracture occurred and that the patient was or should be tested or treated for osteoporosis

**G8339**: Patient was not an eligible candidate for communication with the physician managing the patient's ongoing care that a fracture occurred and that the patient was or should be tested or treated for osteoporosis.

**Measure #2: Screening or Therapy for Women Aged 65 Years and Older**

**G8340**: Patient documented to have had central Dual-energy X-Ray Absorptiometry (DXA) performed and results documented or central DXA ordered or pharmacologic therapy prescribed

**OR**

- **CPT II 3095F**: Central Dual-energy X-Ray Absorptiometry (DXA) results documented

- **CPT II 3096F**: Central Dual-energy X-Ray Absorptiometry (DXA) ordered

- **CPT II 4005F**: Pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed

**G8341**: Patient not documented to have had central Dual-energy X-Ray Absorptiometry (DXA) measurement or pharmacologic therapy prescribed

**G8342**: Clinician documented that patient was not an eligible candidate for central DXA measurement or prescribing pharmacologic

**G8343**: Clinician has not provided care for the patient for the required time for central Dual-energy X-Ray Absorptiometry (DXA) measurement or pharmacological therapy measure

**Measure #3: Management Following Fracture**

**G8344**: Patient documented to have had central Dual-energy X-Ray Absorptiometry (DXA) ordered or performed and results documented or pharmacological therapy prescribed
Measure Descriptors for Pool of Potential 2007 PVRP Quality Measures

OR
• CPT II 3095F: Central dual X-ray absorptiometry (DXA) results documented
OR
• CPT II 3096F: Central dual X-ray absorptiometry (DXA) ordered
OR
• CPT II 4005F: Pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed

G8345: Patient not documented to have had central DXA measurement ordered or performed or pharmacologic therapy
G8346: Clinician documented that patient was not an eligible candidate for central Dual-energy X-Ray Absorptiometry (DXA) measurement or pharmacologic therapy
G8347: Clinician has not provided care for the patient for the required time for central Dual-energy X-Ray Absorptiometry (DXA) measurement or pharmacological therapy measure

Measure #4: Pharmacologic Therapy
Measure Descriptors for Pool of Potential 2007 PVRP Quality Measures

G8284: Patients documented to have received a prescription for pharmacologic therapy for osteoporosis
OR
• CPT II 4005F: Pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed
G8285: Patient not documented to have received pharmacologic therapy
G8286: Clinician documented that patient was not an eligible candidate for pharmacologic therapy
G8287: Clinician has not provided care for the patient for the required time for the pharmacologic therapy measure

Measure #5: Counseling for Vitamin D and Calcium Intake and Exercise
G8288: Patient documented to have received calcium and vitamin D or counseling on both calcium and vitamin D use, and exercise
OR
• CPT II 4019F: Documentation of receipt of counseling on exercise AND either both calcium and vitamin D use or counseling regarding both calcium and vitamin D use
G8289: Patients with no documentation of calcium and vitamin D use or counseling regarding both calcium and vitamin D use, or exercise
G8290: Clinician documentation that patient was not an eligible candidate for calcium and vitamin D, and exercise during the reporting year.
G8291: Clinician has not provided care for the patient for the required time for the calcium, vitamin D, and exercise measure

COPD

Measure #1: Spirometry Evaluation
G8292: COPD patient with spirometry results documented
OR
• CPT II 3023F: Spirometry results documented and reviewed
G8293: COPD patient without spirometry results documented
G8294: COPD patient was not eligible for spirometry results

Measure #2: Bronchodilator Therapy
G8295: COPD patient documented to have received inhaled bronchodilator therapy
Measure Descriptors for Pool of Potential 2007 PVRP Quality Measures

OR
● CPT II 3025F: Spirometry test results demonstrate FEV1/FVC < 70% with COPD symptoms (eg, dyspnea, cough/sputum, wheezing)
AND
● CPT II 4025F: Inhaled bronchodilator prescribed

G8296: COPD patient not documented to have inhaled bronchodilator therapy prescribed
G8297: COPD patient was not eligible for inhaled bronchodilator therapy

Eyecare
Measure #1: Primary Open-Angle Glaucoma: Optic Nerve Evaluation
G8298: Patient documented to have received optic nerve head evaluation
OR
● CPT II 2027F: Optic nerve head evaluation performed
G8300: Clinician documented that patient was not an eligible candidate for optic nerve head evaluation during the reporting year
G8301: Clinician has not provided care for the Primary Open-Angle Glaucoma patient for the required time for optic nerve head evaluation measure

Measure #2: Age-Related Macular Degeneration: Antioxidant Supplement Prescribed/Recommended
G8309: Patient documented to have been prescribed/recommended antioxidant vitamin or mineral supplement
OR
● CPT II 4007F: Antioxidant vitamin or mineral supplement prescribed or recommended
G8310: Patient not documented to have been prescribed/recommended at least one antioxidant vitamin or mineral supplement during the reporting year.
G8311: Clinician documentation that patient was not an eligible candidate for antioxidant vitamin or mineral supplement during the reporting year.
G8312: Clinician has not provided care for the age-related macular degeneration patient for the required time for antioxidant supplement prescription/recommended measure

Measure #3: Age-Related Macular Degeneration: Macular Examination
G8313: Patient documented to have received macular exam, including documentation of the presence or absence of macular thickening or hemorrhage AND the level of macular degeneration severity

OR

• CPT II 2019F: Dilated macular exam performed, including documentation of the presence or absence of macular thickening or hemorrhage AND the level of macular degeneration severity

G8314: Patient not documented to have received macular exam with documentation of presence or absence of macular thickening or hemorrhage and no documentation of level of macular degeneration severity

G8315: Clinician documentation that patient was not an eligible candidate for macular examination during the reporting year.

G8316: Clinician has not provided care for the age-related macular degeneration patient for the required time for macular examination measurement

G8317: Patient documented to have visual functional status assessed

OR

• CPT II 1055F: Visual functional status assessed
Measure Descriptors for Pool of Potential 2007 PVRP Quality Measures

**Measure #5: Cataracts: Documentation of Pre-surgical Axial Length, Corneal Power Measurement and Method of Intraocular Lens Power Calculation**

- **G8321:** Patient documented to have had pre-surgical axial length, corneal power measurement and method of intraocular lens power calculation
- **OR**
- - **CPT II 3073F:** Pre-surgical (cataract) axial length, corneal power measurement and method of intraocular lens power calculation documented within six months prior to surgery

- **G8322:** Patient not documented to have had pre-surgical axial length, corneal power measurement and method of intraocular lens power calculation.
- **G8323:** Clinician documentation that patient was not an eligible candidate for pre-surgical axial length, corneal power measurement and method of intraocular lens power calculation.
- **G8324:** Clinician has not provided care for the cataract patient for the required time for pre-surgical measurement and intraocular lens power calculation measure.

**Measure #6: Cataracts: Pre-Surgical Fundus Evaluation**

- **G8325:** Patient documented to have received fundus evaluation within six months prior to cataract surgery
- **OR**
- - **CPT II 2020F:** Dilated fundus evaluation performed within six months prior to cataract surgery

- **G8326:** Patient not documented to have received fundus evaluation within six months prior to cataract surgery
- **G8327:** Patient was not an eligible candidate for pre-surgical fundus evaluation
- **G8328:** Clinician has not provided care for the cataract patient for the required time for fundus evaluation measurement

**Measure #7: Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy**

- **G8329:** Patient documented to have received dilated macular or fundus exam with level of severity of retinopathy AND the presence or absence of macular edema documented
Measure Descriptors for Pool of Potential 2007 PVRP Quality Measures

OR

• CPT II 2021F: Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema documented AND level of severity of retinopathy

G8330: Patient not documented to have received dilated macular or fundus exam with level of severity of retinopathy AND the presence or absence of macular edema not documented

G8331: Clinician documentation that patient was not an eligible candidate for dilated macular or fundus exam during the reporting year.

G8332: Clinician has not provided care for the diabetic retinopathy patient for the required time for macular edema and retinopathy measurement

Measure #8: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care

G8333: Patient documented to have had findings of macular or fundus exam communicated to the physician managing the diabetes care

OR

• CPT II 5010F: Findings of dilated macular or fundus exam communicated to the physician managing the diabetes care

AND

• CPT II 2021F: Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema documented AND level of severity of retinopathy

G8334: Documentation of findings of macular or fundus exam not communicated to the physician managing the patient’s ongoing diabetes care

G8335: Clinician documentation that patient was not an eligible candidate for the findings of their macular or fundus exam being communicated to the physician managing their diabetes care during the reporting year

G8336: Clinician has not provided care for the diabetic retinopathy patient for the required time for physician communication measurement