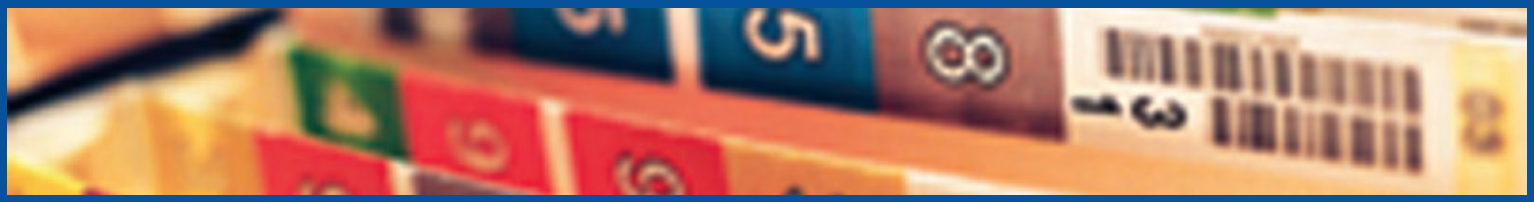

Medicare Physician Quality Reporting Initiative

January 2009

PQRI Made Simple

For Reporting the Preventive Care Measures Group

http://www.cms.hhs.gov/PQRI

Is This Your Situation?

- You have not begun to participate in PQRI in 2009.
- You don't currently submit data to a registry.
- You would like to participate in PQRI in 2009 using claims.

Solution:

- Report on the Preventive Care Measures Group for 30 consecutive Medicare Fee-For-Service (FFS) patients between 1/1/09 and 12/31/09.

How to Start Using this Measures Group:

- Select a start date on which you want to begin submitting quality data (e.g., 2/15/09).

- Identify your next Medicare FFS patient that 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. This will be your first consecutive patient.

- Report the measures group specific G-code (G8486) with your first patient in the consecutive patient group.

- Look at the following table to see which measures apply to the patient based on their age and gender:

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	110, 112, 113, 114, 115, 128
65-69 years	110, 111, 113, 114, 115, 128	39, 48, 110, 111, 112, 113, 114, 115, 128
70-80 years	110, 111, 113, 114, 115, 128	39, 48, 110, 111, 113, 114, 115, 128
≥81 years	110, 111, 114, 115, 128	39, 48, 110, 111, 114, 115, 128

ICN: 901523

How to Report Using this Measures Group:

- When you identify your first patient, place G-code G8486 on the claim that you submit for that patient. This signals CMS that you plan to submit the Preventive Care Measures Group on 30 consecutive Medicare FFS patients.

- Look at the **Data Collection Worksheet** (see next page) for a brief description of the measures in the Preventive Care Measures Group and the codes to report depending on the action or service you provide to the patient. The appropriate quality-data codes (QDCs) for the measures you are reporting on for each patient will need to be included on a claim that 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 in the consecutive patient sequence. 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 (12/31/09) 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.

  New for 2009: If all quality actions for the patient have been performed for the group, the 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 quality-data codes for each of the measures within the group.

  Check the measures section of the PQRI website 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 FFS patient. To help you keep track, you might consider photocopying the **Data Collection Worksheet** and highlighting or circling the appropriate measures (for the patient you are seeing) and the measure codes (QDCs) that 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.

- Repeat this process 29 more times. Remember that the patients must be consecutive Medicare FFS patients. Medicare will determine the consecutive patient sequence by date of service on the claim you submit. Each patient counts as a unique patient. That is, you need 30 different patients to qualify. You cannot count the same patient twice even if they return the following day or week and you are still in the process of collecting and reporting on your 30 consecutive patients.

- *Note:* You do not need to resubmit the measures group specific G-code (G8486) on any patient after the first patient. You only need to report the QDCs for the measures that apply to your next 29 consecutive Medicare patients on each of those 29 patients' claim form.

- Use the worksheet on the last page of this tip sheet to track each of your 30 consecutive patients. You can list the measures which still need to be reported to help guide you at the patient's next visit. This worksheet is for your office's internal use only and should not be sent to CMS or your Medicare billing carrier / Medicare Administrative Contractor (MAC).

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 reason	**G8400** DXA not ordered. No Rx treatment. No reason noted.
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** Not assessed. No reason noted.
110: Flu Vaccination (September through February)	**G8482** Vaccine ordered or given	**G8483** Vaccine not given for documented reason (e.g., wrong season)	**G8484** Vaccine not given. No reason noted.
111: Pneumonia Vaccination	**4040F** Vaccination given or previously received	**4040F-1P** Vaccine not given for medical reason	**4040F-8P** Vaccine not given or received. No reason noted.
112: Screening Mammography (females only)	**3014F** Results documented and received	**3014F-1P** Not performed for medical reason (e.g., mastectomy)	**3014F-8P** Not performed. No reason noted.
113: Colorectal Cancer Screening	**3017F** Screening done and results reviewed	**3017F-1P** Not done for medical reason	**3017F-8P** Not done. No reason noted.
114: Inquiry Regarding Tobacco Use	**1000F** Tobacco use assessed **AND** either: **1034F** Current Smoker **OR** **1035F** Current Smokeless Tobacco **OR** **1036F** Current Non-smoker	Not applicable.	**1000F-8P** Tobacco use not assessed. No reason noted.
115: Advising Smokers to Quit	**G8455** Smoker **AND** either: **4000F** Tobacco use cessation intervention, counseling **OR** **4001F** Tobacco use cessation intervention, pharmacologic therapy	**G8456** Smokeless Tobacco User **OR** **G8457** Tobacco Non-user	**G8455** Smoker **AND** **4000F-8P** Not counseled. No reason noted.
128: Universal Weight Screening and Follow-Up	**G8420** BMI < 30 and ≥ 22 **OR** **G8417** BMI ≥ 30 with follow-up plan documented **OR** **G8418** BMI < 22 with follow-up plan documented	**G8422** Patient not eligible for BMI calculation	**G8421** BMI not calculated, no reason noted **OR** **G8419** BMI ≥ 30 or < 22 calculated but no follow-up plan documented

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

Worksheet to Track Consecutive Medicare FFS Patients for Reporting Preventive Care Measures Group				
Consecutive 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	02/15/2009	MS	No	112
Example B	02/16/2009	PF	Yes	None
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2				
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4				
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***** When you identify your first patient, place G-code G8486 (in addition to QDCs) on the claim that you submit for that patient. This signals CMS that you plan to submit the Preventive Care Measures Group on 30 consecutive Medicare FFS patients. You do not need to resubmit the measures group specific G-code (G8486) on any patient after the first patient. You only need to report G8496 (all applicable quality actions for this patient have been performed) or the QDCs for the measures that apply to your next 29 consecutive Medicare patients on each of those 29 patients' claim form.