

PQRI Simplified 2009

Physician Quality Reporting Initiative Simplified

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PQRI Background

The Physician Quality Reporting Initiative (PQRI) is a voluntary program through which physicians can report data on quality measures to CMS. In 2006, the Tax Relief and Health Care Act authorized CMS to include an incentive payment for physicians and other eligible professionals who satisfactorily report data on quality measures for covered services furnished to Medicare beneficiaries.

Physicians who report the data successfully are eligible to receive a bonus payment equal to 2.0% of their total Medicare Part B claims for services billed under the physician fee schedule during the reporting period. Other Part B services and items that may be billed by eligible professionals but that are not paid under the Physician Fee Schedule, such as clinical laboratory services and services paid under Rural Health Center/Federally Qualified Health Center reimbursement rules, do not apply to the bonus payment.

For 2009, there are 153 Quality Measures and 7 Measures Groups for which physicians can report data to CMS. Measures groups were created for specific conditions that are addressed by at least 4 measures that share a common denominator specification.

For 2008, there were 119 Quality Measures, which included two structural measures regarding the adoption and use of electronic health records and electronic prescribing for which physicians could report data to CMS and be eligible to receive a bonus payment equal to 1.5%.

It is not too late to begin your participation with PQRI if you have not yet started reporting quality data.

Simple to Begin

There's no need to register or enroll to participate in PQRI. Choose the quality measures or quality group measure you plan to use and start reporting the appropriate quality measurement data on claims you submit to your Medicare claims processing contractor or through a certified PQRI registry.

Three Simple Steps to PQRI Quality-Data Reporting in Your Practice

1. Select Measures

Eligible professionals should select at least three PQRI individual Quality Measures or one PQRI Groups Measure that address the services they provide to patients. Use the individual and groups measure specifications in this white paper and the CMS PQRI Measure Finder Tool to identify measures applicable for professional services you routinely furnish. The CMS tool is at:

http://www.cms.hhs.gov/PQRI/31_PQRIToolkit.asp

Select those measures that make sense for your practice based upon prevalence and volume as well as your individual or practice performance analysis and improvement priorities:

- Conditions treated.
- Types of care provided.
- Settings of care.
- Individual quality improvement goals for 2009.

Review the measures that you have selected in the CMS PQRI Coding for Quality handbook (<http://www.cms.hhs.gov/apps/ama/license.asp?file=/PQRI/downloads/2009PQRIQualityMeasureSpecificationsManualandReleaseNotes.zip>) to become familiar with how to

apply and correctly code the measures.

Access the American Medical Association (AMA) Quality Measures for 2009 PQRI worksheets which are linked to each measure in the [2009 quality measures table](#) in this white paper. The links in this report refer to the AMA worksheets. The AMA, in collaboration with CMS, Mathematica Policy Research, Inc, and the National Committee for Quality Assurance developed participation tools designed to:

- Aid physicians and other eligible professionals wishing to participate in the program to identify measures relevant to their practice.
- Facilitate the data collection required to report clinical performance data.

Decide whether you want to report PQRI data through claim-based or registry-based methods.

PrimaryData recommends using a certified PQRI registry as the easiest method to report PQRI data, and selecting one PQRI Groups Measure to report through the “30 consecutive” patient method.

2. Define Team Roles

Discuss measures and plan your approach to capture quality data for reporting with team.

3. Modify Workflows and Billing Systems

Walk through your care process and determine what systems changes will be required to capture quality-data codes.

- Consider using worksheets or other tools for data capture.
- Discuss systems capabilities with practice management software vendors and third-party billing vendors and clearinghouses if using claims-based reporting.
- Test systems,

PrimaryData can assist you in all three steps, above, to assist you in your PQRI participation.

Eligible Professionals

Physicians and other eligible professionals who provide services paid under the Medicare Physician Fee Schedule are eligible to participate in PQRI. Medicare-enrolled physicians and other eligible professionals who have not completed a Participation agreement but who do submit Medicare Physician Fee Schedule claims can participate in PQRI. A physician or other eligible professional who is not enrolled in Medicare cannot submit Medicare Physician Fee Schedule claims and therefore cannot participate in the PQRI. Professionals eligible to participate in PQRI are:

Medicare physicians

- Doctor of Medicine
- Doctor of Osteopathy
- Doctor of Podiatric Medicine
- Doctor of Optometry
- Doctor of Oral Surgery
- Doctor of Dental Medicine
- Doctor of Chiropractic

Practitioners

- Physician Assistant
- Nurse Practitioner
- Clinical Nurse Specialist
- Certified Registered Nurse Anesthetist (and Anesthesiologist Assistant)
- Certified Nurse Midwife
- Clinical Social Worker
- Clinical Psychologist
- Registered Dietician
- Nutrition Professional

Therapists

- Physical Therapist
- Occupational Therapist
- Qualified Speech-Language Therapist

Eligible providers who plan to participate in 2009 should familiarize themselves and their office staff with the PQRI measures that may apply to their patients.

2007 PQRI Results

More than 100,000 health care providers, almost 16 percent of eligible professionals, collected a PQRI financial incentive in 2007. Preliminary data released by CMS reported just over 92,000 providers submitted at least one measure successfully and providers attempted to report slightly more than three PQRI measures on average. This was a large increase over the previous reporting system used in 2006.

There were problem areas noted by CMS in the 2007 PQRI reporting. Almost one half of PQRI claims submitted for one of the three diabetes measures were rejected because the patient didn't match the age or gender descriptor for the measure. More than 10 percent of claims were filed without the required National Provider Identifier (NPI) number and were rejected. Reviewing the criteria for the quality measures you select to report should help you prevent these types of problems.

Ophthalmology, anesthesiology, and emergency medicine had above average participation rates.

Should You Participate in 2009 PQRI?

The question for your practice, if you did not participate in PQRI reporting and incentive in 2007 or 2008, is whether or not your practice should participate in the 2009 PQRI reporting and incentive plan.

Perhaps you feel that the PQRI incentive payment is not sufficient for the effort involved, but many practices have decided that it is a step in the right direction for Medicare payments. Many practices and providers that participate in PQRI have found that it is not as burdensome as they originally thought. Determining what is actually involved to participate - in many cases the provider just circling another code or two to represent what they are already documenting and the office staff posting another line item or two for the claim - the benefits for reporting and the value of participating in PQRI were better understood.

Changes in healthcare reimbursement are coming, including pay-for-performance and quality reporting. Participation in PQRI now will benefit your practice today as it prepares and stays ahead of those changes. Benefits include:

- Ensure delivery of consistent and high-quality patient care.

- Train staff in quality improvement efforts.
- Gather experience in the collection and reporting of quality improvement data that will prepare your practice for future pay-for-performance opportunities and dollars.

With participation in the 2009 PQRI reporting, your practice's bottom line may even benefit.

Eligible Professional Quality Measures for 2009

The 2009 PQRI quality measures were published in the Federal Register as a part of the 2009 Medicare Physician Fee Schedule (MPFS) Proposed Rule. The 2009 PQRI measures were finalized in the 2008 MPFS Final Rule. 2009 PQRI measures are required by statute to be endorsed or adopted by a consensus organization and to have been developed using a consensus-based process. The 2009 PQRI measures include measures submitted by physician specialties.

Resources are available to help you determine which Physician Quality Reporting Initiative (PQRI) measures are most applicable to your specialty and practice, and how to best implement PQRI in your practice. Your professional organization or specialty association may have information and tools to enable successful reporting of PQRI measures available on their websites.

CMS has a 2009 PQRI Measure Finder Tool designed to help eligible professionals and their coding/billing staff quickly search for applicable measures and their detailed specifications, which include all corresponding ICD-9, CPT® Category I and II, and HCPCS G-codes for each. This tool will allow users to search for applicable measures based on a single code or a combination of codes and is accessible at: http://www.cms.hhs.gov/PQRI/31_PQRIToolKit.asp#TopOfPage

For each measure there are links to documents located on the American Medical Association website, each of which can be printed out for easy reference.

Code Specifications (#)

A coding specifications sheet is available that includes a complete list of ICD-9 (International Classification of Diseases, Ninth Revision) and CPT® (Current Procedural Terminology) codes to identify patients eligible for the measure. A list of the quality codes for each measure is also included. The coding specifications document is to be used in conjunction with the data collection sheet to determine the appropriate code or combination of codes to be reported.

Data Collection Sheet

A data collection sheet is provided for each measure in the PQRI program. The document is a step-by-step tool for clinical use and office/billing staff use. It allows the physician or other eligible professional to record the clinical information required for the measure by checking the appropriate box, and the coder to subsequently select the corresponding billing code.

Measure Description

An informational sheet is available for each measure in the PQRI program. The document contains additional descriptive information regarding the measure and should help determine if it is a measure you would like to report. The document describes what type of information is required to report on the measure and how frequently reporting is required.

PQRI Measures Groups

"Measures groups" are subsets of PQRI measures that have in common a focus on a particular clinical condition or aspect of care. The denominator coding of the measures defines the condition or aspect of care. Eligible professionals electing to report a group of measures must report all measures within that group that are applicable to each patient in a minimum number (15 for half year, 30 for full year) of

consecutive patients that varies by reporting period or 80% of Medicare patients.

CMS retained three measures groups from the 2008 measures groups and removed one:

- Diabetes Mellitus Chronic Kidney Disease (CKD)
- Chronic Kidney Disease (CKD)
- Preventive Care
- End Stage Renal Disease (ESRD) *Removed for 2009*

CMS established four new measures groups for 2009:

- Coronary Artery Bypass Graft (CABG)
- Rheumatoid Arthritis
- Perioperative Care
- Back Pain

PrimaryData recommends selecting a PQRI Measure Group that best meets the needs of your practice, patients and physicians. The PQRI Groups Measures are the quickest and most easily implemented method to begin participating in the PQRI bonus incentive program over selecting three individual PQRI Quality Measures.

PrimaryData also recommends reporting of the PQRI Groups Measure selected through a certified PQRI registry through the “30 consecutive” patient method (which allows some non-Medicare patients to be included) as the best method to complete the PQRI reporting requirements.

Following is a list of the 2009 PQRI measures groups.

2009 PQRI Measures Group Table

Measures group	Measure number	Quality measurement description
Diabetes Mellitus Chronic Kidney Disease (CKD)	1	Hemoglobin A1c Poor Control in Type 1 or 2 Diabetes Mellitus.
	2	Low Density Lipoprotein Control in Type 1 or 2 Diabetes Mellitus.
	3	High Blood Pressure Control in Type 1 or 2 Diabetes Mellitus.
	117	Dilated Eye Exam in Diabetic Patient.
	119	Urine Screening for Microalbumin or Medical Attention for Nephropathy in Diabetic Patients.
	163	Diabetes Mellitus: Foot Exam.
Chronic Kidney Disease (CKD)	121	CKD: Laboratory Testing (Calcium, Phosphorus, Intact Parathyroid Hormone (iPTH) and Lipid Profile).
	122	Blood Pressure Management
	123	CKD : Plan of Care: Elevated Hemoglobin for Patients Receiving Erythropoiesis-Stimulating Agents (ESA).
	135	Chronic Kidney Disease (CKD): Influenza Immunization.
	172	Hemodialysis Vascular Access Decision-Making by Surgeon to Maximize Placement of Autogenous Arterial Venous (AV) Fistula.
Preventive Care	39	Screening or Therapy for Osteoporosis for Women Aged 65 Years and Older.
	48	Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older.
	110	Influenza Vaccination for Patients > 50 Years Old.
	111	Pneumonia Vaccination for Patients 65 Years and Older.
	112	Screening Mammography.
	113	Colorectal Cancer Screening.
	114	Inquiry Regarding Tobacco Use.
	115	Advising Smokers to Quit.
	128	Universal Weight Screening and Follow-Up.
Coronary Artery Bypass Graft (CABG)	43	Use of Internal Mammary Artery (IMA) in Coronary Artery Bypass Graft (CABG) Surgery.
	44	Preoperative Beta-blocker in Patients with Isolated Coronary Artery Bypass Graft (CABG) Surgery.
	164	Coronary Artery Bypass Graft (CABG): Prolonged Intubation (Ventilation).
	165	Coronary Artery Bypass Graft (CABG): Deep Sternal Wound Infection Rate.
	166	Coronary Artery Bypass Graft (CABG): Stroke/Cerebrovascular Accident (CVA).
	167	Coronary Artery Bypass Graft (CABG): Postoperative Renal Insufficiency.
	168	Coronary Artery Bypass Graft (CABG): Surgical Re-exploration.
	169	Coronary Artery Bypass Graft (CABG): Antiplatelet Medications at Discharge.
	170	Coronary Artery Bypass Graft (CABG): Beta-Blockers Administered at Discharge.

• New for 2009 *

Registry based reporting only.

	171	Coronary Artery Bypass Graft (CABG): Lipid Management and Counseling.
Rheumatoid Arthritis	108	Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis.
• New for 2009 *	176	Rheumatoid Arthritis (RA): Tuberculosis Screening.
	177	Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity.
Measure Description	178	Rheumatoid Arthritis (RA): Functional Status Assessment.
	179	Rheumatoid Arthritis (RA): Assessment and Classification of Disease Prognosis.
Data Collection Sheet	180	Rheumatoid Arthritis (RA): Glucocorticoid Management.
Perioperative Care	20	Perioperative Care: Timing of Antibiotic Prophylaxis – Ordering Physician.
• New for 2009 *	21	Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin
Measure Description	22	Perioperative Care: Discontinuation of Prophylactic Antibiotics (Non-Cardiac Procedures
Data Collection Sheet	23	Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients).
Back Pain	148	Back Pain: Initial Visit.
• New for 2009 *	149	Back Pain: Physical Exam.
	150	Back Pain: Advice for Normal Activities.
Measure Description	151	Back Pain: Advice Against Bed Rest.
Data Collection Sheet		

Physicians and eligible professionals may use claims-based or registry-based data submission to report data for measures groups. PrimaryData recommends selecting registry-based submission to report data as the the best method to complete the PQRI reporting requirements.

Although a cap was established on incentive payments for 2007 based on an average per measure payment amount, there is no cap on incentive payments for 2008 and 2009. Physicians would select one of the seven measures groups to report on.

CMS is testing data submission through electronic health records, in cooperation with EHR vendors in 2008 and 2009. There is no incentive payment available through EHR-based data submission in 2009.

2009 Quality Measures Table

#	Quality measure	Quality measurement description
<u>1</u>	Hemoglobin A1c Poor Control in Type 1 or 2 Diabetes Mellitus. Data Collection Sheet	Percentage patients aged 18 through 75 years with diabetes mellitus who had most recent hemoglobin A1c greater than 9.0%. Measure Description
<u>2</u>	Low Density Lipoprotein Control in Type 1 or 2 Diabetes Mellitus. Data Collection Sheet	Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent LDL-C level in control (less than 100 mg/dl). Measure Description
<u>3</u>	High Blood Pressure Control in Type 1 or 2 Diabetes Mellitus. Data Collection Sheet	Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent blood pressure in control (less than 140/80 mmHg). Measure Description
4	<i>Screening for Future Fall Risk.</i>	<i>Removed from 2009 PQRI.</i>
<u>5</u>	Heart Failure: Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD). Data Collection Sheet	Percentage of patients aged 18 years and older with a diagnosis of heart failure and left ventricular systolic dysfunction (LVSD) who were prescribed ACE inhibitor or ARB therapy. Measure Description
<u>6</u>	Oral Antiplatelet Therapy Prescribed for Patients with Coronary Artery Disease. Data collection sheet. Data Collection Sheet	Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease who were prescribed oral antiplatelet therapy. Measure Description
<u>7</u>	Beta-blocker Therapy for Coronary Artery Disease Patients with Prior Myocardial Infarction (MI). Data collection sheet. Data Collection Sheet	Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease and prior myocardial infarction (MI) who were prescribed beta-blocker therapy. Measure Description
<u>8</u>	Heart Failure: Beta-blocker Therapy for Left Ventricular Systolic Dysfunction. Data collection sheet. Data Collection Sheet	Percentage of patients aged 18 years and older with a diagnosis of heart failure who also have left ventricular systolic dysfunction (LVSD) and who were prescribed beta blocker therapy. Measure Description

<u>9</u>	Antidepressant Medication During Acute Phase for Patients with New Episode of Major Depression. Data collection sheet. <u>Data Collection Sheet</u>	Percentage of patients aged 18 years and older diagnosed with new episode of major depressive disorder (MDD) and documented as treated with antidepressant medication during the entire 84-day (12 week) acute treatment phase. <u>Measure Description</u>
<u>10</u>	Stroke and Stroke Rehabilitation: Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) Reports. <u>Data Collection Sheet</u>	Percentage of final reports for CT or MRI studies of the brain performed within 24 hours of arrival to the hospital for patients aged 18 years and older with either a diagnosis of ischemic stroke or transient ischemic attack (TIA) or intracranial hemorrhage or at least one documented symptom consistent with ischemic stroke or TIA or intracranial hemorrhage that includes documentation of the presence or absence of each of the following: hemorrhage and mass lesion and acute infarction. <u>Measure Description</u>
<u>11</u>	Stroke and Stroke Rehabilitation: Carotid Imaging Reports. <u>Data Collection Sheet</u>	Percentage of final reports for carotid imaging studies (neck MR angiography [MRA], neck CT angiography [CTA], neck duplex ultrasound, carotid angiogram) performed for patients aged 18 years and older with the diagnosis of ischemic stroke or transient ischemic attack (TIA) that include direct or indirect reference to measurements of distal internal carotid diameter as the denominator for stenosis measurement. <u>Measure Description</u>
<u>12</u>	Primary Open Angle Glaucoma: Optic Nerve Evaluation. <u>Data Collection Sheet</u>	Percentage of patients aged 18 years and older with a diagnosis of primary open-angle glaucoma (POAG) who have an optic nerve head evaluation during one or more office visits within 12 months. <u>Measure Description</u>
<u>14</u>	Age-Related Macular Degeneration: Dilated Macular Examination. <u>Data Collection Sheet</u>	Percentage of patients aged 50 years and older with a diagnosis of age-related macular degeneration who had a dilated macular examination performed which included documentation of the presence or absence of macular thickening or hemorrhage AND the level of macular degeneration severity during one or more office visits within 12 months. <u>Measure Description</u>

<u>18</u>	<p>Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy.</p> <p>Data Collection Sheet</p>	<p>Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months.</p> <p>Measure Description</p>
<u>19</u>	<p>Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care. Data collection sheet.</p> <p>Data Collection Sheet</p>	<p>Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months.</p> <p>Measure Description</p>
<u>20</u>	<p>Perioperative Care: Timing of Antibiotic Prophylaxis – Ordering Physician. Data collection sheet.</p> <p>Data Collection Sheet</p>	<p>Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic parenteral antibiotics, who have an order for prophylactic antibiotic to be given within one hour (if fluoroquinolone or vancomycin, two hours), prior to the surgical incision (or start of procedure when no incision is required).</p> <p>Measure Description</p>
<u>21</u>	<p>Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin. Data collection sheet.</p> <p>Data Collection Sheet</p>	<p>Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for a first OR second generation cephalosporin prophylactic antibiotic, who had an order for cefazolin OR cefuroxime for antimicrobial prophylaxis.</p> <p>Measure Description</p>
<u>22</u>	<p>Perioperative Care: Discontinuation of Prophylactic Antibiotics (Non-Cardiac Procedures). Data collection sheet.</p> <p>Data Collection Sheet</p>	<p>Percentage of non-cardiac surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic antibiotics AND who received a prophylactic antibiotic, who have an order for discontinuation of prophylactic antibiotics within 24 hours of surgical end time.</p> <p>Measure Description</p>

<u>23</u>	<p>Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients). Data collection sheet.</p> <p><u>Data Collection Sheet</u></p>	<p>Percentage of patients aged 18 years and older undergoing procedures for which VTE prophylaxis is indicated in all patients, who had an order for Low Molecular Weight Heparin (LMWH), Low-Dose Unfractionated Heparin (LDUH), adjusted-dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end time.</p> <p><u>Measure Description</u></p>
<u>24</u>	<p>Osteoporosis: Communication with the Physician Managing Ongoing Care Post-Fracture. Data collection sheet.</p> <p><u>Data Collection Sheet</u></p>	<p>Percentage of patients aged 50 years and older treated for a hip, spine, or distal radial fracture with documentation of communication with the physician managing the patient's on-going care that a fracture occurred and that the patient was or should be tested or treated for osteoporosis.</p> <p><u>Measure Description</u></p>
<u>28</u>	<p>Aspirin at Arrival for Acute Myocardial Infarction (AMI). Data collection sheet.</p> <p><u>Data Collection Sheet</u></p>	<p>Percentage of patients, regardless of age, with an emergency department discharge diagnosis of AMI who had documentation of receiving aspirin within 24 hours before emergency department arrival or during emergency department stay.</p> <p><u>Measure Description</u></p>
<u>30</u>	<p>Perioperative Care: Timing of Prophylactic Antibiotics – Administering Physician. Data collection sheet.</p> <p><u>Data Collection Sheet</u></p>	<p>Percentage of surgical patients aged 18 and older who have an order for a parenteral antibiotic to be given within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required) for whom administration of prophylactic antibiotic has been initiated within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required).</p> <p><u>Measure Description</u></p>
<u>31</u>	<p>Stroke and Stroke Rehabilitation: Deep Vein Thrombosis Prophylaxis (DVT) for Ischemic Stroke or Intracranial Hemorrhage.</p> <p><u>Data Collection Sheet</u></p>	<p>Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or intracranial hemorrhage who received DVT prophylaxis by end of hospital day two.</p> <p><u>Measure Description</u></p>

32	Stroke and Stroke Rehabilitation: Discharged on Antiplatelet Therapy. Data Collection Sheet	Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or transient ischemic attack (TIA) who were prescribed antiplatelet therapy at discharge. Measure Description
33	Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge. Data Collection Sheet	Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or transient ischemic attack (TIA) with documented permanent, persistent, or paroxysmal atrial fibrillation who were prescribed an anticoagulant at discharge. Measure Description
34	Stroke and Stroke Rehabilitation: Tissue Plasminogen Activator (t-PA) Considered. Data Collection Sheet	Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke whose time from symptom onset to arrival is less than 3 hours who were considered for t-PA administration. Measure Description
35	Stroke and Stroke Rehabilitation: Screening for Dysphagia. Data Collection Sheet	Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or intracranial hemorrhage who underwent a dysphagia screening process before taking any foods, fluids or medication by mouth. Measure Description
36	Stroke and Stroke Rehabilitation: Consideration of Rehabilitation Services. Data Collection Sheet	Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or intracranial hemorrhage for whom consideration of rehabilitation services is documented. Measure Description
39	Screening or Therapy for Osteoporosis for Women Aged 65 Years and Older. Data Collection Sheet	Percentage of female patients aged 65 years and older who have a central dual-energy X-ray absorptiometry (DXA) measurement ordered or performed at least once since age 60 or pharmacologic therapy prescribed within 12 months. Measure Description
40	Osteoporosis: Management Following Fracture. Data Collection Sheet	Percentage of patients aged 50 years and older with fracture of the hip, spine or distal radius who had a central dual-energy X-ray absorptiometry (DXA) measurement ordered or performed or pharmacologic therapy prescribed. Measure Description

41	<p>Osteoporosis: Pharmacologic Therapy.</p> <p>Data Collection Sheet</p>	<p>Percentage of patients aged 50 years and older with a diagnosis of osteoporosis who were prescribed pharmacologic therapy within 12 months.</p> <p>Measure Description</p>
43	<p>Use of Internal Mammary Artery (IMA) in Coronary Artery Bypass Graft (CABG) Surgery.</p> <p>Data Collection Sheet</p>	<p>Percentage of patients aged 18 years and older undergoing isolated coronary artery bypass graft (CABG) surgery using an internal mammary artery (IMA).</p> <p>Measure Description</p>
44	<p>Preoperative Beta-blocker in Patients with Isolated Coronary Artery Bypass Graft (CABG) Surgery.</p> <p>Data Collection Sheet</p>	<p>Percentage of patients aged 18 years and older undergoing isolated coronary artery bypass (CABG) surgery who received a beta-blocker pre-operatively.</p> <p>Measure Description</p>
45	<p>Perioperative Care: Discontinuation of Prophylactic Antibiotics (Cardiac Procedures).</p> <p>Data Collection Sheet</p>	<p>Percentage of cardiac surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic antibiotics AND who received a prophylactic antibiotic, who have an order for discontinuation of prophylactic antibiotics within 48 hours of surgical end time.</p> <p>Measure Description</p>
46	<p>Medication Reconciliation.</p> <p>Data Collection Sheet</p>	<p>Percentage of patients aged 65 years and older discharged from any inpatient facility (e.g., hospital, skilled nursing facility, or rehabilitation facility) and seen within 60 days following discharge in the office by the physician providing on-going care who had a reconciliation of the discharge medications with the current medication list in the medical record documented.</p> <p>Measure Description</p>
47	<p>Advance Care Plan.</p> <p>Data Collection Sheet</p>	<p>Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan in the medical record.</p> <p>Measure Description</p>

48	Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older. Data Collection Sheet	Percentage of female patients aged 65 years and older who were assessed for the presence or absence of urinary incontinence within 12 months. Measure Description
49	Characterization of Urinary Incontinence in Women Aged 65 Years and Older. Data Collection Sheet	Percentage of female patients aged 65 years and older with a diagnosis of urinary incontinence whose urinary incontinence was characterized at least once within 12 months. Measure Description
50	Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older. Data Collection Sheet	Percentage of female patients aged 65 years and older with a diagnosis of urinary incontinence with a documented plan of care for urinary incontinence at least once within 12 months. Measure Description
51	Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation. Data Collection Sheet	Percentage of patients aged 18 years and older with a diagnosis of COPD who had spirometry evaluation results documented. Measure Description
52	Chronic Obstructive Pulmonary Disease (COPD): Bronchodilator Therapy. Data Collection Sheet	Percentage of patients aged 18 years and older with a diagnosis of COPD and who have an FEV1/FVC less than 70% and have symptoms who were prescribed an inhaled bronchodilator. Measure Description
53	Asthma: Pharmacologic Therapy. Data Collection Sheet	Percentage of patients aged 5 through 40 years with a diagnosis of mild, moderate, or severe persistent asthma who were prescribed either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment. Measure Description
54	Electrocardiogram Performed for Non-Traumatic Chest Pain. Data Collection Sheet	Percentage of patients aged 40 years and older with an emergency department discharge diagnosis of non-traumatic chest pain who had a 12-lead electrocardiogram (ECG) performed. Measure Description

55	<p>Electrocardiogram Performed for Syncope.</p> <p>Data Collection Sheet</p>	<p>Percentage of patients aged 60 years and older with an emergency department discharge diagnosis of syncope who had a 12-lead ECG performed.</p> <p>Measure Description</p>
56	<p>Vital Signs for Community-Acquired Bacterial Pneumonia.</p> <p>Data Collection Sheet</p>	<p>Percentage of patients aged 18 years and older with a diagnosis of community-acquired bacterial pneumonia with vital signs documented and reviewed.</p> <p>Measure Description</p>
57	<p>Assessment of Oxygen Saturation for Community-Acquired Bacterial Pneumonia.</p> <p>Data Collection Sheet</p>	<p>Percentage of patients aged 18 years and older with a diagnosis of community-acquired bacterial pneumonia with oxygen saturation documented and reviewed.</p> <p>Measure Description</p>
58	<p>Assessment of Mental Status for Community-Acquired Bacterial Pneumonia.</p> <p>Data Collection Sheet</p>	<p>Percentage of patients aged 18 years and older with a diagnosis of community-acquired bacterial pneumonia with mental status assessed.</p> <p>Measure Description</p>
59	<p>Empiric Antibiotic for Community-Acquired Bacterial Pneumonia.</p> <p>Data Collection Sheet</p>	<p>Percentage of patients aged 18 years and older with a diagnosis of community-acquired bacterial pneumonia with an appropriate empiric antibiotic prescribed.</p> <p>Measure Description</p>
64	<p>Asthma Assessment.</p> <p>Data Collection Sheet</p>	<p>Percentage of patients aged 5 through 40 years with a diagnosis of asthma who were evaluated during at least one office visit within 12 months for the frequency (numeric) of daytime and nocturnal asthma symptoms.</p> <p>Measure Description</p>
65	<p>Appropriate Treatment for Children with Upper Respiratory Infection (URI).</p> <p>Data Collection Sheet</p>	<p>Percentage of children aged 3 months through 18 years with a diagnosis of upper respiratory infection (URI) who were not prescribed or dispensed an antibiotic prescription on or within 3 days of the initial date of service.</p> <p>Measure Description</p>

66	Appropriate Testing for Children with Pharyngitis. Data Collection Sheet	Percentage of children aged 2 through 18 years with a diagnosis of pharyngitis, who were prescribed an antibiotic and who received a group A streptococcus (strep) test for the episode. Measure Description
67	Myelodysplastic Syndrome (MDS) and Acute Leukemias: Baseline Cytogenetic Testing Performed on Bone Marrow. Data Collection Sheet	Percentage of patients aged 18 years and older with a diagnosis of MDS or an acute leukemia who had baseline cytogenetic testing performed on bone marrow. Measure Description
68	Myelodysplastic Syndrome (MDS): Documentation of Iron Stores in Patients Receiving Erythropoietin Therapy. Data Collection Sheet	Percentage of patients aged 18 years and older with a diagnosis of MDS who are receiving erythropoietin therapy with documentation of iron stores prior to initiating erythropoietin therapy. Measure Description
69	Multiple Myeloma: Treatment with Bisphosphonates. Data Collection Sheet	Percentage of patients aged 18 years and older with a diagnosis of multiple myeloma, not in remission, who were prescribed or received intravenous bisphosphonate therapy within the 12-month reporting period. Measure Description
70	Chronic Lymphocytic Leukemia (CLL): Baseline Flow Cytometry. Data Collection Sheet	Percentage of patients aged 18 years and older with a diagnosis of CLL who had baseline flow cytometry studies performed. Measure Description
71	Hormonal Therapy for Stage IC - III ER/PR Positive Breast Cancer. Data Collection Sheet	Percentage of female patients aged 18 years and older with Stage IC through IIIC, estrogen receptor (ER) or progesterone receptor (PR) positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period. Measure Description
72	Chemotherapy for Stage III Colon Cancer Patients. Data Collection Sheet	Percentage of patients aged 18 years and older with Stage IIIA through IIIC colon cancer who are prescribed or who have received adjuvant chemotherapy during the 12-month reporting period. Measure Description
73	<i>Plan for Chemotherapy Documented Before Chemotherapy Administered</i>	<i>Removed from 2009 PQRI.</i>

74	<i>Radiation Therapy Recommended for Invasive Breast Cancer Patients who have Undergone Breast Conserving Surgery.</i>	<i>Removed from 2009 PQRI.</i>
75	<i>Prevention of Ventilator-Associated Pneumonia – Head Elevation.</i>	<i>Removed from 2009 PQRI.</i>
76	Prevention of Catheter-Related Bloodstream Infections (CRBSI) – Central Venous Catheter Insertion Protocol. Data Collection Sheet	Percentage of patients, regardless of age, who undergo central venous catheter (CVC) insertion for whom CVC was inserted with all elements of maximal sterile barrier technique (cap AND mask AND sterile gown AND sterile gloves AND a large sterile sheet AND hand hygiene AND 2% chlorhexidine for cutaneous antisepsis) followed. Measure Description
77	<i>Assessment of GERD Symptoms in Patients Receiving Chronic Medication for GERD.</i>	<i>Removed from 2009 PQRI.</i>
78	<i>Vascular Access for Patients Undergoing Hemodialysis.</i>	<i>Removed from 2009 PQRI.</i>
79	Influenza Vaccination in Patients with End Stage Renal Disease (ESRD). Data Collection Sheet	Percentage of patients aged 18 years and older with a diagnosis of ESRD and receiving dialysis who received the influenza immunization during the flu season (September through February). Measure Description
80	<i>Plan of Care for ESRD Patients with Anemia.</i>	<i>Removed from 2009 PQRI.</i>
81	Plan of Care for Inadequate Hemodialysis in ESRD Patients. Data Collection Sheet	Percentage of patient calendar months during the 12-month reporting period in which patients aged 18 years and older with a diagnosis of end stage renal disease (ESRD) receiving hemodialysis have a Kt/V ≥ 1.2 OR patients who have a Kt/V < 1.2 with a documented plan of care for inadequate hemodialysis. Measure Description
82	Plan of Care for Inadequate Peritoneal Dialysis. Data Collection Sheet	Percentage of patients aged 18 years and older with a diagnosis of end stage renal disease (ESRD) receiving peritoneal dialysis who have a Kt/V ≥ 1.7 OR patients who have a Kt/V < 1.7 with a documented plan of care for inadequate peritoneal dialysis at least three times during the 12-month reporting period. Measure Description

83	<p>Testing of Patients with Chronic Hepatitis C (HCV) for Hepatitis C Viremia.</p> <p>Data Collection Sheet</p>	<p>Percentage of patients aged 18 years and older with a diagnosis of hepatitis C seen for an initial evaluation who had HCV RNA testing ordered or previously performed.</p> <p>Measure Description</p>
84	<p>Initial Hepatitis C RNA Testing.</p> <p>Data Collection Sheet</p>	<p>Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment for whom quantitative HCV RNA testing was performed within 6 months prior to initiation of treatment.</p> <p>Measure Description</p>
85	<p>HCV Genotype Testing Prior to Therapy.</p> <p>Data Collection Sheet</p>	<p>Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment for whom HCV genotype testing was performed prior to initiation of treatment.</p> <p>Measure Description</p>
86	<p>Consideration for Antiviral Therapy in HCV Patients.</p> <p>Data Collection Sheet</p>	<p>Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who were considered for peginterferon and ribavirin therapy within the 12-month reporting period.</p> <p>Measure Description</p>
87	<p>HCV RNA Testing at Week 12 of Therapy.</p> <p>Data Collection Sheet</p>	<p>Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment for whom quantitative HCV RNA testing was performed at 12 weeks from the initiation of antiviral treatment.</p> <p>Measure Description</p>
88	<p><i>Hepatitis A and B Vaccination in Patients with HCV.</i></p>	<p><i>Removed from 2009 PQRI.</i></p>
89	<p>Counseling Patients with HCV Regarding Use of Alcohol.</p> <p>Data Collection Sheet</p>	<p>Percentage of patients aged 18 years and older with a diagnosis of hepatitis C who received education regarding the risk of alcohol consumption at least once within the 12-month reporting period.</p> <p>Measure Description</p>

90	<p>Counseling of Patients Regarding Use of Contraception Prior to Starting Antiviral Therapy.</p> <p>Data Collection Sheet</p>	<p>Percentage of female patients aged 18 through 44 years and all men aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment who were counseled regarding contraception prior to the initiation of treatment.</p> <p>Measure Description</p>
91	<p>Acute Otitis Externa (AOE): Topical Therapy.</p> <p>Data Collection Sheet</p>	<p>Percentage of patients aged 2 years and older with a diagnosis of AOE who were prescribed topical preparations.</p> <p>Measure Description</p>
92	<p>Acute Otitis Externa (AOE): Pain Assessment.</p> <p>Data Collection Sheet</p>	<p>Percentage of patient visits for those patients aged 2 years and older with a diagnosis of AOE with assessment for auricular or periauricular pain.</p> <p>Measure Description</p>
93	<p>Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use.</p> <p>Data Collection Sheet</p>	<p>Percentage of patients aged 2 years and older with a diagnosis of AOE who were not prescribed systemic antimicrobial therapy.</p> <p>Measure Description</p>
94	<p>Otitis Media with Effusion (OME): Diagnostic Evaluation – Assessment of Tympanic Membrane Mobility.</p> <p>Data Collection Sheet</p>	<p>Percentage of patient visits for those patients aged 2 months through 12 years with a diagnosis of OME with assessment of tympanic membrane mobility with pneumatic otoscopy or tympanometry.</p> <p>Measure Description</p>
95	<p>Otitis Media with Effusion (OME): Hearing Testing.</p> <p>Data Collection Sheet</p>	<p>Percentage of patients aged 2 months through 12 years with a diagnosis of OME who received tympanostomy tube insertion who had a hearing test performed within 6 months prior to tympanostomy tube insertion.</p> <p>Measure Description</p>
96	<p>Otitis Media with Effusion (OME): Antihistamines or Decongestants – Avoidance of Inappropriate Use.</p>	<p><i>Removed from 2009 PQRI.</i></p>
97	<p>Otitis Media with Effusion (OME): Systemic Antimicrobials – Avoidance of Inappropriate Use.</p>	<p><i>Removed from 2009 PQRI.</i></p>
98	<p>Otitis Media with Effusion (OME): Systemic Corticosteroids – Avoidance of Inappropriate Use,</p>	<p><i>Removed from 2009 PQRI.</i></p>

99	Breast Cancer Patients who have a pT and pN Category and Histologic Grade for Their Cancer. Data Collection Sheet	Description: Percentage of breast cancer resection pathology reports that include the pT category (primary tumor), the pN category (regional lymph nodes), and the histologic grade. Measure Description
100	Colorectal Cancer Patients who have a pT and pN Category and Histologic Grade for Their Cancer. Data Collection Sheet	Percentage of colon and rectum cancer resection pathology reports that include the pT category (primary tumor), the pN category (regional lymph nodes) and the histologic grade. Measure Description
101	<i>Appropriate Initial Evaluation of Patients with Prostate Cancer.</i>	<i>Removed from 2009 PQRI.</i>
102	Inappropriate Use of Bone Scan for Staging Low-Risk Prostate Cancer Patients. Data Collection Sheet	Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer. Measure Description
103	<i>Review of Treatment Options in Patients with Clinically Localized Prostate Cancer.</i>	<i>Removed from 2009 PQRI.</i>
104	Adjuvant Hormonal Therapy for High-Risk Prostate Cancer Patients. Data Collection Sheet	Percentage of patients, regardless of age, with a diagnosis of prostate cancer at high risk of recurrence receiving external beam radiotherapy to the prostate who were prescribed adjuvant hormonal therapy (GnRH agonist or antagonist). Measure Description
105	Three-dimensional Radiotherapy for Patients with Prostate Cancer. Data Collection Sheet	Percentage of patients, regardless of age, with prostate cancer receiving external beam radiotherapy to the prostate only (no metastases) who receive 3D-CRT or IMRT. Measure Description

106	<p>Patients who have Major Depression Disorder who meet DSM IV Criteria.</p> <p>Data Collection Sheet</p>	<p>Percentage of patients aged 18 years and older with a new diagnosis or recurrent episode of major depressive disorder (MDD) who met the DSM-IVTM criteria during the visit in which the new diagnosis or recurrent episode was identified during the measurement period.</p> <p>Measure Description</p>
107	<p>Patients who have Major Depression Disorder who are Assessed for Suicide Risks.</p> <p>Data Collection Sheet</p>	<p>Percentage of patients aged 18 years and older with a new diagnosis or recurrent episode of major depressive disorder (MDD) who had a suicide risk assessment completed at each visit during the measurement period.</p> <p>Measure Description</p>
108	<p>Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis.</p> <p>Data Collection Sheet</p>	<p>Percentage of patients aged 18 years and older who were diagnosed with rheumatoid arthritis and were prescribed, dispensed, or administered at least one ambulatory prescription for a disease modifying anti-rheumatic drug (DMARD).</p> <p>Measure Description</p>
109	<p>Patients with Osteoarthritis who have an Assessment of Their Pain and Function.</p> <p>Data Collection Sheet</p>	<p>Percentage of patient visits for patients aged 21 years and older with a diagnosis of osteoarthritis (OA) with assessment for function and pain.</p> <p>Measure Description</p>
110	<p>Influenza Vaccination for Patients > 50 Years Old.</p> <p>Data Collection Sheet</p>	<p>Percentage of patients aged 50 years and older who received an influenza immunization during the flu season (September through February).</p> <p>Measure Description</p>
111	<p>Pneumonia Vaccination for Patients 65 years and Older.</p> <p>Data Collection Sheet</p>	<p>Percentage of patients aged 65 years and older who have ever received a pneumococcal vaccine.</p> <p>Measure Description</p>
112	<p>Screening Mammography.</p> <p>Data Collection Sheet</p>	<p>Percentage of women aged 40 through 69 years who had a mammogram to screen for breast cancer within 24 months.</p> <p>Measure Description</p>
113	<p>Colorectal Cancer Screening.</p> <p>Data Collection Sheet</p>	<p>Percentage of patients aged 50 through 80 years who received the appropriate colorectal cancer screening.</p> <p>Measure Description</p>

114	Inquiry Regarding Tobacco Use. Data Collection Sheet	Percentage of patients aged 18 years or older who were queried about tobacco use one or more times within 24 months. Measure Description
115	Advising Smokers to Quit. Data Collection Sheet	Percentage of patients aged 18 years and older and are smokers who received advice to quit smoking. Measure Description
116	Inappropriate Antibiotic Treatment for Adults with Acute Bronchitis. Data Collection Sheet	Percentage of adults aged 18 through 64 years with a diagnosis of acute bronchitis who were not prescribed or dispensed an antibiotic prescription on or within 3 days of the initial date of service. Measure Description
117	Dilated Eye Exam in Diabetic Patient. Data Collection Sheet	Percentage of patients aged 18 through 75 years with a diagnosis of diabetes mellitus who had a dilated eye exam. Measure Description
118	Angiotensin Converting Enzyme Inhibitor (ACE) or Angiotensin Receptor Blocker (ARB) Therapy for Patients with Coronary Artery Disease and Diabetes and/or Left Ventricular Systolic Dysfunction (LVSD). Data Collection Sheet	Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease (CAD) who also have diabetes mellitus and/or left ventricular systolic dysfunction (LVSD) who were prescribed ACE Inhibitor or ARB therapy. Measure Description
119	Urine Screening for Microalbumin or Medical Attention for Nephropathy in Diabetic Patients. Data Collection Sheet	Percentage of patients aged 18 through 75 years of age with diabetes mellitus who received urine protein screening or medical attention for nephropathy during at least one office visit within 12 months. Measure Description
120	ACE Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy in Patients with CKD.	Removed from 2009 PQRI.

121	<p>Chronic Kidney Disease (CKD): Laboratory Testing (Calcium, Phosphorus, Intact Parathyroid Hormone (iPTH) and Lipid Profile).</p> <p>Data Collection Sheet</p>	<p>Percentage of patients aged 18 years and older with a diagnosis of advanced CKD (stage 4 or 5, not receiving Renal Replacement Therapy [RRT]), who had the following laboratory testing ordered at least once during the 12-month reporting period: serum levels of calcium, phosphorus and intact PTH, and lipid profile.</p> <p>Measure Description</p>
122	<p>Chronic Kidney Disease (CKD): Blood Pressure Management.</p> <p>Data Collection Sheet</p>	<p>Percentage of patient visits for patients aged 18 years and older with a diagnosis of advanced CKD (stage 4 or 5, not receiving Renal Replacement Therapy [RRT]), with a blood pressure < 130/80 mmHg OR blood pressure ≥ 130/80 mmHg with a documented plan of care.</p> <p>Measure Description</p>
123	<p>Chronic Kidney Disease (CKD): Plan of Care: Elevated Hemoglobin for Patients Receiving Erythropoiesis – Stimulating Agents (ESA).</p> <p>Data Collection Sheet</p>	<p>Percentage of patient calendar months during the 12-month reporting period in which patients aged 18 years and older with a diagnosis of advanced CKD (stage 4 or 5, not receiving Renal Replacement Therapy [RRT]), receiving ESA therapy, have a hemoglobin < 13 g/dL OR patients whose hemoglobin is ≥ 13 g/dL and have a documented plan of care.</p> <p>Measure Description</p>
124	<p>HIT- Adoption/Use of Health Information Technology (Electronic Health Records).</p> <p>Data Collection Sheet</p>	<p>Documents whether provider has adopted and is using health information technology. To qualify, the provider must have adopted a qualified electronic medical record (EMR). For the purpose of this measure, a qualified EMR can either be a Certification Commission for Healthcare Information Technology (CCHIT) certified EMR or, if not CCHIT certified, the system must be capable of all of the following:</p> <ul style="list-style-type: none"> • Generating a medication list. • Generating a problem list. • Entering laboratory tests as discrete searchable data elements. <p>Measure Description</p>
125	<p>HIT- Adoption/Use of e-Prescribing.</p>	<p><i>Removed from 2009 PQRI.</i></p> <p><i>Refer to new Electronic Prescribing (e-prescribing) incentive program.</i></p>

126	Diabetic Foot and Ankle Care, Peripheral Neuropathy: Neurological Evaluation. Data Collection Sheet	Percentage of patients aged 18 years and older with a diagnosis of diabetes mellitus who had a neurological examination of their lower extremities. Measure Description
127	Diabetic Foot and Ankle Care, Ulcer Prevention: Evaluation of Footwear. Data Collection Sheet	Percentage of patients aged 18 years and older with a diagnosis of diabetes mellitus who were evaluated for proper footwear and sizing. Measure Description
128	Universal Weight Screening and Follow-Up. Data Collection Sheet	Percentage of patients aged 65 years and older with a calculated Body Mass Index (BMI) within the past six months or during the current visit that is documented in the medical record and if the most recent BMI is ≥ 30 or < 22 , a follow-up plan is documented. Measure Description
129	<i>Universal Influenza Vaccine Screening and Counseling.</i>	<i>Removed from 2009 PQRI.</i>
130	Universal Documentation and Verification of Current Medications in the Medical Record. Data Collection Sheet	Percentage of patients aged 18 years and older with written provider documentation that current medications with dosages (includes prescription, over-the-counter, herbals, vitamin/mineral/dietary [nutritional] supplements) were verified with the patient or authorized representative. Measure Description
131	Pain Assessment Prior to Initiation of Patient Treatment. Data Collection Sheet	Percentage of patients aged 18 years and older with documentation of a pain assessment (if pain is present, including location, intensity and description) through discussion with the patient or through use of a standardized tool on each initial evaluation prior to initiation of therapy. Measure Description
132	Patient Co-Development of Treatment Plan/Plan of Care.	<i>Removed from 2009 PQRI.</i>
133	<i>Screening for Cognitive Impairment.</i>	<i>Removed from 2009 PQRI.</i>

134	Screening for Clinical Depression. Data Collection Sheet	Percentage of patients aged 18 years and older screened for clinical depression using a standardized tool. Measure Description
135	Chronic Kidney Disease (CKD): Influenza Immunization. Data Collection Sheet	Percentage of patients aged 18 years and older with a diagnosis of advanced CKD (stage 4 or 5, not receiving Renal Replacement Therapy [RRT]) who received the influenza immunization during the flu season (September through February). Measure Description
136	Melanoma: Follow-Up Aspects of Care. Data Collection Sheet	Percentage of patients, regardless of age, with a new diagnosis of melanoma or a history of melanoma who received all of the following aspects of care within 12 months: (1) patient was asked specifically if he/she had any new or changing moles; AND (2) a complete physical skin examination was performed and the morphology, size, and location of new or changing pigmented lesions were noted; AND (3) patient was counseled to perform a monthly self skin examination. Measure Description
137	Melanoma: Continuity of Care – Recall System. Data Collection Sheet	Percentage of patients, regardless of age, with a current diagnosis of melanoma or a history of melanoma who were entered into a recall system with the date for the next complete physical skin examination specified at least once within 12 months. Measure Description
138	Melanoma: Coordination of Care. Data Collection Sheet	Percentage of patient visits, regardless of patient age, with a new occurrence of melanoma who have a treatment plan documented in the chart that was communicated to the physician(s) providing continuing care within one month of diagnosis. Measure Description
139	Cataracts: Comprehensive Preoperative Assessment for Cataract Surgery with Intraocular Lens (IOL) Placement. Data Collection Sheet	Percentage of patients aged 18 years and older with a procedure of cataract surgery with IOL placement who received a comprehensive preoperative assessment of 1) dilated fundus examination; 2) axial length, corneal keratometry measurement, and method of IOL power calculation; and 3) functional or medical indication(s) for surgery prior to the cataract surgery with IOL placement within 12 months prior to cataract surgery. Measure Description

140	Age-Related Macular Degeneration (AMD): Counseling on Antioxidant Supplement. Data Collection Sheet	Percentage of patients aged 50 years and older with a diagnosis of AMD and/or their caregiver(s) who were counseled within 12 months on the benefits and/or risks of the Age-Related Eye Disease Study (AREDS) formulation for preventing progression of AMD. Measure Description
141	Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care. Data Collection Sheet	Percentage of patients aged 18 years and older with a diagnosis of POAG whose glaucoma treatment has not failed (the most recent IOP was reduced by at least 15% from the pre-intervention level) OR if the most recent IOP was not reduced by at least 15% from the pre-intervention level, a plan of care was documented within 12 months. Measure Description
142	Osteoarthritis (OA): Assessment for Use of Anti-Inflammatory or Analgesic Over-the-Counter (OTC) Medications. Data Collection Sheet	Percentage of patient visits for patients aged 21 years and older with a diagnosis of OA with an assessment for use of anti-inflammatory or analgesic OTC medications. Measure Description
143	Oncology: Medical and Radiation – Pain Intensity Quantified. Data Collection Sheet	Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified. Measure Description
144	Oncology: Medical and Radiation – Plan of Care for Pain. Data Collection Sheet	Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain with a documented plan of care to address pain. Measure Description
145	Radiology: Exposure Time Reported for Procedures Using Fluoroscopy. Data Collection Sheet	Percentage of final reports for procedures using fluoroscopy that include documentation of radiation exposure or exposure time. Measure Description
146	Radiology: Inappropriate Use of “Probably Benign” Assessment Category in Mammography Screening. Data Collection Sheet	Percentage of final reports for screening mammograms that are classified as “probably benign”. Measure Description

147	Nuclear Medicine: Correlation with Existing Imaging Studies for All Patients Undergoing Bone Scintigraphy. Data Collection Sheet	Percentage of final reports for all patients, regardless of age, undergoing bone scintigraphy that include physician documentation of correlation with existing relevant imaging studies (eg, x-ray, MRI, CT, etc.) that were performed. Measure Description
148	Back Pain: Initial Visit. Data Collection Sheet	The percentage of patients aged 18 through 79 years with a diagnosis of back pain or undergoing back surgery who had back pain and function assessed during the initial visit to the clinician for the episode of back pain. Measure Description
149	Back Pain: Physical Exam. Data Collection Sheet	Percentage of patients aged 18 through 79 years with a diagnosis of back pain or undergoing back surgery who received a physical examination at the initial visit to the clinician for the episode of back pain. Measure Description
150	Back Pain: Advice for Normal Activities. Data Collection Sheet	The percentage of patients aged 18 through 79 years with a diagnosis of back pain or undergoing back surgery who received advice for normal activities at the initial visit to the clinician for the episode of back pain. Measure Description
151	Back Pain: Advice Against Bed Rest. Data Collection Sheet	The percentage of patients aged 18 through 79 years with a diagnosis of back pain or undergoing back surgery who received advice against bed rest lasting four days or longer at the initial visit to the clinician for the episode of back pain. Measure Description
152	Coronary Artery Disease (CAD): Lipid Profile in Patients with CAD. Data Collection Sheet	Percentage of patients aged 18 years and older with a diagnosis of CAD who received at least one lipid profile within 12 months. Measure Description
153	Chronic Kidney Disease (CKD): Referral for Arteriovenous (AV) Fistula. Data Collection Sheet	Percentage of patients aged 18 years and older with the diagnosis of advanced CKD (stage 4 or 5, not receiving Renal Replacement Therapy [RRT]), who were referred for AV fistula at least once during the 12-month reporting period. Measure Description

154	Falls: Risk Assessment. Data Collection Sheet	Percentage of patients aged 65 years and older with a history of falls who had a risk assessment for falls completed within 12 months. Measure Description
155	Falls: Plan of Care. Data Collection Sheet	Percentage of patients aged 65 years and older with a history of falls who had a plan of care for falls documented within 12 months. Measure Description
156	Oncology: Radiation Dose Limits to Normal Tissues. Data Collection Sheet	Percentage of patients, regardless of age, with a diagnosis of pancreatic or lung cancer receiving 3D conformal radiation therapy with documentation in medical record that radiation dose limits to normal tissues were established prior to the initiation of a course of 3D conformal radiation for a minimum of two tissues. Measure Description
157	Thoracic Surgery: Recording of Clinical Stage for Lung Cancer and Esophageal Cancer Resection. Data Collection Sheet	Percentage of surgical patients aged 18 years and older undergoing treatment procedures for lung or esophageal cancer who had clinical TNM staging provided prior to surgery. Measure Description
158	Endarterectomy: Use of Patch During Conventional Endarterectomy. Data Collection Sheet	Percentage of patients aged 18 years and older undergoing conventional (non-eversion) endarterectomy who undergo patch closure of the arteriotomy. Measure Description
159	HIV/AIDS: CD4+ Cell Count or CD4+ Percentage. Data Collection Sheet	Percentage of patients aged 6 months and older with a diagnosis of HIV/AIDS for whom a CD4+ cell count or CD4+ cell percentage was performed at least once every 6 months. Measure Description
160	HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis. Data Collection Sheet	Percentage of patients aged 6 years and older with a diagnosis of HIV/AIDS and CD4+ cell count < 200 cells/mm ³ who were prescribed PCP prophylaxis within 3 months of low CD4+ cell count. Measure Description

161	HIV/AIDS: Adolescent and Adult Patients with HIV/AIDS Who Are Prescribed Potent Antiretroviral Therapy. Data Collection Sheet	Percentage of patients with a diagnosis of HIV/AIDS aged 13 years and older: who have a history of a nadir CD4+ cell count below 350/mm3 or who have a history of an AIDS-defining condition, regardless of CD4+ cell count; or who are pregnant, regardless of CD4+ cell count or age, who were prescribed potent antiretroviral therapy Measure Description
162	HIV/AIDS: HIV RNA Control After Six Months of Potent Antiretroviral Therapy. Data Collection Sheet	Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS who are receiving potent antiretroviral therapy, who have a viral load below limits of quantification after at least 6 months of potent antiretroviral therapy or patients whose viral load is not below limits of quantification after at least 6 months of potent antiretroviral therapy and have documentation of a plan of care. Measure Description
163	Diabetes Mellitus: Foot Exam. Data Collection Sheet	The percentage of patients aged 18 through 75 years with diabetes who had a foot examination. Measure Description
164	Coronary Artery Bypass Graft (CABG): Prolonged Intubation (Ventilation). Data Collection Sheet	Percentage of patients aged 18 years and older undergoing isolated CABG surgery who require intubation > 24 hours. Measure Description
165	Coronary Artery Bypass Graft (CABG): Deep Sternal Wound Infection Rate. Data Collection Sheet	Percentage of patients aged 18 years and older undergoing isolated CABG surgery who developed deep sternal wound infection (involving muscle, bone, and/or mediastinum requiring operative intervention) within 30 days post-operatively. Measure Description
166	Coronary Artery Bypass Graft (CABG): Stroke/Cerebrovascular Accident (CVA). Data Collection Sheet	Percentage of patients aged 18 years and older undergoing isolated CABG surgery who had a stroke/CVA. Measure Description
167	Coronary Artery Bypass Graft (CABG): Postoperative Renal Insufficiency. Data Collection Sheet	Percentage of patients aged 18 years and older undergoing isolated CABG surgery who develop postoperative renal insufficiency or require dialysis. Measure Description

168	Coronary Artery Bypass Graft (CABG): Surgical Re-exploration. Data Collection Sheet	Percentage of patients aged 18 years and older undergoing isolated CABG surgery who require a return to the operating room (OR) for mediastinal bleeding/tamponade, graft occlusion (due to acute closure, thrombosis, technical or embolic origin), or other cardiac reason. Measure Description
169	Coronary Artery Bypass Graft (CABG): Antiplatelet Medications at Discharge. Data Collection Sheet	Percentage of patients aged 18 years and older undergoing isolated CABG surgery who have antiplatelet medication at discharge. Measure Description
170	Coronary Artery Bypass Graft (CABG): Beta-Blockers Administered at Discharge. Data Collection Sheet	Percentage of patients aged 18 years and older undergoing isolated CABG surgery who were discharged on beta-blockers. Measure Description
171	Coronary Artery Bypass Graft (CABG): Lipid Management and Counseling. Data Collection Sheet	Percentage of patients aged 18 years and older undergoing isolated CABG surgery who have anti-lipid treatment at discharge. Measure Description
172	Hemodialysis Vascular Access Decision-Making by Surgeon to Maximize Placement of Autogenous Arterial Venous (AV) Fistula. Data Collection Sheet	Percentage of patients aged 18 years and older with a diagnosis of advanced Chronic Kidney Disease (CKD) (stage 4 or 5) or End Stage Renal Disease (ESRD) requiring hemodialysis vascular access documented by surgeon to have received autogenous AV fistula. Measure Description
173	Preventive Care and Screening: Unhealthy Alcohol Use – Screening. Data Collection Sheet	Percentage of patients aged 18 years and older who were screened for unhealthy alcohol use using a systematic screening method within 24 months. Measure Description
174	Pediatric End Stage Renal Disease (ESRD): Plan of Care for Inadequate Hemodialysis. Data Collection Sheet	Percentage of calendar months during the 12-month reporting period in which patients aged 17 years and younger with a diagnosis of ESRD receiving hemodialysis have a single-pool Kt/V ≥ 1.2 or have a single-pool Kt/V < 1.2 with a documented plan of care for inadequate hemodialysis. Measure Description

175	<p>Pediatric End Stage Renal Disease (ESRD): Influenza Immunization.</p> <p>Data Collection Sheet</p>	<p>Percentage of patients aged 6 months through 17 years with a diagnosis of ESRD and receiving dialysis seen for a visit between November 1 and February 15 who have documented administration of influenza immunization OR patient reported receipt of an influenza immunization from another provider.</p> <p>Measure Description</p>
176	<p>Rheumatoid Arthritis (RA): Tuberculosis Screening.</p> <p>Data Collection Sheet</p>	<p>Percentage of patients 18 years and older with a diagnosis of RA who have documentation of a tuberculosis (TB) screening performed and results interpreted within 6 months prior to receiving a first course of therapy using a biologic disease-modifying anti-rheumatic drug (DMARD).</p> <p>Measure Description</p>
177	<p>Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity.</p> <p>Data Collection Sheet</p>	<p>Percentage of patients 18 years and older with a diagnosis of RA who have an assessment and classification of disease activity within 12 months.</p> <p>Measure Description</p>
178	<p>Rheumatoid Arthritis (RA): Functional Status Assessment.</p> <p>Data Collection Sheet</p>	<p>Percentage of patients 18 years and older with a diagnosis of RA for whom a functional status assessment was performed at least once within 12 months.</p> <p>Measure Description</p>
179	<p>Rheumatoid Arthritis (RA): Assessment and Classification of Disease Prognosis.</p> <p>Data Collection Sheet</p>	<p>Percentage of patients 18 years and older with a diagnosis of RA who have an assessment and classification of disease prognosis at least once within 12 months.</p> <p>Measure Description</p>
180	<p>Rheumatoid Arthritis (RA): Glucocorticoid Management.</p> <p>Data Collection Sheet</p>	<p>Percentage of patients 18 years and older with a diagnosis of RA who have been assessed for glucocorticoid use and, for those on prolonged doses of prednisone ≥ 10 mg daily (or equivalent) with improvement or no change in disease activity, documentation of glucocorticoid management plan within 12 months.</p> <p>Measure Description</p>
181	<p>Elder Maltreatment Screen and Follow-Up Plan.</p> <p>Data Collection Sheet</p>	<p>Percentage of patients age 65 years and older with documentation of a screen for elder maltreatment AND documented follow-up plan.</p> <p>Measure Description</p>

182	Functional Outcome Assessment in Chiropractic Care. Data Collection Sheet	Percentage of patients age 18 years and older with documentation of a current functional outcome assessment using a standardized tool AND documentation of a care plan based on identified functional outcome deficiencies. Measure Description
183	Hepatitis C: Hepatitis A Vaccination in Patients with HCV. Data Collection Sheet	Percentage of patients aged 18 years and older with a diagnosis of hepatitis C who received at least one injection of hepatitis A vaccine, or who have documented immunity to hepatitis A. Measure Description
184	Hepatitis C: Hepatitis B Vaccination in Patients with HCV. Data Collection Sheet	Percentage of patients aged 18 years and older with a diagnosis of hepatitis C who received at least one injection of hepatitis B vaccine, or who have documented immunity to hepatitis B. Measure Description
185	Endoscopy & Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use. Data Collection Sheet	Percentage of patients aged 18 years and older receiving a surveillance colonoscopy and a history of colonic polyp (s) in a previous colonoscopy, who had a follow-up interval of 3 or more years since their last colonoscopy documented in the colonoscopy report. Measure Description
186	Wound Care: Use of Compression System in Patients with Venous Ulcers. Data Collection Sheet	Percentage of patients aged 18 years and older with a diagnosis of venous ulcer who were prescribed compression therapy within the 12-month reporting period. Measure Description

Reporting PQRI Data

CMS was authorized to make PQRI incentive payments for satisfactory reporting of quality measures data in 2008 and to establish alternative reporting periods and criteria for the reporting of measure groups and for reporting PQRI quality measures through a clinical data registry.

The new options include alternative reporting periods and alternative criteria for satisfactorily reporting measures groups and alternative reporting periods and alternative criteria for satisfactorily reporting through registry-based reporting.

Claims-Based Reporting

The claims-based reporting mechanism for measures groups is available January 1, 2009. The alternative reporting criteria for quality measures for measures groups reported for the July 1, 2009 - December 31, 2009 reporting period are available for claims-based reporting for:

- 15 consecutive Medicare patients for whom the measures of one measures group apply.
- OR
- 80 percent of Medicare patients for whom the measures of the measures group apply without regard to whether the patients are consecutive.

Claims-Based Submission of Measures Groups

For measures groups submitted through the claims mechanism, an eligible professional must initiate reporting for the 30 consecutive Medicare patients beginning on or after January 1, 2009, or 15 consecutive Medicare patients beginning on or after July 1, 2009, by reporting a specific “G-code” on the initial claim for a measures group. This indicates the eligible professional's intent to report a specific measures group starting with the first patient for whom the “G-code” is submitted. The measures groups specific “G-codes” are:

- G8485 for Diabetes Mellitus
- G8487 for Chronic Kidney Disease
- G8486 for Preventive Care
- G8490 for Rheumatoid Arthritis Measures Group
- G8492 for Perioperative Care Measures Group
- G8493 for Back Pain Measures Group

Report all the applicable CPT II or “G-code” quality data codes for each of the measures in the measures group that are applicable to the patient. Coronary Artery Bypass Graft (CABG) is only reported through the registry-based method.

Registry-Based Reporting

CMS will accept quality measure results on 2009 Physician Quality Reporting Initiative (PQRI) measures submitted by qualified registries on behalf of their participants. A list of 2008 CMS certified PQRI registries is at the end of this document along with links to their websites. The 2008 CMS certified PQRI registries that submitted successfully for 2008 are approved for 2009.

Registries approved by CMS have met a list of criteria, including:

- Report data by both National Provider Identifier and Taxpayer Identification Number.

- Separate and report on Medicare Part B patients only.
- Provide PQRI measure numbers and titles.
- Ability to transmit data in a CMS-approved XML format.

Registries must agree to provide CMS access to review the Medicare beneficiary data on which 2008 PQRI registry-based submissions are founded.

Eligible professionals whose quality measure results are successfully submitted on their behalf by a registry and who have satisfied the applicable criteria for satisfactorily reporting for either the January-December or July-December reporting period may earn an incentive payment equal to 2.0% of their total allowed charges for Medicare Physician Fee Schedule (MPFS) covered professional services furnished during the applicable reporting period.

PrimaryData recommends using the registry-based reporting. There is typically an approximate \$350 charge to participate through a registry, but it is much easier to use than claims-based reporting.

Registry-Based Reporting Only

The alternative reporting criteria for quality measures for measures groups reported for the January 1, 2009 - December 31, 2009 reporting period are:

- 30 consecutive patients for whom the measures of one measures group apply.

OR

- 80 percent of applicable Medicare patients seen during the year for whom the measures of the measures group apply without regard to whether the patients are consecutive.

The alternative reporting criteria for quality measures for measures groups reported for the July 1, 2009 - December 31, 2009 reporting period are:

- 15 consecutive patients for whom the measures of one measures group apply.

OR

- 80 percent of applicable Medicare patients seen during the six-month period for whom the measures of the measures group apply without regard to whether the patients are consecutive.

PrimaryData recommends the 30 (or 15) consecutive patient reporting method which also allows some non-Medicare patients to be reported.

Alternative Criteria Requirements for Both Claims-Based and Registry-Reporting of Measures Groups

The following criteria for quality measures for measures groups apply regardless of whether the measures are reported through claims-based submission or through registry-based reporting:

- “Medicare patients” means Part B Medicare Fee-For-Service patients. Patients enrolled in Medicare Part C (also known as “Medicare Advantage”) plans may only be included in registry-based reporting, and then only under the consecutive-patients criterion. Medicare Advantage plans include but are not limited to Private Fee-For-Service Medicare plans.
- “Non-Medicare patients” are patients not enrolled in any part of Medicare and may only be included in registry-based reporting, and then only under the consecutive-patients criterion.
- “Consecutive” means next in order by date of service. Patients are considered consecutive without regard to gender even though some measures in a group (e.g., preventive care measures) may apply only to females or only to patients of over a specific age, while the majority

of measures may apply to both males and females or to patients of a wider age range.

- “Patients for whom the measures of one measures group apply” means patients for whom services are furnished during the reporting period and for whom the measures of a particular group apply.
- Measures groups reporting requires that eligible professionals must report on each of the measures in the measures group that is applicable to each patient.

Testing of EHR-based and Clinical Registry-Based Reporting

In 2008 and 2009 CMS is testing data submission through electronic health records, in cooperation with EHR vendors. There is no incentive payment available through EHR-based data submission in 2008 or 2009. In preparation for testing of EHR-based reporting during 2008, five of the PQRI measures proposed for 2008 were specified for EHR-based submission. These five measures were also included as measures used by the Doctor's Office Quality – Information Technology ("DOQ-IT") project launched nationally in 2005. Three of the measures focused on diabetes, one on coronary artery disease, and one on heart failure.

The following EHR vendors have been selected to participate in this pilot testing program:

- Cerner Corporation
- eClinicalWorks
- NextGen Healthcare Information Systems, Inc.
- DocSite
- Allscripts
- Anceta

2009 PQRI Reporting Options Quick Reference Tables

Claims-based submission	
January 1, 2009 - December 31, 2009 reporting period	July 1, 2009 – December 31, 2009 reporting period
Individual Measures 1-3 measures 80% of applicable Medicare cases	Measures Groups All measures in one Measures Group 15 consecutive Medicare patients OR 80% of applicable Medicare cases
Include appropriate quality data code(s) (CPT II or G-code) on all applicable claims.	Include appropriate Measures Group G-code on initial claim and appropriate quality data code(s) (CPT II or G-code) for each measure in Measures Group on all applicable claims, including initial claim.

Registry-based submission	
January 1, 2009 - December 31, 2009 reporting period	July 1, 2009 – December 31, 2009 reporting period
Individual Measures 3 measures 80% of applicable Medicare cases	Individual Measures 3 measures 80% of applicable Medicare cases
Measures Groups All measures in one Measures Group 30 consecutive patients OR 80% of applicable Medicare cases Consecutive patients must include Medicare – may include some non-Medicare	Measures Groups All measures in one Measures Group 15 consecutive patients OR 80% of applicable Medicare cases Consecutive patients must include Medicare - may include some non-Medicare
Use of a G-code is not required for registry-based submission.	

Coding for Claims-Based Submission

Each of these measures identifies a reporting frequency and reporting requirement for each eligible patient during the reporting period. Some measures may ask you to report one time per patient, others will specify for each procedure performed, etc. Some measures will also identify a performance timeline; for example, whether the measure was performed within the last year.

You will see that the measures have both a numerator and a denominator. The numerator describes the clinical action required and the denominator describes the eligible patients for the measure.

Simplified worksheets are available for you and your staff to assist in the determination of the appropriate Current Procedural Terminology 2 (CPT 2) codes to be used. These helpful worksheets can be found at:

http://www.cms.hhs.gov/PQRI/31_PQRIToolKit.asp#TopOfPage.

Worksheets are available from the AMA at <http://www.ama-assn.org>. The AMA worksheets are linked to the [2009 Quality Measures Table](#) in this white paper for your convenience in accessing.

CPT Category 2 codes have been developed for reporting the performance measures numerator. The CPT 2 codes are five digits, ending in the letter "F." When reporting performance measurements, you will also report a CPT 2 Modifier.

These modifiers are unique to CPT 2 codes. The CPT 2 modifiers fall into two categories, exclusion and 8P reporting modifier. The modifiers are:

- 1P Exclusion modifier due to medical reasons; for example, measure may not be indicated or may be contraindicated for that patient.
- 2P Exclusion modifier due to patient reasons, for example, patient refuses.
- 3P Exclusion modifier due to system reasons, for example, services not available or service is limited or not allowed by a payer.
- 8P Reporting modifier. This is used when a patient is eligible, but measure is not performed and the reason is not specified.

When reporting quality codes, the CPT 2 codes must be reported on the same claim as the payment codes. Quality Codes are to be submitted with a line item charge of \$0.00 or you can enter \$0.01 if your system will not allow a \$0.00 charge. The quality codes will be denied for payment, but will be sent for PQRI analysis. If Medicare is secondary you may need to enter the quality codes after submission to the primary carrier as some primary carriers are not forwarding \$0.00 line items.

A comprehensive handbook for coding is available from the CMS web site at:

<http://www.cms.hhs.gov/PQRI/Downloads/2008PQRICodingforQualityHandbook.pdf>

Validation Process for Claims-Based Submission

With the 2009 PQRI claims-based reporting, the determination of satisfactory reporting will serve as general validation because analysis will assess whether quality-data codes are appropriately submitted in a sufficient proportion when reporting. Professionals who satisfactorily submit quality-data codes for fewer than three PQRI measures will have a measure-applicability validation process determine whether they should have submitted quality-data codes for additional measures.

CMS will apply a two-step process to measure-applicability validation:

- "Clinical relation test" validation
- "Minimum threshold test" validation

Those who fail the validation process will not earn the PQRI incentive payment for 2009.

After the start of the 2009 reporting period CMS may determine that it is necessary to modify the measure-applicability validation process. If there are validation changes the result will be the process being applied more leniently, allowing more professionals to pass validation and causing no professional to fail who would have passed.

Clinical Relation Test

The clinical relation test is the first step in the two-step measure-applicability validation that will be applied to those who are subject to the validation process. This test is based on:

- An extension of the statutory presumption that if a professional submits data for a measure, then that measure applies to her/his practice.
- The concept that if one measure in a cluster of measures related to a particular clinical topic or professional service is applicable to a professional's practice, then other closely-related measures (measures in that same cluster) may also be applicable.

Refer to the 2009 PQRI Measure-Applicability Validation Process for Claims-Based Reporting of Individual Measures guide from CMS at:

<http://www.cms.hhs.gov/PQRI/Downloads/2009MAVProcessforClaimsBasedReportingIndividualMeasures01082009.pdf>

for details on clusters.

Measures Not Included Within a Cluster in 2009 PQRI

CMS will not include measures that are generally or broadly applicable to all or many Medicare patients and therefore potentially unreasonable to attribute to individual professionals using claims-based data. Other measures are not included in a cluster of closely clinically related measures for other clinical or technical reasons, such as:

- The measure may not fit any cluster.
- The measure may fit reasonably with more than one cluster.

Measure excluded from measure-applicability validation for 2009 may be included in a measure-applicability validation for claims-based participation in PQRI in the future. CMS may determine that additional PQRI measures should be excluded which will be published on the CMS PQRI Web site (www.cms.hhs.gov/pqri) after a determination has been made. The following table details measures that will be excluded from measure-applicability validation for 2009 claims-based participation.

Excluded Quality Measures from the 2009 PQRI Table

Measure	Quality measurement
30	Perioperative Care: Timing of Prophylactic Antibiotics – Administering Physician .
34	Stroke and Stroke Rehabilitation: Tissue Plasminogen Activator (t-PA) Considered .
41	Osteoporosis: Pharmacologic Therapy .
47	Advance Care Plan.
76	Prevention of Catheter-Related Bloodstream Infections (CRBSI) – Central Venous Catheter Insertion Protocol.
95	Otitis Media with Effusion (OME): Hearing Testing.
102	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low-Risk Prostate Cancer Patients.
114	Preventive Care and Screening: Inquiry Regarding Tobacco Use.
115	Preventive Care and Screening: Advising Smokers to Quit.
116	Inappropriate Antibiotic Treatment for Adults with Acute Bronchitis.
117	Diabetes Mellitus: Dilated Eye Exam in Diabetic Patient.
119	Urine Screening for Microalbumin or Medical Attention for Nephropathy in Diabetic Patients.
124	HIT – Adoption/Use of Health Information Technology (Electronic Health Records).
128	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up.
130	Documentation and Verification of Current Medications in the Medical Record.
131	Pain Assessment Prior to Initiation of Patient Treatment.
134	Screening for Clinical Depression and Follow-Up Plan
139	Cataracts: Comprehensive Preoperative Assessment for Cataract Surgery with Intraocular Lens (IOL) Placement.
156	Oncology: Radiation Dose Limits to Normal Tissues.
157	Thoracic Surgery: Recording of Clinical Stage for Lung Cancer and Esophageal Cancer Resection.
158	Endarterectomy: Use of Patch During Conventional Endarterectomy.
172	Hemodialysis Vascular Access Decision-Making by Surgeon to Maximize Placement of Autogenous Arterial Venous (AV) Fistula.
173	Preventive Care and Screening: Unhealthy Alcohol Use – Screening.
175	Pediatric End Stage Renal Disease (ESRD): Influenza Immunization.
181	Elder Maltreatment Screen and Follow-Up Plan.
182	Functional Outcome Assessment in Chiropractic Care.
185	En.doscopy & Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use
186	Wound Care: Use of Compression System in Patients with Venous Ulcers.

Minimum Threshold Test

The minimum threshold test is the second step applied to those who are subject to measure-applicability validation and who have potential additional measures that could have been submitted identified during the clinical relation test. The minimum threshold test is based on the concept that only if, during the 2009 reporting period (January 1, 2009, through December 31, 2009 and July 1, 2009 through December 31, 2009) a professional treated more than a certain number of Medicare patients with a condition to which a certain measure applied, then that professional should be accountable for submitting the quality-data code(s) for that measure.

For the 2009 reporting period, the common minimum threshold, based on statistical and clinical frequency considerations, will not be less than 15 patients or encounters for each 2009 PQRI measure.

The following list of measures will be reported through registries or by measure group reporting only therefore, are not subject to measure-applicability validation.

Measures Reported via Registry or Measure Group Only

Measure	Quality measurement
7	Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI).
33	Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge.
46	Medication Reconciliation: Reconciliation After Discharge from an Inpatient Facility.
81	End Stage Renal Disease (ESRD): Plan of Care for Inadequate Hemodialysis in ESRD Patients.
82	End Stage Renal Disease (ESRD): Plan of Care for Inadequate Peritoneal Dialysis.
148	Back Pain: Initial Visit.
149	Back Pain: Physical Exam.
150	Back Pain: Advice for Normal Activities.
151	Back Pain: Advice Against Bed Rest.
159	HIV/AIDS: CD4+ Cell Count or CD4+ Percentage
160	HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis.
161	HIV/AIDS: Adolescent and Adult Patients with HIV/AIDS Who Are Prescribed Potent Antiretroviral Therapy.
162	HIV/AIDS: HIV RNA Control After Six Months of Potent Antiretroviral Therapy.
164	Coronary Artery Bypass Graft (CABG): Prolonged Intubation (Ventilation).
165	Coronary Artery Bypass Graft (CABG): Deep Sternal Wound Infection Rate.
166	Coronary Artery Bypass Graft (CABG): Stroke/Cerebrovascular Accident (CVA).
167	Coronary Artery Bypass Graft (CABG): Postoperative Renal Insufficiency.
168	Coronary Artery Bypass Graft (CABG): Surgical Re-exploration.
169	Coronary Artery Bypass Graft (CABG): Antiplatelet Medications at Discharge.
170	Coronary Artery Bypass Graft (CABG): Beta-Blockers Administered at Discharge.
171	Coronary Artery Bypass Graft (CABG): Lipid Management and Counseling.
174	Pediatric End Stage Renal Disease (ESRD): Plan of Care for Inadequate Hemodialysis.

Educating Medicare Patients on PQRI Reporting

Medicare has created letters that can be given to Medicare patients which explains what PQRI is, what PQRI means for the patient, and where the patient can learn more about PQRI. This letter can be accessed at:

<http://www.medicare.gov/Publications/Pubs/pdf/11317.pdf>

or the Spanish version at:

http://www.medicare.gov/Publications/Pubs/pdf/11317_S.pdf

PQRI Links

The following links are available for you to access the information you may need to implement PQRI reporting at your practice to be eligible for the PQRI bonus payment for 2009. Best wishes for a worthy reward to those of you who have reviewed the necessary information, have made the decision on which quality measures to report, and have created the necessary plans and training for implementing PQRI reporting in your practice.

PQRI resource	Link
CMS PQRI Overview	http://www.cms.hhs.gov/pqri/
CMS PQRI Toolkit	http://www.cms.hhs.gov/PQRI/31_PQRIToolkit.asp
2009 Physician Quality Reporting Initiative Patient-Level Measures	http://www.cms.hhs.gov/PQRI/Downloads/2009PQRIPatientLevelMeasures011609.pdf
CMS 2009 PQRI single source code master	http://www.cms.hhs.gov/PQRI/Downloads/2009PQRICodeMasterSingleSource.zip
2009 PQRI Measures List	http://www.cms.hhs.gov/PQRI/Downloads/2009_PQRI_MeasuresList_030409.pdf
CMS Coding for Quality handbook release notes	http://www.cms.hhs.gov/apps/ama/license.asp?file=/PQRI/downloads/2009PQRIQualityMeasureSpecificationsManualandReleaseNotes.zip
2009 PQRI Quality Measure Specifications Manual and Release Notes	http://www.cms.hhs.gov/apps/ama/license.asp?file=/PQRI/downloads/2009PQRIQualityMeasureSpecificationsManualandReleaseNotes.zip
2009 PQRI Implementation Guide	http://www.cms.hhs.gov/PQRI/Downloads/2009PQRIImplementationGuide.pdf
Getting Started with 2009 PQRI Reporting of Measures Groups	http://www.cms.hhs.gov/PQRI/Downloads/GettingStartedwith2009PQRIReportingofMeasuresGroups.pdf
2009 PQRI Measures Groups Specifications Manual and Release Notes	http://www.cms.hhs.gov/apps/ama/license.asp?file=/PQRI/downloads/2009PQRIQualityMeasureSpecificationsManualandReleaseNotes.zip
Status Update on CPT II Coding Issue for the 2009 PQRI and Options for Eligible Professionals	http://www.cms.hhs.gov/PQRI/Downloads/StatusUpdateCodingIssue2009PQRIandOptionsForEPs_021909.pdf
2009 PQRI Measure Applicability Validation Process for Claims-Based Reporting of Individual Measures	http://www.cms.hhs.gov/PQRI/Downloads/2009MAVProcessforClaimsBasedReportingIndividualMeasures01082009.pdf
2009 PQRI Measure-Applicability Validation (MAV) Process	http://www.cms.hhs.gov/PQRI/Downloads/2009PQRIMAVFlowchart012209.pdf
Requirements for Electronic Health Record (EHR) Vendors to Participate in the 2009 PQRI EHR Testing Program	http://www.cms.hhs.gov/PQRI/Downloads/2009EHRSelfNominationLetter.pdf
2009 PFS Final Rule with Comment Period	http://edocket.access.gpo.gov/2008/pdf/E8-26213.pdf
CMS QualityNet	https://www.qualitynet.org/portal/server.pt
CMS 2009 Reporting Fact sheet	http://www.cms.hhs.gov/PQRI/Downloads/PQRIWhatsNew2009Final.pdf
CMS 2009 PQRI Made Easy for Reporting the Preventative Group Measures Group	http://www.cms.hhs.gov/PQRI/Downloads/PQRIMadeSimple2009Final508123008.pdf
CMS PQRI Measure Applicability Validation process	http://www.cms.hhs.gov/PQRI/Downloads/2009MAVProcessforClaimsBasedReportingIndividualMeasures01082009.pdf
Letter to Medicare Beneficiaries Regarding PQRI	http://www.medicare.gov/Publications/Pubs/pdf/11317.pdf

Letter to Medicare Beneficiaries Regarding PQRI (Spanish version)	http://www.medicare.gov/Publications/Pubs/pdf/11317_S.pdf
AMA Quality worksheets for PQRI	http://www.ama-assn.org/ama/pub/category/17493.html
American Academy of Cardiology PQRI resources	http://www.acc.org/advocacy/pqri.htm
American College of Physicians Internal Medicine PQRI resources	http://www.acponline.org/running_practice/quality_improvement/performance_measurement/pqri/
American Psychiatric Association PQRI resources	http://www.psych.org/MainMenu/PsychiatricPractice/MedicareMedicaid/PQRI.aspx
Heart Rhythm Society PQRI resources	http://www.hrsonline.org/Policy/CodingReimbursement/reimbursement/physician/08mfps.cfm
Urology Practice Today PQRI resources	http://www.urologypracticetoday.com/index.php?option=com_content&task=view&id=229&Itemid=45
American Academy of Family Physicians PQRI resources	http://blogs.aafp.org/fpm/noteworthy/tags/pqri
American Academy of Neurology PQRI resources	http://www.aan.com/go/practice/pay
American Academy of Ophthalmic Executives PQRI resources	http://www.aao.org/aaosite/aaoprogram/PQRI_Implementation_2009.cfm
American Academy of Otolaryngology PQRI resources	http://www.entnet.org/
American Academy of Physical Medicine and Rehabilitation PQRI feedback	http://www.aapmr.org/hpl/perfmeasure/pqri_feedback.htm
American Association of Clinical Endocrinologists PQRI resources	http://www.aace.com/advocacy/socio/PQRI/index.php
American Association of Oral and Maxillofacial Surgeons PQRI resources	http://www.aaoms.org/practice_mgmt.php?id=32
American Society of Anesthesiologists PQRI resources	http://www.asahq.org/Washington/pqri.htm

CMS PQRI Certified Registries

2008 CMS PQRI Certified Registries	Website
American Board of Family Medicine, Inc	www.theabfm.org/
American Osteopathic Association	http://www.do-online.org/index.cfm?PageID=gov_pgrmain
CECity	www.pgrinet.com
Cedaron	www.cedaron.com
Central Utah Clinic	www.centralutahclinic.com
Cerner	www.cerner.com/public
Cielo MedSolutions, LLC	www.cielomedolutions.com
Clinical Integration Networks of America, Inc.	www.cina-us.com
DocSite, LLC	www.docsite.com
Focus On Therapeutic Outcomes, Inc	www.fotoinc.com
GE Healthcare	www.gehealthcare.com/usen/products.html
ICLOPS, LLC	www.iclops.com
Indiana Health Information Exchange	www.ihie.com
Intellicure Research Consortium	www.intellicureresearch.com
Intelligent Healthcare	www.intelhc.com/Home2.aspx
Lehigh Valley Physician Group Patient Registry	www.lvh.com/begin.asp
Maine General Health	www.maine-general.org
MaineHealth	www.mmcpho.org
MDDatacor	www.mddatacor.com/MDD/pqri/solutions.html
National Cardiac Data Registry (a.k.a. ACC)	www.ncdr.com
NCQA	www.ncqa.org
Outcome	www.outcome.com/pqri.htm
Patient360	www.patient360.com
Phytel, Inc	www.phytel.com
Presbyterian Healthcare Services	www.phs.org
Providence Physician Division	www.providence.org/oregon
Rush Health Associates	www.rush.edu
Society of Thoracic Surgeons (STS)	www.sts.org
Team Praxis	www.teampraxis.com
University of Wisconsin Medical Foundation	www.uwdoctors.org
WellCentive, LLC	www.wellcentive.com/WellCentive_PQRI.html
Wisconsin Collaborative	www.wchq.org

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