

### Upper Endoscopy for Patients with Alarm Symptoms

*This measure is to be reported for all patients aged 18 years and older with GERD — a minimum of **once** per reporting period.*

#### Measure description

Percentage of patients aged 18 years and older with a diagnosis of GERD, seen for an initial evaluation, with at least one alarm symptom who were either referred for upper endoscopy or had an upper endoscopy performed

#### What will you need to report for each patient with a diagnosis of GERD for this measure?

If you select this measure for reporting, you will need to determine:

- Whether or not the patient is being seen for an initial evaluation of GERD

If the patient is being seen for an initial evaluation of GERD, you will then need to report:

- Whether or not alarm symptoms (involuntary weight loss, dysphagia, or gastrointestinal bleeding) were present

If the patient has one or more alarm symptoms, you will then need to report:

- Whether or not an upper gastrointestinal endoscopy was performed  
OR
- Whether or not patient was referred for an upper gastrointestinal endoscopy

#### What if this process or outcome of care is not appropriate for your patient?

There may be times when it is not appropriate to refer OR perform an upper gastrointestinal endoscopy, due to:

- Medical reasons (eg, not indicated, contraindicated, other medical reason) OR
- Patient reasons (eg, patient declined, economic, social, religious, other patient reason) OR
- System reasons (eg, resources to perform the services not available, insurance coverage/payer-related limitations, other reason attributable to health care delivery system)

In these cases, you will need to indicate which reason applies, specify the reason on the worksheet and in the medical chart. The office/billing staff will then report a code with a modifier that represents these valid reasons (also called exclusions).

# Gastroesophageal Reflux Disease (GERD)

## Upper Endoscopy for Patients with Alarm Symptoms

### PQRI Data Collection Sheet

Patient's Name	Practice Medical Record Number (MRN)	Birth Date (mm/dd/yyyy) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
National Provider Identifier (NPI)		Date of Service	

#### Clinical Information

#### Billing Information

#### Step 1 Is patient eligible for this measure?

	Yes	No	Code Required on Claim Form
Patient is aged 18 years and older.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
Patient has a diagnosis of GERD.	<input type="checkbox"/>	<input type="checkbox"/>	Refer to coding specifications document for list of applicable codes.
There is a CPT E/M Service Code for this visit.	<input type="checkbox"/>	<input type="checkbox"/>	
If <b>No</b> is checked for any of the above, STOP. Do not report a CPT category II code.			

#### Step 2 Does patient also have the other requirements for this measure?

	Yes	No	Code to be Reported on Line 24D of Paper Claim Form (or Service Line 24 of Electronic Claim Form)
Is the patient being seen for an initial evaluation of GERD?	<input type="checkbox"/>	<input type="checkbox"/>	If <b>No</b> , report 1071F-8P and STOP. If <b>Yes</b> , proceed to the next question.
Does the patient have one or more alarm <sup>1</sup> symptoms present?	<input type="checkbox"/>	<input type="checkbox"/>	If <b>No</b> (ie, none present), report 1070F and STOP. If <b>Yes</b> (ie, one or more alarm symptoms present), report 1071F and proceed to Step 3.

#### Step 3 Does patient meet or have an acceptable reason for not meeting the measure?

Upper Gastrointestinal Endoscopy	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Performed	<input type="checkbox"/>	<input type="checkbox"/>	3130F
Referred	<input type="checkbox"/>	<input type="checkbox"/>	3132F
Not performed or referred for one of the following reasons:			
• Medical (eg, not indicated, contraindicated, other medical reason)	<input type="checkbox"/>	<input type="checkbox"/>	3130F-1P OR 3132F-1P
• Patient (eg, patient declined, economic, social, religious, other patient reason)	<input type="checkbox"/>	<input type="checkbox"/>	3130F-2P OR 3132F-2P
• System (eg, resources to perform the services not available, other reason attributable to health care delivery system)	<input type="checkbox"/>	<input type="checkbox"/>	3130F-3P OR 3132F-3P
Document reason here and in medical chart. _____ _____			If <b>No</b> is checked for <b>all</b> of the above, report 3130F-8P or 3132F-8P (Referral for or completion of an upper gastrointestinal endoscopy was not documented, reason not otherwise specified.)

<sup>1</sup>Alarm symptoms for GERD include involuntary weight loss, dysphagia, and GI bleeding.

## Upper Endoscopy for Patients with Alarm Symptoms

### Coding Specifications

Code required to document patients has GERD and a visit occurred:

An ICD-9 diagnosis code for GERD and a CPT E/M service code are required to identify patients to be included in this measure.

#### GERD ICD-9 diagnosis codes

- 530.10, 530.11, 530.12, 530.19, 530.81 (disease of esophagus/GERD)

AND

#### CPT E/M service codes

- 99201, 99202, 99203, 99204, 99205 (office-new patient),
- 99212, 99213, 99214, 99215 (office-established patient),
- 99241, 99242, 99243, 99244, 99245 (outpatient consult)

Quality codes for this measure (at least one of the following for every eligible patient):

#### CPT II Code descriptors

(Data collection sheet should be used to determine appropriate combination of codes.)

- **CPT II 1070F:** Alarm symptoms (involuntary weight loss, dysphagia, or gastrointestinal bleeding) assessed; none present
- **CPT II 1071F:** Alarm symptoms (involuntary weight loss, dysphagia, or gastrointestinal bleeding) assessed; one or more present
- **CPT II 1071F-8P:** Initial evaluation of GERD occurred prior to the reporting period
- **CPT II 3130F:** Upper gastrointestinal endoscopy performed
- **CPT II 3132F:** Documentation of referral for upper gastrointestinal endoscopy
- **CPT II 3130F-1P OR 3132F-1P:** Documentation of medical reason(s) for not referring for or not performing an upper gastrointestinal endoscopy
- **CPT II 3130F-2P OR 3132F-2P:** Documentation of patient reason(s) for not referring for or not performing an upper gastrointestinal endoscopy
- **CPT II 3130F-3P OR 3132F-3P:** Documentation of system reason(s) for not referring for or not performing an upper gastrointestinal endoscopy
- **CPT II 3130F-8P OR 3132F-8P:** Referral for or completion of an upper gastrointestinal endoscopy was not documented, reason not otherwise specified

Physician Performance Measures (Measures) and related data specifications, developed by the American Medical Association (AMA) in collaboration with the Physician Consortium for Performance Improvement (the Consortium) and the National Committee for Quality Assurance (NCQA) pursuant to government sponsorship under subcontract 6205-05-054 with Mathematica Policy Research, Inc. under contract 500-00-0033 with Centers for Medicare & Medicaid Services.

These performance Measures are not clinical guidelines and do not establish a standard of medical care, and have not been tested for all potential applications.

The Measures, while copyrighted, can be reproduced and distributed, without modification, for noncommercial purposes, e.g., use by health care providers in connection with their practices. Commercial use is defined as the sale, license, or distribution of the Measures for commercial gain, or incorporation of the Measures into a product or service that is sold, licensed or distributed for commercial gain. Commercial uses of the Measures require a license agreement between the user and the AMA, (on behalf of the Consortium) or NCQA. Neither the AMA, NCQA, Consortium nor its members shall be responsible for any use of the Measures.

THE MEASURES AND SPECIFICATIONS ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND.

© 2004-6 American Medical Association and National Committee for Quality Assurance. All Rights Reserved.

Limited proprietary coding is contained in the Measure specifications for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. The AMA, NCQA, the Consortium and its members disclaim all liability for use or accuracy of any Current Procedural Terminology (CPT®) or other coding contained in the specifications.

CPT® contained in the Measures specifications is copyright 2006 American Medical Association

G codes and associated descriptions included in these Measure specifications are in the public domain.

PQRI 2007 Measure 61, Effective Date 07/01/2007

© 2004-6 American Medical Association and National Committee for Quality Assurance. All rights reserved.

CPT® copyright 2006 American Medical Association