

Preventive Care Measures Group

PQRI Data Collection Sheet*

Male Female

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|------------------------------------|--------------------------------------|-------------------------|
| Patient's Name | Practice Medical Record Number (MRN) | Birth Date (mm/dd/yyyy) |
| National Provider Identifier (NPI) | | Date of Encounter |

Step 1 Preliminary reporting requirements

You must identify your intent to report the Preventive Care Measures Group by submitting the G-code specified for this measures group on the first patient claim (G8486: I intend to report the Preventive Care Measures Group). You do not need to resubmit the measures group-specific G-code on more than one claim.

Step 2 Determine patient eligibility

(Codes determining a patient's eligibility must be reported on the **same claim** as the quality code(s) identified in Step 3 below.)

| | Yes | No | |
|--|--------------------------|--------------------------|---|
| Patient is aged 50 years and older on date of encounter. | <input type="checkbox"/> | <input type="checkbox"/> | Refer to date of birth listed above or on claim form. |
| There is a CPT E/M Service Code for an office visit. | <input type="checkbox"/> | <input type="checkbox"/> | 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215 |

If **No** is checked for any of the above, STOP. This patient is not eligible for reporting on this measures group. Do not report a CPT category II code or G-code.

Step 3a Complete individual measures

| Tobacco Use Assessment | | Report two codes for tobacco use assessment OR one code for NOT assessed. | |
|---|--|---|---|
| PQRI Measure #114 • reporting frequency: tobacco use must be assessed at least once every two years and reported once during the calendar year | Tobacco use | Assessed — patient is current tobacco non-user | <input type="checkbox"/> 1000F AND 1036F |
| | | Assessed — patient is current smokeless tobacco user | <input type="checkbox"/> 1000F AND 1035F |
| | | Assessed — patient is current tobacco smoker | <input type="checkbox"/> 1000F AND 1034F |
| | OR | | Tobacco use NOT assessed |
| Tobacco Use Cessation Intervention | | Report one code for tobacco use. If patient is a current tobacco smoker, report one code for cessation intervention OR one code for NOT provided. | |
| PQRI Measure #115 • reporting frequency: tobacco cessation intervention must be reported once during the calendar year for current tobacco smokers | Tobacco use cessation intervention, if appropriate | Patient is current tobacco non-user and not eligible for cessation intervention | <input type="checkbox"/> G8457 |
| | | Patient is current smokeless tobacco user and not eligible for cessation intervention | <input type="checkbox"/> G8456 |
| | | Patient is current tobacco smoker AND tobacco use cessation intervention provided (in the form of counseling) | <input type="checkbox"/> G8455 AND 4000F |
| | | Patient is current tobacco smoker AND tobacco use cessation intervention provided (in the form of pharmacologic therapy) | <input type="checkbox"/> G8455 AND 4001F |
| OR | | Patient is current tobacco smoker AND tobacco use cessation intervention NOT provided | <input type="checkbox"/> G8455 AND 4000F-8P |

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*For additional information on the PQRI program and reporting on measures groups, please visit the CMS Web site at <http://www.cms.hhs.gov/pqri>.

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| Body Mass Index (BMI) Screening and Follow-Up | | Report one code for BMI screening and follow-up OR one code for NOT calculated OR one code for follow-up plan NOT documented. | |
| PQRI Measure #128 <ul style="list-style-type: none"> reporting frequency: BMI must be calculated (and follow up plan documented, if appropriate) within the past 6 months or during the current visit and reported once during the calendar year parameters: age 65 and older BMI ≥ 30 or < 22; age 18–64 BMI ≥ 25 or < 18.5 follow-up can include documentation of a future appointment, education, referral, prescription/administration of medications/dietary supplements, etc. | BMI calculated and follow up plan documented, if appropriate | Calculated BMI within normal parameters AND no follow-up plan needed | <input type="checkbox"/> G8420 |
| | | Calculated BMI above the upper parameter AND follow-up plan documented | <input type="checkbox"/> G8417 |
| | | Calculated BMI below the lower parameter AND follow-up plan documented | <input type="checkbox"/> G8418 |
| | | Not calculated for documented reasons (eg, patient not eligible/appropriate for BMI calculation) | <input type="checkbox"/> G8422 |
| | | OR (Report one of the following options) | |
| | | BMI NOT calculated | <input type="checkbox"/> G8421 |
| | | Calculated BMI above the upper parameter or below the lower parameter, follow up plan NOT documented | <input type="checkbox"/> G8419 |
| Influenza Immunization | | Report one of the following influenza immunization codes OR one code for NOT ordered or administered. | |
| PQRI Measure #110 <ul style="list-style-type: none"> reporting frequency: influenza immunization must be ordered or administered during the flu season (September through February) and reported once during the calendar year | | Ordered or administered during the flu season | <input type="checkbox"/> G8482 |
| | | Not ordered or administered for documented reasons <ul style="list-style-type: none"> Document reason in medical chart | <input type="checkbox"/> G8483 |
| | | OR | |
| | | Influenza immunization NOT ordered or administered | <input type="checkbox"/> G8484 |
| Step 3b Complete individual measure <i>(The following measure applies only to patients aged 50 through 80 years.)</i> | | | |
| Colorectal Cancer Screening | | Report one code for colorectal cancer screening OR one code for NOT performed. | |
| PQRI Measure #113 <ul style="list-style-type: none"> reporting frequency: colorectal cancer screening must be performed and reported as specified below: <ul style="list-style-type: none"> fecal occult blood test during the reporting period flexible sigmoidoscopy during the reporting period or the four years prior to the reporting period double contrast barium enema or air contrast barium enema during the reporting period or the four years prior to the reporting period colonoscopy during the reporting period or the nine years prior to the reporting period | | Performed | <input type="checkbox"/> 3017F |
| | | Not performed for medical reasons [†] <ul style="list-style-type: none"> Document reason in medical chart | <input type="checkbox"/> 3017F-1P |
| | | OR | |
| | | Colorectal cancer screening NOT performed | <input type="checkbox"/> 3017F-8P |

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[†]Medical reasons (eg, not indicated, contraindicated, other medical reason)

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Step 3c Complete individual measure

(The following measure applies only to patients aged 65 years and older.)

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| Pneumococcal Vaccination | | Report one code for pneumococcal vaccination OR one code for NOT administered or previously received. | |
| PQRI Measure #111 <ul style="list-style-type: none"> reporting frequency: pneumococcal vaccine must be administered or documented as previously received and reported once during the calendar year | | Administered or previously received | <input type="checkbox"/> 4040F |
| | | Not administered or previously received for medical reasons [†] | <input type="checkbox"/> 4040F-1P |
| | | <ul style="list-style-type: none"> Document reason in medical chart | |
| | | OR | |
| | | Pneumococcal vaccine NOT administered or previously received | <input type="checkbox"/> 4040F-8P |

Step 3d Complete individual measure

(The following measure applies only to **female** patients aged 50 years through 69.)

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|--|--|---|-----------------------------------|
| Screening Mammography | | Report one code for screening mammography OR one code for NOT performed. | |
| PQRI Measure #112 <ul style="list-style-type: none"> reporting frequency: screening mammography must be performed at least once every two years and reported once during the calendar year | | Performed | <input type="checkbox"/> 3014F |
| | | Not performed for medical reasons (ie, women who had a bilateral mastectomy or two unilateral mastectomies) | <input type="checkbox"/> 3014F-1P |
| | | <ul style="list-style-type: none"> Document reason in medical chart | |
| | | OR | |
| | | Screening mammography NOT performed | <input type="checkbox"/> 3014F-8P |

Step 3e Complete individual measures

(The following measures apply only to **female** patients aged 65 years and older.)

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| Urinary Incontinence Assessment | | Report one code for urinary incontinence assessment OR one code for NOT assessed. | | |
| PQRI Measure #48 <ul style="list-style-type: none"> reporting frequency: presence or absence of urinary incontinence must be assessed and reported once during the calendar year | Presence or absence of urinary incontinence | Assessed | <input type="checkbox"/> 1090F | |
| | | Not assessed for medical reasons [†] | <input type="checkbox"/> 1090F | |
| | | <ul style="list-style-type: none"> Document reason in medical chart | | |
| | | OR | | |
| | | Presence or absence of urinary incontinence NOT assessed | <input type="checkbox"/> 1090F-8P | |
| Screening or Therapy for Osteoporosis | | Report one code for screening or therapy for osteoporosis or one code for DXA NOT ordered, DXA NOT performed or pharmacologic therapy NOT prescribed. | | |
| PQRI Measure #39 <ul style="list-style-type: none"> reporting frequency: osteoporosis screening (or documentation of pharmacologic therapy for osteoporosis) must be performed at least once since age 60 and reported once during the calendar year FDA-approved pharmacologic options for postmenopausal osteoporosis prevention and/or treatment include: bisphosphonates (alendronate, ibandronate, and risedronate), calcitonin, estrogens (estrogens and/or hormone therapy), parathyroid hormone [PTH (1-34), teriparatide], and selective estrogen receptor modulators or SERMs (raloxifene) | Screening for osteoporosis [central dual-energy X-ray absorptiometry (DXA) measurement] OR therapy for osteoporosis | DXA ordered OR DXA performed OR pharmacologic therapy prescribed | <input type="checkbox"/> G8399 | |
| | | | Not ordered, performed or prescribed for documented reasons (eg, patient was not an eligible candidate for screening or therapy for osteoporosis) | <input type="checkbox"/> G8401 |
| | | | | OR |
| | | DXA NOT ordered OR DXA NOT performed OR pharmacologic therapy NOT prescribed | <input type="checkbox"/> G8400 | |

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[†]Medical reasons (eg, not indicated, contraindicated, other medical reason)

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Step 4 Reporting Instructions

This measure can be reported for each eligible patient **to whom the measure applies** in one of two ways:

1. Report the corresponding CPT category II code(s) as selected above for **each applicable measure** of the nine measures in the Preventive Care Measures Group.

OR

2. If **all** quality actions for the patient have been performed for **each applicable measure** of the nine measures in the Preventive Care Measures Group, G8496 may be reported. *Note: G8496 is not appropriate for this patient if any of the following codes have been selected from Step 3: G8421, G8419, G8484, G8400, any CPT category II code with the 8P modifier.*
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