

2010 PQRI Measures Groups Specifications Manual Release Notes

CMS is pleased to announce the release of the 2010 PQRI Measures Groups Specifications Manual Release Notes. The list below details the list of changes made since the release of the 2009 PQRI Measures Groups Handbook.

Global Changes:

- Updated Specification Introduction
- Updated the Introduction and Overview for each measures group to reflect the 2010 reporting options for Measures Groups for both claims and registry submission information.
- Deleted "Consecutive" from the 30 patient reporting option and added "unique".
- Added the new Hepatitis C, Heart Failure (HF), Coronary Artery Disease (CAD), Ischemic Vascular Disease (IVD), HIV/AIDS, and Community-Acquired Pneumonia (CAP) Measure Groups
- According to Section 1845 (c) (5) of the Final rule, CMS-1413-FC (pp 198-203) Coding – "The Secretary shall establish a uniform coding system for the coding of all physician services. The Secretary shall provide for an appropriate coding structure for visits and consultations. All consultation codes (inpatient and office/outpatient codes for various places of service except for telehealth consultation G-codes) will be eliminated." Therefore, all inpatient and outpatient consultation codes (99251, 99252, 99253, 99254, 99255, 99241, 99242, 99243, 99244 and 99245) have been removed from the CKD, Preventive Care, Rheumatoid Arthritis and Back Pain Measures Groups.

Table of Contents:

- Added Measure # 173 to Preventive Care Measures Group

Diabetes Mellitus Measures Group:

- Measure # 1: Updated Numerator Quality-Data Coding Options, removed "If patient is not eligible for this measure because hemoglobin A1c not performed, report:"
- Measure # 1: Added "action described in the numerator is not performed and the reason is not otherwise specified" to the Numerator Quality-Data Coding Options.
- Measure # 2: Updated Numerator Quality-Data Coding Options, removed "If patient is not eligible for this measure because LDL-C level not performed, report:" and moved 3048F-8P below 3050F
- Measure # 2: Added Numerator Note to clarify CPT II code, 3048F-8P **Note:** *If unable to calculate LDL-C due to high triglycerides, CPT Category II code **3048F-8P** should be reported*
- Measure # 3: Updated Numerator Quality-Data Coding Options, removed "If patient is not eligible for this measure because blood pressure measurement not performed, report 2000F-8P"
- Measure # 3: Added "action described in the numerator is not performed and the reason is not otherwise specified" to the Numerator Quality-Data Coding Options.
- Measure # 163: Added Numerator Note, *"The performance period for this measure is 12 months."*

Chronic Kidney Disease (CKD) Measures Group:

- Measure # 121: Updated Description
- Measure # 135: Added to Numerator, *If reporting this measure between January 1, 2010 and August 31, 2010, CPT Category II code 4037F should be reported when the influenza vaccination is ordered or administered to the patient during the months of September, October, November, December of 2009 or January and February of 2010 for the flu season ending February 28, 2010."
- Measure # 135: Added to Numerator, *If reporting this measure between September 1, 2010 and December 31, 2010, CPT Category II code 4037F should be reported when the influenza vaccination is ordered or administered to the patient during the months of September, October, November, and December of 2010 for the flu season ending February 28, 2011."

Preventive Care Measures Group:

- Added Measure # 173: Preventive Care and Screening: Unhealthy Alcohol Use – Screening
- Added to Overview the Preventive Measures Group Demographic Criteria Table
- Updated G-codes in denial remark code note to G8486 and G8496
- Measure # 110: Added to Numerator, “If reporting this measure between January 1, 2010 and August 31, 2010, G-code G8482 should be reported when the influenza vaccination is ordered or administered to the patient during the months of September, October, November, December of 2009 or January and February of 2010 for the flu season ending February 28, 2010.”
- Measure # 110: Added to Numerator, “If reporting this measure between September 1, 2010 and December 31, 2010, G-code G8482 should be reported when the influenza vaccination is ordered or administered to the patient during the months of September, October, November, and December of 2010 for the flu season ending February 28, 2011.”
- Measure # 113: Replaced “80” with “75” in Description
- Measure # 113: Updated Numerator Instructions
- Measure # 114: Added Example to Numerator Code 1035F
- Measure # 115: Updated Measure Name to “Preventive Care and Screening: Advising Smokers and Tobacco Users to Quit”
- Measure # 115: Updated Description, Instructions, and Denominator to add current smokeless tobacco user

Coronary Artery Bypass Graft (CABG) Measures Group:

- Measure # 164: Numerator Options, added G8569 and G8570
- Measure # 165: Numerator Options, added G8571 and G8572
- Measure # 166: Numerator Options, added G8573 and G8574
- Measure # 166: Added to Description and Numerator, “within 24 hours postoperatively”
- Measure # 167: Numerator Options, added G8575 and G8576
- Measure # 168: Numerator Options, added G8577 and G8578
- Measure # 169: Numerator Options, added G8579, G8580 and G8581
- Measure # 170: Numerator Options, added G8582, G8583 and G8584
- Measure # 171: Numerator Options, added G8585, G8586 and G8587

Rheumatoid Arthritis Measures Group:

- Deleted from Common Denominator Coding: CPT 99455, 99456
- Updated G-codes in denial remark code note to G8490 and G8499
- Measure #108: Updated definition of Prescribed
- Measure # 180: Added “(or equivalent)” to CPT II code 4193F

Perioperative Care Measures Group:

- Updated G-codes in denial remark code note to G8492 and G8501
- Measure # 20: Added “parenteral” prior to “antibiotics” throughout measure
- Measure # 20: Updated Numerator Coding, CPT II language, 4047F, 4048F
- Measure # 20: Added to Table 1A description, “4047F-8P should be reported when antibiotics from this table were not ordered”
- Measure # 22: Added “parenteral” prior to “antibiotics” throughout measure

Back Pain Measures Group:

- Deleted from Common Denominator Coding: CPT 98940, 98941, 98942
- Added to Common Denominator Coding: CPT 97001, 97002
- Updated G-codes in denial remark code note to G8493 and G8502
- Updated in all measures definition of “Episode” and “Initial Visit”

Hepatitis C Measures Group:

- Updated G-codes in denial remark code note to G8545 and G8549

Community-Acquired Pneumonia (CAP) Measures Group:

- Updated G-codes in denial remark code note to G8546 and G8550