

# Preventive Care Measures Group

## Physician Quality Reporting System Data Collection Sheet\*

/ /  Male  Female

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Patient's Name Practice Medical Record Number (MRN) Birth Date (mm/dd/yyyy)

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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 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

<b>Body Mass Index (BMI) Screening and Follow-Up</b>		Report one code for BMI screening and follow-up OR one code for NOT calculated OR one code for follow-up plan NOT documented.	
Physician Quality Reporting System Measure #128 <ul style="list-style-type: none"> <li>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</li> <li>If BMI is outside the following parameters, a follow-up plan is required:               <ul style="list-style-type: none"> <li>age 65 and older BMI <math>\geq</math> 23 or <math>&lt;</math> 30</li> <li>age 18–64 BMI <math>\geq</math> 18.5 or <math>&lt;</math> 25</li> </ul> </li> <li>follow-up can include documentation of a future appointment, education, referral, prescription/administration of medications/dietary supplements, etc.</li> </ul>	BMI calculated <sup>1</sup> and follow up <sup>2</sup> 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
		<b>OR</b> (Report one of the following options)	
		Calculated BMI above the upper parameter or below the lower parameter, follow up plan NOT documented	<input type="checkbox"/> G8419

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<sup>1</sup>Calculated BMI — Requires that both the height and weight are actually measured. Values merely reported by the patient cannot be used.

<sup>2</sup>Follow-up Plan — Proposed outline of treatment to be conducted as a result of abnormal BMI measurement. Such follow-up can include documentation of a future appointment, education, referral (such as, a registered dietician, nutritionist, occupational therapy, primary care physician, exercise physiologist, mental health professional, surgeon, etc.), prescription/administration of medications/dietary supplements, etc.

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

## Preventive Care Measures Group

continued from previous page

<b>Unhealthy Alcohol Use — Screening</b>		Report one code for unhealthy alcohol use screening OR one code for NOT performed.
Physician Quality Reporting System Measure #173 • reporting frequency: unhealthy alcohol use <sup>1</sup> screening must be performed using a systematic screening method within 24 months and reported once during the calendar year	Screened for unhealthy alcohol use	<input type="checkbox"/> 3016F
	Not screened for medical reasons <sup>1</sup> • Document reason in medical chart	<input type="checkbox"/> 3016F-1P
		<b>OR</b>
		Unhealthy alcohol use screening NOT performed
		<input type="checkbox"/> 3016F-8P
<b>Influenza Immunization</b>		Report one of the following influenza immunization codes OR one code for NOT ordered or administered.
Physician Quality Reporting System Measure #110 • reporting frequency: influenza immunization must be ordered or administered during the flu season <sup>2</sup> (September through February) and reported once during the calendar year (see additional instructions below)	Ordered or administered during the flu season <sup>2</sup>	<input type="checkbox"/> G8482
	Not ordered or administered for documented reasons • Document reason in medical chart	<input type="checkbox"/> G8483
		<b>OR</b>
		Influenza immunization NOT ordered or administered
		<input type="checkbox"/> G8484
<b>Tobacco Use: Screening and Cessation Intervention<sup>3</sup></b>		Report one of the following tobacco use screening and cessation intervention codes OR one code for NOT performed.
Physician Quality Reporting System Measure #226 • reporting frequency: tobacco use <sup>4</sup> screening and cessation intervention must be performed once during the calendar year	Performed	<input type="checkbox"/> 4004F
	Current non-tobacco user	<input type="checkbox"/> 1036F
	Not performed for medical reasons (eg, limited life expectancy) • Document reason in medical chart	<input type="checkbox"/> 4004F-1P
		<b>OR</b>
		Tobacco use screening and cessation NOT performed
		<input type="checkbox"/> 4004F-8P

continued on next page

<sup>1</sup>Unhealthy Alcohol Use — Covers a spectrum that is associated with varying degrees of risk to health. Categories representing unhealthy alcohol use include risky use, problem drinking, harmful use, and alcohol abuse, and the less common but more severe alcoholism and alcohol dependence. Risky use is defined as > 7 standard drinks per week or > 3 drinks per occasion for women and persons > 65 years of age; > 14 standard drinks per week or > 4 drinks per occasion for men ≤ 65 year of age.

<sup>2</sup>If reporting this measure between January 1, 2011 and August 31, 2011, 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 or January and February of 2011 for the flu season ending February 28, 2011.

If reporting this measure between September 1, 2011 and December 31, 2011, 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 2011 for the flu season ending February 28, 2012.

<sup>3</sup>Cessation counseling intervention includes counseling or pharmacotherapy.

<sup>4</sup>Tobacco use includes any type of tobacco.

<sup>1</sup>Medical reasons (eg, not indicated, contraindicated, other medical reason)

## Preventive Care Measures Group

continued from previous page

### Step 3b Complete individual measure

(The following measure applies only to patients aged 50 through 75 years.)

Colorectal Cancer Screening	Report one code for colorectal cancer screening OR one code for NOT performed.	
Physician Quality Reporting System Measure #113 • reporting frequency: colorectal cancer screening must be performed and reported as specified below: – fecal occult blood test (FOBT) within the last 12 months – flexible sigmoidoscopy 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 <sup>†</sup> • Document reason in medical chart	<input type="checkbox"/> 3017F-1P
	<b>OR</b>	
	Colorectal cancer screening NOT performed	<input type="checkbox"/> 3017F-8P

### Step 3c Complete individual measure

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

Pneumococcal Vaccination	Report one code for pneumococcal vaccination OR one code for NOT administered or previously received.	
Physician Quality Reporting System Measure #111 • 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 <sup>†</sup> • Document reason in medical chart	<input type="checkbox"/> 4040F-1P
	<b>OR</b>	
	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 40 years through 69.)

Screening Mammography	Report one code for screening mammography OR one code for NOT performed.	
Physician Quality Reporting System Measure #112 • 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) • Document reason in medical chart	<input type="checkbox"/> 3014F-1P
	<b>OR</b>	
	Screening mammography NOT performed	<input type="checkbox"/> 3014F-8P

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<sup>†</sup>Medical reasons (eg, not indicated, contraindicated, other medical reason)

## Preventive Care Measures Group

continued from previous page

### Step 3e Complete individual measures

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

Urinary Incontinence Assessment		Report one code for urinary incontinence assessment OR one code for NOT assessed.	
Physician Quality Reporting System Measure #48 • reporting frequency: presence or absence of urinary incontinence <sup>1</sup> 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 <sup>†</sup> • Document reason in medical chart	<input type="checkbox"/> 1090F-1P
		<b>OR</b>	
		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.	
Physician Quality Reporting System Measure #39 • 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 modules 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 <sup>2</sup>	<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
		<b>OR</b>	
		DXA NOT ordered OR DXA NOT performed OR pharmacologic therapy NOT prescribed	<input type="checkbox"/> G8400

### 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.*

<sup>1</sup>Urinary Incontinence — Any involuntary leakage of urine.

<sup>2</sup>Prescribed — Includes patients who are currently receiving medication(s) that follow the treatment plan recommended at an encounter during the reporting period, even if the prescription for that medication was ordered prior to the encounter.

<sup>†</sup>Medical reasons (eg, not indicated, contraindicated, other medical reason)