

2009 PQRI Measure Specifications Manual for Claims and Registry Release Notes

CMS is pleased to announce the release of the 2009 PQRI Measure Specifications Manual for Claims and Registry Release Notes. Measure developers, professional organizations, and other PQRI stakeholders have provided comment, clarifications, and technical corrections. The list below details changes to existing measures made since the release of the 2008 PQRI Measure Specifications.

Measure #1: Diabetes Mellitus: Hemoglobin A1c Poor Control in Diabetes Mellitus

- Updated Measure Title
- Updated Numerator Instructions
- Added to Denominator Coding, diagnosis codes 357.2, 362.01, 362.02, 362.03, 362.04, 362.05, 362.06, 362.07, 366.41
- Deleted from Denominator Coding, CPT code 99211

Measure #2: Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control in Diabetes Mellitus

- Updated Measure Title
- Added to Denominator Coding, diagnosis codes 357.2, 362.01, 362.02, 362.03, 362.04, 362.05, 362.06, 362.07, 366.41
- Deleted from Denominator Coding, CPT code 99211

Measure #3: Diabetes Mellitus: High Blood Pressure Control in Diabetes Mellitus

- Updated Measure Title
- Added to Denominator Coding, diagnosis codes 357.2, 362.01, 362.02, 362.03, 362.04, 362.05, 362.06, 362.07, 366.41
- Deleted from Denominator Coding, CPT code 99211

Measure #4: Screening for Future Fall Risk

- *RETIRED from PQRI effective January 1, 2009. The AQA adopted Falls: Risk Assessment (#154) and Falls: Plan of Care (#155) measures are included in the final 2009 PQRI quality measures, substantially covering the same care process and are more comprehensive.*

Measure #5: Heart Failure: Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)

- Added to Instructions, "The most recent ejection fraction study is to be used."

Measure #6: Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD

- Updated Measure Title
- Updated Numerator Instructions
- Deleted from CPT II code 4011F description, the parenthetical language "(eg, aspirin, clopidogrel/Plavix, or combination of aspirin and dipyridamole/Aggrenox)."

Measure #7: Coronary Artery Disease (CAD): Beta-blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)

- Updated Measure Title
- Added to Measure, "2009 PQRI REPORTING OPTIONS: REGISTRY ONLY"
- Deleted from Numerator Coding, CPT II code 4006F

Measure #8: Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)

- Updated Measure Title
- Added to Instructions, "The most recent ejection fraction study is to be used."

Measure #9: Major Depressive Disorder (MDD): Antidepressant Medication During Acute Phase for Patients with MDD

- Updated Measure Title
- Added to Denominator Coding, diagnosis codes 296.25, 296.35, 309.0
- Added to Denominator Coding, CPT codes 90810, 90811, 90812, 90813, 90814, 90815, 90821, 90822, 90823, 90824, 90829, 90845, 90849, 90853, 90857, 99078, 99510

Measure #10: Stroke and Stroke Rehabilitation: Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) Reports

- Added to Instructions, "In the event the CT or MRI is performed in an outpatient imaging center, this satisfies the clinical action described in CPT II 3111F. Arrival at the outpatient imaging center where the CT or MRI study is being performed will be considered as "arrival to the hospital."
- Added Numerator Instruction, "Studies (CT or MRI) performed at an outpatient imaging center within 24 hours will be considered as "arrival to the hospital."

Measure #11: Stroke and Stroke Rehabilitation: Carotid Imaging Reports

NO CHANGES

Measure #12: Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation

- Updated Measure Title

Measure #14: Age-Related Macular Degeneration (AMD): Dilated Macular Examination

- Updated Measure Title

Measure #18: Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy

NO CHANGES

Measure #19: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care

NO CHANGES

Measure #20: Perioperative Care: Timing of Antibiotic Prophylaxis – Ordering Physician

- Added to Denominator Coding, CPT codes 35632, 35633, 35634
- Deleted from Denominator Coding, CPT codes 38747, 43600, 52612, 52614, 52620

Measure #21: Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin

- Added to Denominator Coding, CPT codes 35632, 35633, 35634, 49568
- Deleted from Denominator Coding, CPT codes 32035, 32036, 32200, 32540, 32601, 32602, 32603, 32604, 32605, 32606, 32650, 32651, 32652, 32653, 32654, 32655, 32656, 32657, 32658, 32659, 32660, 32661, 32662, 32663, 32664, 32665, 33203, 33254, 33255, 35820, 38100, 38101, 38120, 38747, 43280, 43600, 43651, 43652, 43880, 44025, 44110, 44111, 47133, 47135, 47136, 47140, 47141, 47142, 47490, 47510, 47511, 47525, 47530, 47630, 48001, 48102, 49000, 49002, 49010, 49180, 49203, 49204, 49205, 58150, 58152, 58180, 58200, 58210, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290, 58291, 58292, 58293, 58294

Measure #22: Perioperative Care: Discontinuation of Prophylactic Antibiotics (Non-Cardiac Procedures)

- Updated Numerator Instructions
- Added to Denominator Coding, CPT codes 33202, 33321, 33322, 35211, 35241, 35271, 35632, 35633, 35634
- Deleted from Denominator Coding, CPT codes 38747, 43600

Measure #23: Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients)

- Added to Denominator Coding, CPT code 43279

Measure #24: Osteoporosis: Communication with the Physician Managing Ongoing Care Post-Fracture

- Updated Instructions
- Updated Numerator Coding language for the 2P modifier
- Deleted from Denominator Coding, diagnosis codes 805.10, 805.11, 805.12, 805.13, 805.14, 805.15, 805.16, 805.17, 805.18, 820.10, 820.11, 820.13, 820.9

Measure #28: Aspirin at Arrival for Acute Myocardial Infarction (AMI)

NO CHANGES

Measure #30: Perioperative Care: Timing of Prophylactic Antibiotics – Administering Physician

- Updated Instructions
- Updated Numerator and Denominator Statements
- Added Numerator Note to clarify CPT II code, 4048F
- Added Numerator Coding exclusions, 4048F *with* 1P and 4047F *with* 8P
- Added to Denominator Coding, anesthesia CPT codes 00100, 00102, 00103, 00120, 00140, 00145, 00147, 00160, 00162, 00164, 00170, 00172, 00174, 00176, 00190, 00192, 00210, 00211, 00212, 00214, 00215, 00216, 00218, 00220, 00222, 00300, 00320, 00322, 00350, 00352, 00400, 00402, 00404, 00406, 00450, 00452, 00454, 00470, 00472, 00474, 00500, 00528, 00529, 00530, 00532, 00534, 00537, 00539, 00540, 00541, 00542, 00546, 00548, 00550, 00560, 00561, 00562, 00563, 00566, 00567, 00580, 00600, 00604, 00620, 00622, 00625, 00626, 00630, 00632, 00634, 00670, 00700, 00730, 00750, 00752, 00754, 00756, 00770, 00790, 00792, 00794, 00796, 00797, 00800, 00802, 00820, 00830, 00832, 00840, 00844, 00846, 00848, 00851, 00860, 00862, 00864, 00865, 00866, 00868, 00870, 00880, 00882, 00902, 00904, 00906, 00908, 00910, 00912, 00914, 00916, 00918, 00920, 00921, 00922, 00924, 00926, 00928, 00930, 00932, 00934, 00936, 00938, 00940, 00942, 00944, 01120, 01140, 01150, 01170, 01173, 01180, 01190, 01202, 01210, 01212, 01214, 01215, 01230, 01232, 01234, 01250, 01260, 01270, 01272, 01274, 01320, 01360, 01382, 01392, 01400, 01402, 01404, 01430, 01432, 01440, 01442, 01444, 01464, 01470, 01472, 01474, 01480, 01482, 01484, 01486, 01500, 01502, 01520, 01522, 01610, 01622, 01630, 01632, 01634, 01636, 01638, 01650, 01652, 01654, 01656, 01670, 01710, 01712, 01714, 01716, 01732, 01740, 01742, 01744, 01756, 01758, 01760, 01770, 01772, 01780, 01782, 01810, 01829, 01830, 01832, 01840, 01842, 01844, 01850, 01852, 01924, 01925, 01926, 01951, 01952, 01953, 01961, 01962, 01963, 01965, 01966, 01968, 01969
- Deleted from Denominator Coding, CPT II 4047F

Measure #31: Stroke and Stroke Rehabilitation: Deep Vein Thrombosis Prophylaxis (DVT) for Ischemic Stroke or Intracranial Hemorrhage

NO CHANGES

Measure #32: Stroke and Stroke Rehabilitation: Discharged on Antiplatelet Therapy

- Added Definition for "Prescribed"

Measure #33: Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge

- Added to Measure, "2009 PQRI REPORTING OPTIONS: REGISTRY ONLY"
- Deleted from Instructions, "Part B claims data will be analyzed to determine the hospital discharge. If multiple qualifying diagnoses are submitted on the same claim form, only one instance of reporting will be counted."
- Added Definition for "Prescribed"
- Deleted from Numerator Coding, CPT II code 4075F

Measure #34: Stroke and Stroke Rehabilitation: Tissue Plasminogen Activator (t-PA) Considered
NO CHANGES

Measure #35: Stroke and Stroke Rehabilitation: Screening for Dysphagia
NO CHANGES

Measure #36: Stroke and Stroke Rehabilitation: Consideration of Rehabilitation Services
NO CHANGES

Measure #39: Screening or Therapy for Osteoporosis for Women Aged 65 Years and Older
NO CHANGES

Measure #40: Osteoporosis: Management Following Fracture

- Updated Instructions
- Deleted from Denominator Coding, diagnosis codes 805.10, 805.11, 805.12, 805.13, 805.14, 805.15, 805.16, 805.17, 805.18, 820.10, 820.11, 820.13, 820.9

Measure #41: Osteoporosis: Pharmacologic Therapy
NO CHANGES

Measure #43: Coronary Artery Bypass Graft (CABG): Use of Internal Mammary Artery (IMA) in Patients with Isolated CABG Surgery

- Updated Measure Title
- Updated Description, Numerator and Denominator Statements

Measure #44: Coronary Artery Bypass Graft (CABG): Preoperative Beta-Blocker in Patients with Isolated CABG Surgery

- Updated Measure Title
- Updated Description, Numerator and Denominator Statements

Measure #45: Perioperative Care: Discontinuation of Prophylactic Antibiotics (Cardiac Procedures)

- Updated Numerator Instructions
- Deleted from Denominator Coding, CPT codes 33202, 33321, 33322, 35211, 35241, 35271, 35820 (These codes are now included in Measure #22.)

Measure #46: Medication Reconciliation: Reconciliation After Discharge from an Inpatient Facility

- Updated Measure Title
- Added to Measure, "2009 PQRI REPORTING OPTIONS: REGISTRY ONLY"
- Added to Instructions and Numerator Statement, "outpatient"
- Deleted from Instructions, "If multiple claims are submitted within 60 days of inpatient discharge, only one instance of reporting will be counted. Part B claims data will be analyzed to determine the inpatient facility discharge date."

- Deleted from Numerator Coding, CPT II codes 1110F, 1111F
- Added to Denominator Coding, CPT codes 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

Measure #47: Advance Care Plan

- Deleted from the end of the Description, "in the medical record"

Measure #48: Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older

- Updated Measure Title
- Added to Denominator Coding, CPT codes 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

Measure #49: Urinary Incontinence: Characterization of Urinary Incontinence in Women Aged 65 Years and Older

- Updated Measure Title
- Added to Denominator Coding, CPT codes 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

Measure #50: Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older

- Updated Measure Title
- Added to Denominator Coding, CPT codes 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

Measure #51: Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation
NO CHANGES

Measure #52: Chronic Obstructive Pulmonary Disease (COPD): Bronchodilator Therapy
NO CHANGES

Measure #53: Asthma: Pharmacologic Therapy
NO CHANGES

Measure #54: 12-Lead Electrocardiogram (ECG) Performed for Non-Traumatic Chest Pain

- Updated Measure Title

Measure #55: 12-Lead Electrocardiogram (ECG) Performed for Syncope

- Updated Measure Title

Measure #56: Community-Acquired Pneumonia (CAP): Vital Signs

- Updated Measure Title
- Added to Denominator Coding, diagnosis code 482.42
- Added to Denominator Coding, CPT codes 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

Measure #57: Community-Acquired Pneumonia (CAP): Assessment of Oxygen Saturation

- Updated Measure Title
- Added to Denominator Coding, diagnosis code 482.42

- Added to Denominator Coding, CPT codes 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

Measure #58: Community-Acquired Pneumonia (CAP): Assessment of Mental Status

- Updated Measure Title
- Added to Denominator Coding, diagnosis code 482.42
- Added to Denominator Coding, CPT codes 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

Measure #59: Community-Acquired Pneumonia (CAP): Empiric Antibiotic

- Updated Measure Title
- Added to Denominator Coding, diagnosis code 482.42
- Added to Denominator Coding, CPT codes 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

Measure #64: Asthma: Asthma Assessment

- Updated Measure Title

Measure #65: Treatment for Children with Upper Respiratory Infection (URI): Avoidance of Inappropriate Use

- Updated Measure Title
- Deleted from Denominator Coding, CPT code 99211

Measure #66: Appropriate Testing for Children with Pharyngitis

- Added Definition for "Prescribed"
- Deleted from Denominator Coding, CPT code 99211

Measure #67: Myelodysplastic Syndrome (MDS) and Acute Leukemias: Baseline Cytogenetic Testing Performed on Bone Marrow

- Added to Denominator Coding, diagnosis codes 204.02, 205.02, 206.02, 207.02, 207.22, 208.02

Measure #68: Myelodysplastic Syndrome (MDS): Documentation of Iron Stores in Patients Receiving Erythropoietin Therapy

NO CHANGES

Measure #69: Multiple Myeloma: Treatment with Bisphosphonates

- Added Definition for "Prescribed"
- Updated Numerator Coding language for the 1P modifier
- Added to Denominator Coding, diagnosis code 203.02

Measure #70: Chronic Lymphocytic Leukemia (CLL): Baseline Flow Cytometry

- Added to Denominator Coding, diagnosis code 204.12

Measure #71: Breast Cancer: Hormonal Therapy for Stage IC - IIIC Estrogen Receptor/ Progesterone Receptor (ER/PR) Positive Breast Cancer

- Updated Measure Title
- In Instructions, replaced "It is anticipated that clinicians who treat female patients with Stage IC through IIIC, estrogen receptor (E) or progesterone receptor (PR) positive breast cancer will submit this measure." with "Review estrogen receptor (ER) or progesterone receptor (PR) AND breast cancer stage status AND tumor size to determine which quality data codes should be submitted. It is anticipated that clinicians who treat female breast cancer patients will submit this measure."

- Added Definition for "Prescribed"
- Added to Numerator Coding, CPT II code "3370F: AJCC Breast Cancer Stage 0, documented"
- Added to Numerator Coding, CPT II code "3372F: AJCC Breast Cancer Stage I: T1 mic, T1a or T1b (tumor size < 1cm), documented"
- Added to Numerator Coding, CPT II code "3374F: AJCC Breast Cancer Stage I: TIC (tumor size > 1cm to 2cm), documented"
- Added to Numerator Coding, CPT II code "3376F: AJCC Breast Cancer Stage II, documented"
- Added to Numerator Coding, CPT II code "3378F: AJCC Breast Cancer Stage III, documented"
- Added to Numerator Coding, CPT II code "3380F: AJCC Breast Cancer Stage IV, documented"
- Deleted from Numerator Coding, CPT II codes 3302F, 3303F, 3305F, 3306F, 3307F, 3309F, 3310F, 3311F, 3312F

Measure #72: Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients

- Updated Measure Title
- Updated Description with "Percentage of patients aged 18 years and older with Stage IIIA through IIIC colon cancer who are referred for adjuvant, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12-month reporting period."
- Added Definition for "Prescribed"
- Updated Numerator Statement with "Patients who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or who have previously received adjuvant chemotherapy within the 12 month reporting period."
- Added to CPT II code 4180F description in Numerator Coding, "referred" after "chemotherapy"
- Added to Numerator Coding, CPT II code "3382F: AJCC Colon Cancer Stage 0, documented"
- Added to Numerator Coding, CPT II code "3384F: AJCC Colon Cancer Stage I, documented"
- Added to Numerator Coding, CPT II code "3386F: AJCC Colon Cancer Stage II, documented"
- Added to Numerator Coding, CPT II code "3388F: AJCC Colon Cancer Stage III, documented"
- Added to Numerator Coding, CPT II code "3390F: AJCC Colon Cancer Stage IV, documented"
- Deleted from Numerator Coding, CPT II codes 3302F, 3304F, 3306F, 3307F, 3309F, 3310F, 3311F, 3312F

Measure #73: Oncology: Plan for Chemotherapy Documented

- *RETIRED from PQRI effective January 1, 2009. This measure was considered and specifically declined for endorsement by NQF on or before August 31, 2008.*

Measure #74: Radiation Therapy Recommended for Invasive Breast Cancer Patients who have Undergone Breast Conserving Surgery

- *RETIRED from PQRI effective January 1, 2009. Those 2008 PQRI measures that have been specifically considered and declined for NQF endorsement were not included in the list of proposed measures for 2009.*

Measure #75: Prevention of Ventilator-Associated Pneumonia – Head Elevation

- *RETIRED from PQRI effective January 1, 2009. Those 2008 PQRI measures that have been specifically considered and declined for NQF endorsement were not included in the list of proposed measures for 2009.*

Measure #76: Prevention of Catheter-Related Bloodstream Infections (CRBSI): Central Venous Catheter (CVC) Insertion Protocol

- Updated Measure Title
- Updated Description, Definition, Numerator Statement and CPT II code 6030F description to include, "or acceptable alternative antiseptics per current guideline" after "antiseptics"
- Added to Denominator Coding, CPT code 93503

Measure #77: Assessment of GERD Symptoms in Patients Receiving Chronic Medication for GERD

- *RETIRED from PQRI effective January 1, 2009. This measure was considered and specifically declined for endorsement by NQF on or before August 31, 2008.*

Measure #78: Vascular Access for Patients Undergoing Hemodialysis

- *RETIRED from PQRI effective January 1, 2009. This measure was considered and specifically declined for endorsement by NQF on or before August 31, 2008.*

Measure #79: End Stage Renal Disease (ESRD): Influenza Immunization in Patients with ESRD

- Updated Measure Title
- Added to Denominator Coding, CPT codes 90957, 90958, 90959, 90960, 90961, 90962, 90965, 90966, 90969, 90970
- Deleted from Denominator Coding, HCPCS codes G0314, G0315, G0316, G0317, G0318, G0319, G0322, G0323, G0326, G0327

Measure #80: Plan of Care for ESRD Patients with Anemia

- *RETIRED from PQRI effective January 1, 2009. Those 2008 PQRI measures that have been specifically considered and declined for NQF endorsement were not included in the list of proposed measures for 2009.*

Measure #81: End Stage Renal Disease (ESRD): Plan of Care for Inadequate Hemodialysis in ESRD Patients

- Updated Measure Title
- Added to Measure, "2009 PQRI REPORTING OPTIONS: REGISTRY ONLY"
- Deleted from Numerator Coding, CPT II codes 3083F, 3082F, 3084F, 0505F
- Added to Denominator Coding, CPT codes 90957, 90958, 90959, 90960, 90961, 90962
- Deleted from Denominator Coding, HCPCS codes G0314, G0315, G0316, G0317, G0318, G0319

Measure #82: End Stage Renal Disease (ESRD): Plan of Care for Inadequate Peritoneal Dialysis

- Updated Measure Title
- Added to Measure, "2009 PQRI REPORTING OPTIONS: REGISTRY ONLY"
- Updated Description and Numerator statements to include "every 4 months"
- Deleted from Numerator Coding, CPT II codes 3083F, 3082F, 3084F, 0507F
- Added to Denominator Coding, CPT codes 90965, 90966, 90969, 90970
- Deleted from Denominator Coding, HCPCS codes G0322, G0323, G0326, G0327

Measure #83: Hepatitis C: Testing for Chronic Hepatitis C - Confirmation of Hepatitis C Viremia

- Updated Measure Title

Measure #84: Hepatitis C: Ribonucleic Acid (RNA) Testing Before Initiating Treatment

- Updated Measure Title
- Added Instruction, "If reporting Measure #84: Hepatitis C: RNA Testing Before Initiating Treatment, also report Measure #85: Hepatitis C HCV Genotype Testing Prior to Treatment."
- Added to Description and Numerator Statements, "antiviral"
- Updated Numerator Coding language for the 1P modifier

Measure #85: Hepatitis C: HCV Genotype Testing Prior to Treatment

- Updated Measure Title
- Added Instruction, "If reporting Measure #85: Hepatitis C HCV Genotype Testing Prior to Treatment, also report Measure #84: Hepatitis C: RNA Testing Before Initiating Treatment."
- Added to Description and Numerator Statements, "antiviral"

Measure #86: Hepatitis C: Antiviral Treatment Prescribed

- Updated Measure Title
- In Description, Numerator statement, and Rationale, replaced “considered for” with “prescribed”
- Added Definition for “Prescribed”
- Added to Numerator Coding, medical, patient and system exclusions

Measure #87: Hepatitis C: HCV Ribonucleic Acid (RNA) Testing at Week 12 of Treatment

- Updated Measure Title

Measure #88: Hepatitis C: Hepatitis A and B Vaccination in Patients with HCV

- *RETIRED from PQRI effective January 1, 2009 and replaced with 2009 PQRI measures #183 and #184.*

Measure #89: Hepatitis C: Counseling Regarding Risk of Alcohol Consumption

- Updated Measure Title
- Updated Description and Numerator statements, replaced “received education regarding the risk of alcohol consumption” with “were counseled about the risks of alcohol use.”
- Added Definition for “Counseling”
- Updated CPT II 4158F numerator coding description to read “Patient counseled about risks of alcohol use.”

Measure #90: Hepatitis C: Counseling Regarding Use of Contraception Prior to Antiviral Therapy

- Updated Measure Title

Measure #91: Acute Otitis Externa (AOE): Topical Therapy

- Added Definition for “Prescribed”

Measure #92: Acute Otitis Externa (AOE): Pain Assessment

NO CHANGES

Measure #93: Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use

NO CHANGES

Measure #94: Otitis Media with Effusion (OME): Diagnostic Evaluation – Assessment of Tympanic Membrane Mobility

NO CHANGES

Measure #95: Otitis Media with Effusion (OME): Hearing Testing

NO CHANGES

Measure #96: Otitis Media with Effusion (OME): Antihistamines or Decongestants – Avoidance of Inappropriate Use

- *RETIRED from PQRI effective January 1, 2009. Analysis of 2007 PQRI results indicate there were no satisfactory submissions and no quality data codes accepted. Eligible professionals would be unlikely to voluntarily report inappropriate actions.*

Measure #97: Otitis Media with Effusion (OME): Systemic Antimicrobials – Avoidance of Inappropriate Use

- *RETIRED from PQRI effective January 1, 2009. Analysis of 2007 PQRI results indicate there were no satisfactory submissions and no quality data codes accepted. Eligible professionals would be unlikely to voluntarily report inappropriate actions.*

Measure #98: Otitis Media with Effusion (OME): Systemic Corticosteroids – Avoidance of Inappropriate Use

- *RETIRED from PQRI effective January 1, 2009. Analysis of 2007 PQRI results indicate there were no satisfactory submissions and no quality data codes accepted. Eligible professionals would be unlikely to voluntarily report inappropriate actions.*

Measure #99: Breast Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade

- Updated Measure Title
- Added to Instructions, “Each unique CPT Category I code submitted on the claim will be counted for denominator inclusion.” and “If the specimen is not primary breast tissue (eg, liver, lung), report only CPT II code 3250F” and “Independent laboratories, using indicator place of service 81, are not included.”
- Added to Numerator Coding, CPT Category II code 3250F: “Specimen site other than anatomic location of primary tumor”
- Deleted from Numerator Coding for the 1P modifier description, “non-carcinomas”

Measure #100: Colorectal Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade

- Updated Measure Title
- Added to Instructions, “Each unique CPT Category I code submitted on the claim will be counted for denominator inclusion.” and “If the specimen is not primary colorectal tissue (eg, liver, lung), report only CPT II code 3250F” and “Independent laboratories, using indicator place of service 81, are not included.”
- Added to Numerator Coding, CPT Category II code 3250F, “Specimen site other than anatomic location of primary tumor”
- Deleted from Numerator Coding for the 1P modifier description, “non-carcinomas”

Measure #101: Appropriate Initial Evaluation of Patients with Prostate Cancer

- *RETIRED from PQRI effective January 1, 2009. This measure was considered and specifically declined for endorsement by NQF on or before August 31, 2008.*

Measure #102: Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low-Risk Prostate Cancer Patients

- Updated Measure Title
- Updated Instructions changing the reporting requirements from procedure to episode.
- Updated Definition for “High Risk”
- Added Denominator Note, “Only patients with prostate cancer with low risk of recurrence will be counted in the performance denominator of this measure.”
- Added to Denominator Coding, CPT code 77787
- Deleted from Denominator Coding, CPT code 77784
- Updated Rationale

Measure #103: Review of Treatment Options in Patients with Clinically Localized Prostate Cancer

- *RETIRED from PQRI effective January 1, 2009. Those 2008 PQRI measures that have been specifically considered and declined for NQF endorsement were not included in the list of proposed measures for 2009.*

Measure #104: Prostate Cancer: Adjuvant Hormonal Therapy for High-Risk Prostate Cancer Patients

- Updated Measure Title
- Added to Instructions, “Each episode of radiation therapy in an eligible patient receiving external beam radiotherapy to the prostate occurring during the reporting period will be counted when calculating the reporting

and performance rates. The PQRI quality-data code needs to be submitted only once during the episode of radiation therapy (e.g., 8 weeks of therapy)."

- Updated Definition for "High Risk"
- Added Definition for "Prescribed"
- Deleted from Numerator Coding for the 1P, 2P and 8P modifier descriptions, the parenthetical language "(ie, in combination with external beam radiotherapy to the prostate for prostate cancer)."
- Added to Numerator Coding for the 1P modifier description, "(eg, salvage therapy)"
- Added Denominator Note, "Only patients with prostate cancer with high risk of recurrence will be counted in the performance denominator of this measure."
- Updated Rationale

Measure #105: Prostate Cancer: Three-dimensional (3D) Radiotherapy

- Updated Measure Title
- Updated Description with "Percentage of patients, regardless of age, with a diagnosis of clinically localized prostate cancer receiving external beam radiotherapy as a primary therapy to the prostate with or without nodal irradiation (no metastases; no salvage therapy)."
- Updated Instructions changing the reporting requirements from procedure to episode.
- Updated CPT Category II code 4200F to "External beam radiotherapy as primary therapy to the prostate with or without nodal irradiation"
- Updated CPT Category II code 4201F to "External beam radiotherapy with or without nodal irradiation as adjuvant or salvage therapy for prostate cancer patient"
- Updated Denominator Statement with "All patients, regardless of age, with a diagnosis of clinically localized prostate cancer receiving external beam radiotherapy as primary therapy to the prostate with or without nodal irradiation (no metastases; no salvage therapy)."
- Updated Rationale

Measure #106: Major Depressive Disorder (MDD): Diagnostic Evaluation

- Updated Measure Title
- Updated Instructions with "This measure is to be reported a minimum of once per reporting period for all patients with an active diagnosis of major depressive disorder seen during the reporting period, including episodes of MDD that began prior to the reporting period."
- Deleted from Instructions, "An occurrence of a new diagnosis or recurrent episode of MDD and DSM-IV™ diagnostic evaluation will be identified through the submission of CPT II code 1040F and G-code G8467 for an individual patient. The CPT II code for diagnostic evaluation should be reported once until remission occurs. At the time of remission, G-code G8466 should be reported to indicate the current occurrence of MDD has been resolved."
- Added Definition for "Remission"
- Updated Numerator Note with "PATIENTS WHOSE EPISODE OF MDD BEGAN PRIOR TO THE CURRENT REPORTING PERIOD: The clinician should report that DSM IV criteria was assessed during the visit in which the new diagnosis or recurrent episode was identified."
- Deleted from Numerator Coding, G8466 and G8467

Measure #107: Major Depressive Disorder (MDD): Suicide Risk Assessment

- Updated Measure Title
- Deleted from Instructions, "or as a group" and "An occurrence of a new diagnosis or recurrent episode of MDD will be identified through the submission of CPT II code 3093F for an individual patient. The CPT II code for suicide risk assessment 3085F should be reported at each visit with CPT II code 3093F until remission occurs. At the time of remission, CPT II code 3092F should be reported to indicate the current occurrence of MDD has been resolved."
- Deleted from Numerator Coding, CPT II code 3093F

Measure #108: Rheumatoid Arthritis (RA): Disease Modifying Anti-Rheumatic Drug (DMARD) Therapy

- Updated Measure Title
- Added Definition for "Biologic DMARD Therapy"
- Deleted from Denominator Coding, CPT codes 99211, 99217, 99218, 99219, 99220
- Added to Denominator Coding, CPT codes 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

Measure #109: Osteoarthritis (OA): Function and Pain Assessment

- Updated Measure Title

Measure #110: Preventive Care and Screening: Influenza Immunization for Patients ≥ 50 Years Old

- Updated Measure Title
- Deleted from Denominator Coding, CPT codes 99241, 99242, 99243, 99244, 99245
- Added to Denominator Coding, CPT codes 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

Measure #111: Preventive Care and Screening: Pneumonia Vaccination for Patients 65 Years and Older

- Updated Measure Title
- Deleted from Denominator Coding, CPT code 99211

Measure #112: Preventive Care and Screening: Screening Mammography

- Updated Measure Title
- Deleted from Denominator Coding, CPT code 99211

Measure #113: Preventive Care and Screening: Colorectal Cancer Screening

- Updated Measure Title
- Deleted from Denominator Coding, CPT code 99211

Measure #114: Preventive Care and Screening: Inquiry Regarding Tobacco Use

- Updated Measure Title
- Added to Denominator Coding, CPT codes 90801, 90802, 90804, 90805, 90806, 90807, 90808, 90809, 90810, 90811, 90812, 90813, 90814, 90815, 90845, 90862, 96150, 96152, 97003, 97004

Measure #115: Preventive Care and Screening: Advising Smokers to Quit

- Updated Measure Title
- Added to Instructions, "All patients identified as tobacco smokers at any time during the reporting period should be advised to quit."
- Deleted from Numerator Coding, G-codes G8402, G8403
- Added to Numerator Coding, CPT II code 4000F: Tobacco use cessation intervention, counseling
- Added to Numerator Coding, CPT II code 4001F: Tobacco use cessation intervention, pharmacologic therapy
- Added to G-code G8457 language "current"
- Deleted from Denominator Coding, CPT code 99211

Measure #116: Antibiotic Treatment for Adults with Acute Bronchitis: Avoidance of Inappropriate Use

- Updated Measure Title
- Deleted from Antibiotic Table, amebicides, streptomycin, cefoperazone
- Deleted from Antibiotic Table, metronidazole in the amebicides section. Metronidazole remains in the Miscellaneous Antibiotics section.

- Deleted from Antibiotic Table, doxycycline in the Sulfamethoxazole-trimethoprim DS section. Doxycycline remains in the Tetracyclines section.
- Added to Antibiotic Table, cefditoren, cefpodoxime, ceftizoxime
- Deleted from Denominator Coding, CPT codes 99211, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

Measure #117: Diabetes Mellitus: Dilated Eye Exam in Diabetic Patient

- Updated Measure Title
- Added to Denominator Coding, CPT and HCPCS codes 97802, 97803, 97804, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, G0270, G0271
- Deleted from Denominator Coding, CPT codes 99217, 99218, 99219, 99220, 99241, 99242, 99243, 99244, 99245, 99455, 99456

Measure #118: Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Patients with CAD and Diabetes and/or Left Ventricular Systolic Dysfunction (LVSD)

- Updated Measure Title
- In Instructions, replaced “two sets of options” with “two reporting criteria.”
- Deleted from Instructions, “who also have LVSD who are prescribed ACE inhibitor or ARB therapy” and “who are prescribed ACE inhibitor or ARB therapy.”
- Updated the Instructions to read, “The eligible professional should submit data on one of the reporting criteria, depending on the clinical findings. If patient has CAD (without a diagnosis of Diabetes), use Denominator Reporting Criteria 1. If the patient has CAD and Diabetes, use Denominator Reporting Criteria 2. If a patient has both diabetes and LVSD, the eligible professional may report quality data for Reporting Criteria 2 and this will count as appropriate reporting for this patient.”
- Reporting option 1 now reads “REPORTING CRITERIA 1: For all patients with CAD (without a diagnosis of diabetes)”
- Added to the Numerator Instructions “It is necessary to determine the LVEF for the patient, either through quantitative or qualitative assessment” and “If the patient does not have LVSD (as defined by LVEF <40% or moderately or severely depressed left ventricular systolic function), report only G8470. If LVEF was not performed or is not documented, report only G8471.”
- Added Definition for “Prescribed”
- Updated Denominator statement to read, “REPORTING CRITERIA 1 DENOMINATOR: All patients aged 18 years and older with a diagnosis of CAD who also have a diagnosis of LVSD”
- In Denominator section, “reporting option” was replaced with “reporting criteria”
- Added to the Criteria 2 Denominator Statement, the wording “with a diagnosis of CAD”
- Added to Note, “If a patient has both diabetes and LVSD, reporting criteria #2 will count as appropriate reporting for this patient.”
- Added to Denominator Coding, diagnosis code 412

Measure #119: Diabetes Mellitus: Urine Screening for Microalbumin or Medical Attention for Nephropathy in Diabetic Patients

- Updated Measure Title
- In Numerator Coding, replaced CPT II code 4009F with G8506: Patient receiving angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy
- Added to Denominator Coding, diagnosis code 366.41
- Added to Denominator Coding, CPT and HCPCS codes 97802, 97803, 97804, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, G0270, G0271

- Deleted from Denominator Coding, CPT codes 92002, 92004, 92012, 92014, 99211, 99217, 99218, 99219, 99220, 99241, 99242, 99243, 99244 99245, 99455, 99456

Measure #120: Chronic Kidney Disease (CKD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy

- *RETIRED from PQRI effective January 1, 2009. Analysis of 2007 PQRI results indicate that there were no satisfactory submissions and no quality data codes accepted.*

Measure #121: Chronic Kidney Disease (CKD): Laboratory Testing (Calcium, Phosphorus, Intact Parathyroid Hormone (iPTH) and Lipid Profile)

NO CHANGES

Measure #122: Chronic Kidney Disease (CKD): Blood Pressure Management

NO CHANGES

Measure #123: Chronic Kidney Disease (CKD): Plan of Care: Elevated Hemoglobin for Patients Receiving

NO CHANGES

Measure #124: Health Information Technology (HIT): Adoption/Use of Electronic Health Records (EHR)

- Updated Measure Title
- Updated Description, Numerator and Denominator statements
- Updated Definition for "Discrete Searchable Data Elements"
- Added Definitions for "Basic Privacy and Security Elements," "Certified/Qualified Electronic Health Record," "Manage a Medication List" and "Manage a Problem List"
- Deleted from Numerator Coding, G-code G8449
- In Numerator Coding, updated G-code language for G8447, G8448
- Added to Denominator Coding, CPT codes 92541, 92542, 92543, 92544, 92548, 92552, 92553, 92555, 92557, 92561, 92562, 92563, 92564, 92565, 92567, 92568, 92569, 92571, 92572, 92575, 92576, 92577, 92579, 92582, 92584, 92585, 92586, 92587, 92588, 92601, 92602, 92603, 92604, 92620, 92621, 92625, 92626, 92627, 92640, 95920
- Updated Rationale

Measure #125: HIT- Adoption/Use of e-Prescribing

REMOVED from PQRI effective January 1, 2009; See 2009 Electronic Prescribing Incentive Program.

Measure #126: Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy - Neurological Evaluation

- Updated Measure Title
- Added to Description, "within 12 months"
- Updated Instructions to include risk categorization with table
- Deleted from Denominator Coding, CPT codes 10060, 10061, 10180, 11000, 99211
- Added to Denominator Coding, CPT codes 97802, 97803, 99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, 99255

Measure #127: Diabetes Mellitus: Diabetic Foot and Ankle Care, Ulcer Prevention - Evaluation of Footwear

- Updated Measure Title
- Deleted from Denominator Coding: CPT codes 10060, 10061, 10180, 11000, 99211
- Added to Denominator Coding, CPT codes 97802, 97803, 99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, 99255

Measure #128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up

- Updated Measure Title
- Updated Description, Numerator and Denominator Statements
- Added Definition for "Terminal Illness"
- Updated Definition for "Not Eligible for BMI Measurement"
- In Numerator Coding, updated G-code descriptions for G8417, G8418, G8419, G8420
- Deleted from Denominator Coding, CPT codes 92002, 92004, 92012, 92014
- Added to Denominator Coding, Expanded anesthesia CPT codes and added code 98960
- Updated Rationale

Measure #129: Universal Influenza Vaccine Screening and Counseling

- *RETIRED from PQRI effective January 1, 2009. Those 2008 PQRI measures that have been specifically considered and declined for NQF endorsement were not included in the list of proposed measures for 2009.*

Measure #130: Documentation and Verification of Current Medications in the Medical Record

- Updated Measure Title
- Updated Description, Numerator and Denominator Statements
- Added Definition for "Verification"
- In Numerator Coding, updated G-code descriptions for G8427, G8428, G8429, G8430
- Added to Numerator Coding, G-code and description for G8507
- Added to Denominator Coding, Expanded anesthesia codes and added CPT codes 92002, 92004, 92012, 92014, 92541, 92542, 92543, 92544, 92545, 92547, 92548, 92557, 92567, 92568, 92569, 92585, 92588, 92626, 98960, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245
- Updated Rationale

Measure #131: Pain Assessment Prior to Initiation of Patient Therapy and Follow-up

- Updated Measure Title
- Updated Description, Numerator and Denominator Statements
- Added Definitions for "Qualifying Visit" and "Follow-Up Plan"
- Updated Definitions for "Standardized Tool" and "Not Eligible"
- In Numerator Coding, updated G-code description for G8440
- Added to Numerator Coding, G-codes and descriptions for G8508, G8509
- Updated Rationale and Clinical Recommendations

Measure #132: Patient Co-Development of Treatment Plan/Plan of Care

- *RETIRED from PQRI effective January 1, 2009. This measure was considered and specifically declined for endorsement by NQF on or before August 31, 2008*

Measure #133: Screening for Cognitive Impairment

- *RETIRED from PQRI effective January 1, 2009. Those 2008 PQRI measures that have been specifically considered and declined for NQF endorsement were not included in the list of proposed measures for 2009.*

Measure #134: Screening for Clinical Depression and Follow-Up Plan

- Updated Measure Title
- Updated Description, Numerator and Denominator Statements
- Added Definition for "Follow-up Plan"
- In Numerator Coding, updated G-code descriptions for G8431, G8433
- Added to Numerator Coding, G-codes and descriptions for G8510, G8511
- Added to Denominator Coding, CPT codes 92557, 92567, 92568, 92625

- Updated Rationale

Global Edits

- Updated Specification Introduction
- Identified available reporting options for 2009 (claims-based, registry, measures group) in each measure specification.
- Replaced ICD-9 with ICD-9-CM throughout the document
- Updated Instructions throughout the document to include “Measure Reporting via Claims” and “All measure-specific coding should be reported ON THE SAME CLAIM”.
- Updated the Numerator Coding and Denominator Coding sections
- Added to Specifications Document in Appendices, Glossary of Terms, Sample 2009 PQRI Measure Specification, 2009 PQRI Participation Decision Tree, CMS-1500 Claim Example, Sample Implementation Flow Chart