

2010 PULMONARY PQRI PERFORMANCE MEASURES

If just starting to review performance measures, it is important to have the practice leadership support this initiative. Plan and implement processes to ensure satisfactory reporting of measures. A sample template follows at the end.

New for 2010: PNEUMONIA MEASURES GROUP

ACCP Recommends Participation in PQRI in 2010

CMS just released the Physician Quality Reporting Initiative (PQRI) specifications for 2010 reporting through both claims-based and registry reporting. One of the 13 Measures Groups is for Community-Acquired Pneumonia (CAP) which bundles #56 Vital Signs, #57 Assessment of Oxygen, #58 Assessment of Mental Status, #59 Empiric Antibiotic Prescribed. ALL four individual pneumonia measures were on the top 10 list for highest reporting for 2008. It is important to report either the 30 patient sample method between January 1 - December 31, 2010, or 80% patient sample method, ie, 15 patients or if six-month reporting July 1- Dec. 31, 2010, report 8 patients. These need not be consecutive patients, a previous reporting criteria for measures groups.

How to Report CAP Measures

For patients 18 years and older, report **G8546** (I intend to report the CAP Measures Group on **ONLY the first claim** form with an ICD-9-CM pneumonia diagnosis codes 481-483.8, 486, 487.0, where the following office or other outpatient procedure was performed: New Patient 99201-99205, Established Patient 99212-99215, Emergency Department 99281-99285, Critical Care 99291 (must report ED place of service 23 on Part B claim form ONLY for 99291), Domiciliary, Rest Home, Custodial Care 99324-99337, Home Services 99341-99350, on the same claim form.

If all of the quality actions for the patient have been performed for all measures within the group (#56-#59), the following composite G-code may be reported in lieu of the individual quality-data codes for each of the measures within the group. The CAP Measures Group Composite G code needs to be reported for every claim during each occurrence of CAP: **G8550: ALL quality actions for the applicable measures in the CAP Measures Group have been performed for this patient.** This CAP measures code is reported once during each occurrence (ie, 45-day period from onset of CAP).

Report 0.00 in the payment field. For claims-based submissions, the carrier/MAC remittance advice notice sent to the practice will show a denial remark code N365 for the line item on the claim containing quality codes indicating that the code is not payable and used for reporting/information purposes only. Other codes reported on the claim will not be affected by the data code reporting. The N365 code indicates that the quality code was processed and transmitted.

Mark L. Metersky, MD, FCCP, the ACCP representative to the AMA's Physician Consortium for Performance Improvement (PCPI) and a member of the PCPI Board, is the author of Chapter 27 on Pay for Performance in the *ACCP Coding for Chest Medicine 2010* and the article in *Chest* 2009; 136:1644-1649 on *The Medicare Physician Quality Reporting Initiative*. Dr. Metersky said "Although the PQRI program has not been without glitches, the basic design of the program is admirable in its simplicity."

Additional information on specifications is available to be downloaded from www.cms.hhs.gov/pqri under Code Measures.

INDIVIDUAL PERFORMANCE MEASURES

Pay For Performance Initiatives are developed in nearly all sites of service to focus on the performance of quality medicine. In December 2009, the Centers for Medicare & Medicaid Services (CMS) Physician Quality Reporting Initiative (PQRI) finalized the list of performance measure specifications for their 2010 initiative which began January 1, 2010, or if reporting for six months begins July 1, 2010. All 175 measures have been reviewed, and the eight specific measures (2 for COPD, 4 for Pneumonia and 2 for Asthma) are the same since inception of the PQRI program on July 1, 2007, with the addition of the Community-Acquired Pneumonia Measures Group in 2010 described above. CMS had removed #125 e-prescribing from the list of PQRI measures and handles it separately, with its own web page. E-prescribing will be reported at the end, separately.

For 2010, there are three reporting options: claims-based, registry, and measures groups. As you read above, we have a pneumonia measures group. Most chest medicine practices will be reporting the COPD, Pneumonia, Asthma, and other measures. The patient age is specified as 18 years of age and older for COPD and Pneumonia. For the Central Venous Catheter Insertion Protocol Measure #76 reporting is for any age, and the Asthma Measures #53 and #64 requires patients aged 5 through 40 years. COPD and Asthma measures are reported once per reporting period, Pneumonia measures are reported each occurrence.

Specifications of these measures are detailed on the CMS web site and are available through the link: www.cms.hhs.gov/pqri under Measures Codes. Denominator codes are the universe of eligible cases and are listed below as the ICD-9-CM diagnoses and the CPT Evaluation and Management codes, or CMS G-codes. The numerator quality-data codes (QDC) are the CPT Category-II codes listed below. QDC descriptors are listed below the table. Review closely the appropriate modifiers below. The only change from 2009 on the list below is the deletion of the consultation codes, 99241-99245. Measure #75 VAP – head elevation was deleted for 2009. Note the STS Measure #157 for Thoracic Surgery: Recording of Clinical Stage for Lung Cancer and Esophageal Cancer Resection. In 2010 there is a new Group Practice Reporting Option for practices with >200 eligible providers identified by individual NPIs, who have reassigned billing rights to the tax identification number, TIN. Large group practices need to send a self-nomination letter to CMS by January 31, 2010.

ACCP encourages practices to participate in PQRI. If you have any PQRI questions, do not hesitate to contact the ACCP coding and reimbursement consultant staff, Diane Krier-Morrow at 847-677-9464 or dkriermorr@aol.com

PM #	Descriptor	CPT II Code	Appropriate Modifiers	ICD-9-CM	CPT E/M codes
	COPD				
51	COPD: Spirometry Evaluation Aged 18 and older	3023F	1P, 2P, 3P, 8P	491.0, 491.1, 491.20, 491.21, 491.22, 491.8, 491.9, 492.0, 492.8, 496	99201-99205, 99212-99215,
52	COPD: Bronchodilator Rx Aged 18 and older	4025F + 3025F or 3027F	1P, 2P, 3P, 8P to 4025F + 3025F or 3025F-8P + 3027F	491.0, 491.1, 491.20, 491.21, 491.22, 491.8, 491.9, 492.0, 492.8, 496	99201-99205, 99212-99215,
	PNEUMONIA				
56	Community- Acquired Bacterial	2010F	8P	481, 482.0, 482.1, 482.2, 482.30, 482.31, 482.32,	99201-99205, 99212-99215, 99281-99285, 99291 (99291 requires POS

	Pneumonia: Vital Signs Aged 18 and older			482.39, 482.40, 482.41, 482.42, 482.49, 482.81, 482.82, 482.83, 482.84, 482.89, 482.9, 483.0, 483.1, 483.8, 485, 486, 487.0	23, performed in ED) 99324-99350
57	Community- Acquired Bacterial Pneumonia: Assessment of Oxygen Saturation Aged 18 and older	3028F	1P, 2P, 3P, 8P	481, 482.0, 482.1, 482.2, 482.30, 482.31, 482.32, 482.39, 482.40, 482.41, 482.42, 482.49, 482.81, 482.82, 482.83, 482.84, 482.89, 482.9, 483.0, 483.1, 483.8, 485, 486, 487.0	99201-99205, 99212-99215, 99281-99285, 99291 (99291 requires POS 23, performed in ED) 99324-99350
58	Community- Acquired Bacterial Pneumonia: Assessment of Mental Status Aged 18 and older	2014F	8P	481, 482.0, 482.1, 482.2, 482.30, 482.31, 482.32, 482.39, 482.40, 482.41, 482.42, 482.49, 482.81, 482.82, 482.83, 482.84, 482.89, 482.9, 483.0, 483.1, 483.8, 485, 486, 487.0	99201-99205, 99212-99215, 99281-99285, 99291 (99291 requires POS 23, performed in ED) 99324-99350
59	Community- Acquired Bacterial Pneumonia: Empiric Antibiotic Aged 18 and older	4045F	1P, 2P, 3P, 8P	481, 482.0, 482.1, 482.2, 482.30, 482.31, 482.32, 482.39, 482.40, 482.41, 482.42, 482.49, 482.81, 482.82, 482.83, 482.84, 482.89, 482.9, 483.0, 483.1, 483.8, 485, 486, 487.0	99201-99205, 99212-99215, 99281-99285, 99291 (99291 requires POS 23, performed in ED) 99324-99350
	ASTHMA - NOTE AGE REQUIREMENT				
53	Asthma: Pharmacologic Therapy	4015F + 1038F or 1039F	4015F-2P or - 8P+ 1038F or 1039F	493.00, 493.01, 493.02, 493.10, 493.11, 493.12,	99201-99205, 99212-99215,

53	Asthma: Pharmacologic Therapy <u>Aged 5-40</u>	4015F + 1038F or 1039F	4015F-2P or - 8P+ 1038F or 1039F	493.00, 493.01, 493.02, 493.10, 493.11, 493.12, 493.20, 493.21, 493.22, 493.81, 493.82, 493.90, 493.91, 493.92	99201-99205, 99212-99215,
64	Asthma Assessment <u>Aged 5-40</u>	1005F	8P	493.00, 493.01, 493.02, 493.10, 493.11, 493.12, 493.20, 493.21, 493.22, 493.81, 493.82, 493.90, 493.91, 493.92	99201-99205, 99212-99215,
	CVS Protocol				
76	Prevention of Catheter-Related Bloodstream Infections (CRBSI) - Central Venous Catheter (CVC) Insertion Protocol	6030F	1P, 8P	Any diagnosis with a CVC inserted	36555, 36556, 36557, 36558, 36560, 36561, 36563, 36565, 36566, 36568, 36569, 36570, 36571, 36578, 36580, 36581, 36582, 36583, 36584, 36585, 93503 SWAN GANZ
	SMOKING				
114	Inquiry Regarding Tobacco Use	1000F + 1034F, 1035F, or 1036F	8P	Any diagnosis	99201-99205, 99212-99215
115	Advising Smokers to Quit	G8455 or G8456 + 4000F or 4001F [or G8457 non-user]	4000F-8P + G8455	Any diagnosis	99201-99205, 99212-99215
	THORACIC SURGERY				
157	Recording of Clinical Stage for Lung Cancer and	3323F	1P, 8P	150.3, 150.4, 150.5, 162.2, 162.3, 162.4, 162.5	32440, 32442, 32445, 32480, 32482, 32484, 32486, 32488, 32500, 32503, 32504, 32657,

Note that **99211** is NOT included as any of the denominator codes above. For 2010 reporting, all 175 performance **individual** measure specifications are available at the CMS Web site.

Both 2010 PQRI Quality Measure Specifications Manual and Release Notes and 2010 PQRI **Measures Groups** Specifications Manual, are found at:
http://www.cms.hhs.gov/PQRI/15_MeasuresCodes.asp#TopOfPage.

The above performance measures are of interest to pulmonologists; five general performance measures listed below are clinical performance measures and the last one is a structural performance measure. Details on the modifiers follow.

PULMONARY PERFORMANCE MEASURES DESCRIPTION

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

#51 COPD: Spirometry Evaluation:

Percentage of patients **aged 18 years and older** with a diagnosis of COPD who had spirometry evaluation results documented. Report a minimum of **once per reporting period**. Do not limit the search for spirometry results to the reporting period.

CPT II **3023F** Spirometry results documented and reviewed

#52 COPD: Bronchodilator Therapy:

Percentage of patients **aged 18 years and older** with a diagnosis of COPD and who have an FEV₁/FVC < 70% and have symptoms who were prescribed an inhaled bronchodilator. Report a minimum of **once per reporting period** for all COPD patients seen during the reporting period.

CPT II **4025F** Inhaled bronchodilator prescribed **AND**

CPT II **3025F** Spirometry test results demonstrate FEV₁/FVC < 70% with COPD symptoms (eg, dyspnea, cough/sputum, wheezing)

OR

CPT II **3025F** Spirometry test results demonstrate FEV₁/FVC ≥ 70% or patient does not have COPD symptoms

PNEUMONIA

#56 Vital Signs for Community-Acquired Bacterial Pneumonia:

Percentage of patients **aged 18 years and older** with a diagnosis of community-acquired bacterial pneumonia with vital signs documented and reviewed. Report once for **each occurrence** of CAP during the reporting period.

CPT II **2010F** Vital signs (temperature, pulse, respiratory rate, and blood pressure) documented and reviewed

#57 Assessment of Oxygen Saturation for Community-Acquired Bacterial Pneumonia:

Percentage of patients **aged 18 years and older** with a diagnosis of community-acquired bacterial pneumonia with oxygen saturation documented and reviewed. Report once for **each occurrence** of CAP during the reporting period.

CPT II **3028F** Oxygen saturation results documented and reviewed (includes assessment through pulse oximetry or arterial blood gas measurement)

#58 Assessment of Mental Status for Community-Acquired Bacterial Pneumonia:

Percentage of patients **aged 18 years and older** with a diagnosis of community-acquired bacterial pneumonia with mental status assessed. Report once for **each occurrence** of CAP during the reporting

period.

CPT II **2014F** Mental status assessed

#59 Empiric Antibiotic for Community-Acquired Bacterial Pneumonia:

Percentage of patients **aged 18 years and older** with a diagnosis of community-acquired bacterial pneumonia with appropriate empiric antibiotic prescribed. Report once for **each occurrence** of CAP during the reporting period.

CPT II **4045F** Appropriate empiric antibiotic prescribed

ASTHMA

#53 Asthma: Pharmacologic Therapy:

Percentage of patients **aged 5 through 40 years** with a diagnosis of mild, moderate, or severe persistent asthma who were prescribed either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment. Report a minimum of **once per reporting period** for all asthma patients seen during the reporting period.

CPT II **4015F** Persistent asthma, preferred long-term control medication or acceptable alternative treatment prescribed **AND**

CPT II **1038F** Persistent asthma (mild, moderate, or severe)

#64 Asthma Assessment:

Percentage of patients **aged 5 through 40 years** with a diagnosis of asthma who were evaluated during at least one office visit within 12 months for the frequency (numeric) of daytime and nocturnal asthma symptoms. Report a minimum of **once per reporting period**.

CPT II **1005F** Asthma symptoms evaluated (includes physician documentation of numeric frequency of symptoms or patient completion of an asthma assessment tool/survey/ questionnaire)

CATHETER-RELATED BLOODSTREAM INFECTIONS (CRBSI)

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

Percentage of patients, **regardless of age**, who undergo central venous catheter (CVC) insertion for whom CVC was inserted with all elements of maximal sterile barrier technique (cap AND mask AND sterile gown AND sterile gloves AND a large sterile sheet AND hand hygiene AND 2% chlorhexidine or cutaneous antiseptics, or acceptable alternative antiseptics, per current guideline) followed). Report **each time** a CVC insertion is performed during the reporting period

CPT II **6030F** All elements of maximal sterile barrier technique including: cap AND mask AND sterile gown AND sterile gloves AND a large sterile sheet AND hand hygiene AND 2% chlorhexidine for cutaneous antiseptics, or acceptable alternative antiseptics, per current guideline) followed. (only use modifiers 1P or 8P)

SMOKING CESSATION

#114: Inquiry Regarding Tobacco Use

Percentage of patients **aged 18 years or older** who were queried about tobacco use one or more times within 24 months prior to the date of service. Report a minimum of **once per reporting period** for all patients seen during the reporting period.

CPT II **1000F** Tobacco use assessed (only modifier 8P) **AND**

CPT II **1034F** Current tobacco smoker OR

CPT II **1035F** Current smokeless tobacco user (eg, chew or snuff) OR

CPT II **1036F** Current tobacco non-user

#115: Advising Smokers and Tobacco Users to Quit

Percentage of patients **aged 18 years and older** and are smokers or tobacco users who received advice to quit smoking. Report a minimum of **once per reporting period** for all patients (whether or not they use tobacco) seen during the reporting period.

CPT II **G8455** Current tobacco smoker **OR**

CPT II **G8456** Current smokeless tobacco user (eg, chew or snuff) **AND**

CPT II **4000F** Tobacco use cessation intervention, counseling OR

CPT II **4001F** Tobacco use cessation intervention, pharmacologic therapy OR

CPT II **G8457** Current tobacco non-user

THORACIC SURGERY - LUNG CANCER STAGING

#157: Thoracic Surgery: Recording of Clinical Stage for Lung Cancer and Esophageal Cancer Resection

Percentage of surgical patients **aged 18 years and older** undergoing resection for lung or esophageal cancer who had clinical TNM staging provided prior to surgery. Report **each time** a major cancer resection of the lung or esophagus is performed.

CPT II **3323F** Clinical tumor, node and metastases (TNM) staging provided prior to surgery

GENERAL CLINICAL PERFORMANCE MEASURES

#46 Medication Reconciliation: Reconciliation after Discharge from an Inpatient Facility

Percentage of patients **aged 65 years and older** discharged from any inpatient facility (eg, hospital, skilled nursing facility, or rehabilitation facility) and seen within 60 days following discharge in the office by the physicians providing on-going care who had a reconciliation of the discharge medications with the current medication list in the medical record documented

CPT II **1111F** Discharge medications reconciled with the current medication list in outpatient medical record (only modifier 8P allowed) **AND**

CPT II **1110F** Patient discharged from an inpatient facility (eg, hospital, skilled nursing facility, or rehabilitation facility, such as LTACH) within the last 60 days

#47 Advance Care Plan:

Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision

maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan in the medical record. Report **once per reporting period**.

CPT II **1123F** Advance Care Planning discussed and documented; advance care plan or surrogate decision maker documented in the medical record (only modifier 8P allowed) OR

CPT II **1124F** Advance Care Planning discussed and documented in the medical record; patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan

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

Percentage of patients **aged 50 years and older** who received an influenza immunization during the flu season (September through February). Report **once per reporting period**.

CPT II **G8482** Influenza immunization was ordered or administered OR

CPT II **G8483** Influenza immunization was not ordered or administered for reasons documented by clinician

CPT II **G8484** Influenza immunization was not ordered or administered, reason not specified

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

Percentage of patients **aged 65 years and older** who have ever received a pneumococcal vaccine. Report **once per reporting period**.

CPT II **4040F** Pneumococcal vaccine administered or previously received (only 1P, 8P modifiers)

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

Percentage of patients **aged 18 years and older** with a list of current medications with dosages (includes prescription, over-the-counter, herbals, vitamin/mineral/dietary [nutritional] supplements) and verification with the patient or authorized representative is documented by the provider. Report **at each visit** during the reporting period.

CPT II **G8427** List of current medications with dosages (includes prescription, over-the-counter, herbals, vitamin/mineral/dietary [nutritional] supplements) and verification with the patient or authorized representative is documented by the provider.

CPT II **G8428** Provider documentation of current medications with dosages (includes prescription, over-the-counter, herbals, vitamin/mineral/dietary [nutritional] supplements) without documented patient verification

CPT II **G8429** Incomplete or no provider documentation that the patient's current medications with dosages (includes prescription, over-the-counter, herbals, vitamin/mineral/dietary [nutritional] supplements) were assessed

CPT II **G8430** Provider documentation that patient is not eligible for medication assessment (eg, refuses, urgent or emergent medical situation, cognitively impaired and no authorized representative available).

CPT II **G8507** Provider documentation that patient is not eligible for patient verification of current medications

Cross-references and origins of Category II performance measures are listed in Index of Clinical Alphabetical Topics for CPT 2010, available online at www.ama-assn.org/ama1/pub/upload/mm/362/cptcat2-alpha-measures-index.pdf

STRUCTURAL MEASURE

#124: HIT - Adoption/Use of Electronic Health Records (EHR)

CPT II **G8447** Patient encounter was documented using a CCHIT certified EMR OR

CPT II **G8448** Patient encounter was documented using a qualified (non-CCHIT certified) EMR

PERFORMANCE MEASURE EXCLUSION MODIFIERS FOR CATEGORY II CODES ARE:

1P Performance Measure Exclusion Modifier due to Medical Reasons (*eg*, not indicated (absence of organ/limb, already received/performed); contraindicated (patient allergic history, potential adverse drug reaction))

2P Performance Measure Exclusion Modifier due to Patient Reasons (*eg*, patient declined; economic, social, or religious reasons)

3P Performance Measure Exclusion Modifier due to System Reasons (*eg*, resources to perform the services not available; insurance or coverage/payer-related limitations)

Reporting Modifier

8P Report appended to CPT Category II code to report circumstances when the action described in the performance measure is not performed and the reason is not otherwise specified

Quality measures for 2010 PQRI are listed. A sample pulmonary PQRI encounter form including four PQRI measures is provided below. You can copy the form and insert whatever measures you choose to report.

SAMPLE Quality Reporting for Chest Physicians

Patient Name:		Acct #:		DOB:		Age:		DOS:		Last Dx Codes:	
Measure #51: Spirometry		Measure #52 – Bronchodilator Therapy		Measure #114 – Inquiry Regarding Tobacco Use		Measure #115 – Advising Smokers to Quit					
Age: ≥ 18	Y N	Age: ≥ 18	Y N	Age: ≥ 18	Y N	Age: ≥ 18	Y N				
Dx: 491.0	491.8	Dx: 491.0	491.8	E/M:	New	99201 99202 99203 99204 99205	E/M:	New	99201 99202 99203 99204 99205		
491.1	491.9	491.1	491.9	Est	99212 99213 99214 99215	99212 99213 99214 99215	Est	99212 99213 99214 99215			
491.20	492.0	491.20	492.0	REPORT ON SAME CLAIM FORM				REPORT ON SAME CLAIM FORM			
491.21	492.8	491.21	492.8	Patient has COPD symptoms, spiro test results =				Pt does not use tobacco			
491.22	496	491.22	496	FEV/FVC < 70%				G8457			
OR				Inhaled bronchodilator prescribed 3025F & 4025F				Current smokeless tobacco user			
Not reviewed and documented for one of the following reasons:				OR				Current tobacco smoker			
Medical reason				Bronchodilator not prescribed				G8455			
Patient reason				Medical reason				AND			
System reason				Patient reason				Counseling			
OR				System reason				OR			
Not doc or rev, no reason				Not prescribed, not doc				Pharmacologic Intervention			
3023F-2P				4025F-8P				PHYSICIAN SIGNATURE			
3023F-3P				Patient has no COPD symptoms, spirometry test results = FEV/FVC ≥ 70%							
OR				OR							
Spirometry not performed, or doc				Spirometry not performed, or doc							
3023F-8P				3025F-8P							

If Age, Diagnosis or CPT code is NOT as indicated above, do NOT report performance measure code(s).

Report on each of the four measures above ONCE PER REPORTING PERIOD, ie, report only once between January 1-December 31, 2010, or if reporting July 1-December 31, 2010.