

## **Medicare Physician Quality Reporting Initiative (PQRI) January 1 – December 31, 2008**

On December 29, 2007, the President signed the Medicare, Medicaid, and SCHIP Extension Act of 2007 (Extension Act), which authorized the continuation of the Centers for Medicare and Medicaid Services (CMS) Physician Quality Reporting Initiative (PQRI) for 2008. PQRI establishes a financial incentive for eligible professionals who participate in the voluntary reporting program. Eligible professionals who want to report for 2008 PQRI and are not already reporting quality-data codes on claims with 2008 dates of service should begin reporting as soon as possible. Check the CMS Web site (<http://www.cms.hhs.gov/PQRI/>) for additional information on reporting periods and reporting criteria.

PQRI participation is voluntary, not limited to physicians (see the CMS Web site for eligibility requirements), and participants need not register. 2008 PQRI consists of 119 quality measures, including 2 structural measures. Measures and measure specifications are also available on the CMS Web site. NASS has developed the spreadsheet below identifying those measures which may be relevant to spine care providers. CPT II tracking codes will drive reporting; in the absence of CPT II codes, temporary G-codes will be used. Reporting can take place using either paper-based or electronic claims, but the quality-data codes must be a line item within the same claim as the patient diagnosis and service or procedure to which the quality-data code applies. In addition, for 2008 there will be a registry-based reporting option.

In exchange for meeting reporting thresholds, participants may earn a bonus. The financial incentive for eligible professionals who successfully report the designated set of quality measures during 2008 is 1.5% of total allowed charges for covered services payable under the Physician Fee Schedule. Financial incentives earned for 2008 reporting will be paid in mid-2009 from the Federal Supplementary Medical Insurance (Part B) Trust Fund. The 1.5% financial incentive and its funding source for 2008 are the same as for 2007.

To participate, physicians and other eligible professionals should begin by reviewing the detailed 2008 PQRI Quality Measure Specifications and related information available on the CMS PQRI Web site ([www.cms.hhs.gov/PQRI](http://www.cms.hhs.gov/PQRI/)) and selecting measures applicable to their patient panels. The eligible professionals should then report the selected measures by submitting the specified quality-data codes on claims for services paid under the Medicare Physician Fee Schedule.

If there are questions about the CMS PQRI, they can be addressed through the following venues:

- Review the information on the CMS PQRI Web site. This information will be continually updated;
- As information, tools and materials become available, they will be broadly announced and disseminated via familiar mechanisms, including the CMS PQRI Web site;
- Call your carrier;
- The Provider Call Center Toll-Free Numbers Directory offers information on how to contact the appropriate provider call center and is available for download:  
[www.cms.hhs.gov/MLNGenInfo/01\\_Overview.asp](http://www.cms.hhs.gov/MLNGenInfo/01_Overview.asp).

It is strongly recommended that anyone interested in participating thoroughly read all of the CMS PQRI Web site materials and FAQs.

## 2008 CMS PQRI Measures of Special Interest to Spine Care Providers\*

Measure	Description	CPT or ICD-9 Codes
<i>Evaluation and Management - Applicable to All Health Care Providers</i>		
Universal Weight Screening and Follow-Up	Percentage of patients aged 65 years and older with a calculated Body Mass Index (BMI) within the past six months or during the current visit that is documented in the medical record and if the most recent BMI is $\geq 30$ or $< 22$ , a follow-up plan is documented	97001, 97003, 99201-5, 99211-5, 99241-5
Universal Documentation and Verification of Current Medications in the Medical Record	Percentage of patients aged 18 years and older with written provider documentation that current medications with dosages (includes prescription, over-the-counter, herbals, vitamin/mineral/dietary [nutritional] supplements) were verified with the patient or authorized representative	99201-5, 99212-5
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	99201-5, 99212-5
Advising Smokers to Quit	Percentage of patients aged 18 years and older and are smokers who received advice to quit smoking	99201-5, 99211-5, 99217-20, 99241-5
Pain Assessment Prior to Initiation of Patient Treatment	Percentage of patients aged 18 years and older with documentation of a pain assessment (if pain is present, including location, intensity and description) through discussion with the patient or through use of a standardized tool on each initial evaluation prior to initiation of therapy	97001, 97003, 98940, 98941, 98942
Patient Co-Development of Treatment Plan/Plan of Care	Percentage of patients aged 18 years and older identified as having actively participated in the development of the treatment plan/plan of care. Appropriate documentation includes signature of the practitioner and either co-signature of the patient or documented verbal agreement obtained from the patient or, when necessary, an authorized representative	97001, 97002, 97003, 97004
Medication Reconciliation	Percentage of patients aged 65 years and older discharged from any inpatient facility (e.g., hospital, skilled nursing facility, or rehabilitation facility) and seen within 60 days following discharge in the office by the physician providing on-going care who had a reconciliation of the discharge medications with the current medication list in the medical record documented	99201-5, 99212-5

HIT- Adoption/Use of Health Information Technology (Electronic Health Records)	Documents whether provider has adopted and is using health information technology. To qualify, the provider must have adopted a qualified electronic medical record (EMR). For the purpose of this measure, a qualified EMR can either be a Certification Commission for Healthcare Information Technology (CCHIT) certified EMR or, if not CCHIT certified, the system must be capable of all of the following: • Generating a medication list • Generating a problem list • Entering laboratory tests as discrete searchable data elements	97001, 97002, 97003, 97004, 97750, 98940, 98941, 98942, 99201-5, 99211-5, 99241-5
HIT- Adoption/Use of e-Prescribing	Documents whether provider has adopted a qualified e-Prescribing system and the extent of use in the ambulatory setting. To qualify this system must be capable of ALL of the following: • Generating a complete active medication list incorporating electronic data received from applicable pharmacy drug plan(s) if available • Selecting medications, printing prescriptions, electronically transmitting prescriptions, and conducting all safety checks (defined below) • Providing information related to the availability of lower cost, therapeutically appropriate alternatives (if any) • Providing information on formulary or tiered formulary medications, patient eligibility, and authorization requirements received electronically from the patient's drug plan	99201-5, 99211-5, 99241-5
<i>Evaluation and Management - Of Particular Interest to Spine Practitioners</i>		
Patients with Osteoarthritis who have an Assessment of Their Pain and Function	Percentage of patient visits for patients aged 21 years and older with a diagnosis of osteoarthritis (OA) with assessment for function and pain	715.00, 715.04, 715.09, 715.10, 715.11, 715.12, 715.13, 715.14, 715.15, 715.16, 715.17, 715.18, 715.20, 715.21, 715.22, 715.23, 715.24, 715.25, 715.26, 715.27, 715.28, 715.30, 715.31, 715.32, 715.33, 715.34, 715.35, 715.36, 715.37, 715.38, 715.80, 715.89, 715.90, 715.91, 715.92, 715.93, 715.94, 715.95, 715.96, 715.97, 715.98 <b>AND</b> 99201-5, 99212-5, 99241-5
Screening for Future Fall Risk	Percentage of patients aged 65 years and older who were screened for future fall risk (patients are considered at risk for future falls if they have had 2 or more falls in the past year or any fall with injury in the past year) at least once within 12 months	97001, 97002, 97003, 97004, 99201-5, 99212-5,

<p>Osteoporosis: Communication with the Physician Managing Ongoing Care Post-Fracture</p>	<p>Percentage of patients aged 50 years and older treated for a hip, spine, or distal radial fracture with documentation of communication with the physician managing the patient's on-going care that a fracture occurred and that the patient was or should be tested or treated for osteoporosis</p>	<p>733.12, 733.13, 733.14, 805.00, 805.01, 805.02, 805.03, 805.04, 805.05, 805.06, 805.07, 805.08, 805.10, 805.11, 805.12, 805.13, 805.14, 805.15, 805.16, 805.17, 805.18, 805.2, 805.4, 805.6, 805.8, 813.40, 813.41, 813.42, 813.44, 813.45, 813.50, 813.51, 813.52, 813.54, 820.00, 820.01, 820.02, 820.03, 820.09, 820.10, 820.11, 820.13, 820.20, 820.21, 820.22, 820.8, 820.9 <b>AND</b> 99201-5, 99212-5, 99241-5 <b>OR</b> 22305, 22310, 22315, 22318, 22319, 22325, 22326, 22327, 22520, 22521, 22523, 22524,</p>
<p>Screening or Therapy for Osteoporosis for Women Aged 65 Years and Older</p>	<p>Percentage of female patients aged 65 years and older who have a central dual-energy X-ray absorptiometry (DXA) measurement ordered or performed at least once since age 60 or pharmacologic therapy prescribed within 12 months</p>	<p>99201-5, 99212-5</p>
<p>Osteoporosis: Management Following Fracture</p>	<p>Percentage of patients aged 50 years and older with fracture of the hip, spine or distal radius who had a central dual-energy X-ray absorptiometry (DXA) measurement ordered or performed or pharmacologic therapy prescribed</p>	<p>733.12, 733.13, 733.14, 805.00, 805.01, 805.02, 805.03, 805.04, 805.05, 805.06, 805.07, 805.08, 805.10, 805.11, 805.12, 805.13, 805.14, 805.15, 805.16, 805.17, 805.18, 805.2, 805.4, 805.6, 805.8, 813.40, 813.41, 813.42, 813.44, 813.45, 813.50, 813.51, 813.52, 813.54, 820.00, 820.01, 820.02, 820.03, 820.09,</p>

		820.10, 820.11, 820.13, 820.20, 820.21, 820.22, 820.8, 820.9 <b>AND</b> 99201-5, 99212-5, 99241-5 <b>OR</b> 22305, 22310, 22315, 22318, 22319, 22325, 22326, 22327, 22520, 22521, 22523, 22524,
Osteoporosis: Pharmacologic Therapy	Percentage of patients aged 50 years and older with a diagnosis of osteoporosis who were prescribed pharmacologic therapy within 12 months	733.00, 733.01, 733.02, 733.03, 733.09 <b>AND</b> 99201-5, 99212-5, 99241-5
<b>Perioperative Care Measures</b>		
Perioperative Care: Timing of Antibiotic Prophylaxis – Ordering Physician	Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic parenteral antibiotics, who have an order for prophylactic antibiotic to be given within one hour (if fluoroquinolone or vancomycin, two hours), prior to the surgical incision (or start of procedure when no incision is required)	22325, 22524, 22554, 22558, 22600, 22612, 22630, 22800, 22802, 22804, 63015, 63020, 63030, 63042, 63045, 63047, 63056, 63075, 63081, 63267, 63276
Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin	Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for a first OR second generation cephalosporin prophylactic antibiotic, who had an order for cefazolin OR cefuroxime for antimicrobial prophylaxis	22325, 22524, 22554, 22558, 22600, 22612, 22630, 22800, 22802, 22804, 63015, 63020, 63030, 63042, 63045, 63047, 63056, 63075, 63081, 63267, 63276
Perioperative Care: Timing of Prophylactic Antibiotics – Administering Physician	Percentage of surgical patients aged 18 and older who have an order for a parenteral antibiotic to be given within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required) for whom administration of prophylactic antibiotic has been initiated within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required)	4047F

Perioperative Care: Discontinuation of Prophylactic Antibiotics (Non-Cardiac Procedures)	Percentage of non-cardiac surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic antibiotics AND who received a prophylactic antibiotic, who have an order for discontinuation of prophylactic antibiotics within 24 hours of surgical end time	22325, 22524, 22554, 22558, 22600, 22612, 22630, 22800, 22802, 22804, 63015, 63020, 63030, 63042, 63045, 63047, 63056, 63075, 63081, 63267, 63276
Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients)	Percentage of patients aged 18 years and older undergoing procedures for which VTE prophylaxis is indicated in all patients, who had an order for Low Molecular Weight Heparin (LMWH), Low-Dose Unfractionated Heparin (LDUH), adjusted-dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end time	22558, 22600, 22612, 22630, 63015, 63020, 63047, 63056, 63081, 63267, 63276

\*Measures listed are not exclusive nor all-inclusive and are provided for information only. Providers are advised to review the measure list and specifications for those most relevant to their patient panels.