

Medicare Physician Quality Reporting Initiative (PQRI) January 1 – December 31, 2009

Background Information:

The Medicare Improvements for Patients and Providers Act (MIPPA) of 2008

The Medicare Improvement for Patients and Providers Act (MIPPA), enacted in July 2008, included a number of provisions that impact the 2009 Medicare Physician Quality Reporting Initiative (PQRI). First, MIPPA makes the PQRI a permanent program and authorizes CMS to make incentive payments for satisfactorily reporting data on quality measures for covered professional services furnished by eligible professionals during the 2009 PQRI reporting period. The incentive payment is equal to 2% of the estimated total allowed charges for all covered professional services furnished during the reporting period that are submitted no later than two months after the end of the reporting period. In addition, the reporting period for the 2009 PQRI is defined as the entire year, or January 1, 2009 through December 31, 2009. Therefore, for the 2009 PQRI, eligible professionals who satisfactorily report data on quality measures for covered professional services furnished between January 1, 2009 through December 31, 2009 will receive an incentive payment equal to 2% of the total estimated allowed charges submitted by no later than February 28, 2010 for all covered professional services furnished between January 1, 2009 and December 31, 2009.

For purposes of the 2009 PQRI, eligible professionals include physicians, other practitioners as described in section 1842(b)(18)(C) of the CMS-1403-FC 524 Act, physical and occupational therapists, qualified speech-language pathologists, and qualified audiologists. MIPPA requires that for each 2009 PQRI quality measure, “the Secretary shall ensure that eligible professionals have the opportunity to provide input during the development, endorsement, or selection of measures applicable to services they furnish.” In addition, the Act requires that for years after 2008, the PQRI quality measures shall not include e-prescribing quality measures. An e-prescribing incentive program has been developed separate from PQRI, and beginning January 1, 2009, eligible professionals can participate by reporting on their adoption and use of an e-prescribing system by submitting claims information on one e-prescribing measure on their Medicare Part B claims. Additional information on this program is available at:

http://www.cms.hhs.gov/PQRI/03_EPrescribingIncentiveProgram.asp.

2009 Physician Quality Reporting Initiative (PQRI)

PQRI establishes a financial incentive for eligible professionals who participate in the voluntary reporting program. PQRI participation is voluntary, not limited to physicians (see the CMS Web site for eligibility requirements), and participants need not register. The 2009 PQRI program consists of 153 quality measures. A complete list of measures and detailed measure specifications are 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 2009 there will be two alternate reporting mechanisms available to participants: a measures groups option and a registry-based reporting option. Those participating via measure groups and registry-based reporting will have the option of two reporting periods (January 1-December 31, 2009 or July 1-December 31, 2009).

Claims-Based Reporting

The criteria for satisfactorily submitting data on individual quality measures through claims-based submission require the reporting of at least three applicable measures in at least 80 percent of the cases in which the measure is reportable. If fewer than three measures are applicable to the services of the professional, the professional may meet the criteria by reporting on all applicable measures (that is, one to two measures) for at least 80 percent of the cases where the measures are reportable. It is assumed that if an eligible professional submits quality data codes for a particular measure, the measure applies to the eligible professional. These criteria were proposed for the January 1, 2009 through December 31, 2009 reporting period.

Measures Groups of Relevance to Spine Care – Back Pain and Perioperative Care

CMS defines “measures groups” as a subset of PQRI measures that have a particular clinical condition or focus in common. The denominator definition and coding of the measures group identifies the condition or focus that is shared across the measures within a particular measures group. Measures groups will be reportable through claims-based or registry-based submission for the 2009 PQRI. Additional information regarding the form and manner of quality data submission for 2009 measures groups will be posted on the PQRI section of the CMS Web site at <http://www.cms.hhs.gov/pqri> no later than December 31, 2008, and will detail specifications and specific instructions for reporting measures groups via claims and registry-based reporting.

****Special Note About the Back Pain Measures Group*

Unlike other measures groups included in the 2009 PQRI, the measures in the Back Pain measures group are reportable only as a measures group, not as individual measures. As individual measures, the measures in the Back Pain measures group are too basic; however, taken together they are meaningful indicators of quality of care for back pain. These measures are also reportable through claims based or registry-based submission.

Financial Incentive

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 2009 is 2% of total allowed charges for covered services payable under the Physician Fee Schedule. Financial incentives earned for 2009 reporting will be paid in mid-2010.

Participation

To participate, physicians and other eligible professionals should begin by reviewing the detailed 2009 PQRI Quality Measure Specifications and related information available on the CMS PQRI Web site (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 (<http://www.cms.hhs.gov/PQRI>). 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.

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

Plan to Publicly Report on Successful PQRI Participants

According to CMS, it is their intent to identify the eligible professionals who satisfactorily submit data on quality measures for the 2009 PQRI on the CMS Web site in 2010. CMS plans to launch a Physician and Other Health Care Professional Compare Web site that will enhance the information found on the current Physician and Other Health Care Professionals Directory. CMS anticipates that the addition of a Physician and Other Health Care Professional Compare Web site to the compare family of web sites will complement the quality information CMS already makes available for hospitals, dialysis facilities, nursing homes, and home health facilities. Similar to the other compare web sites, Physician and Other Health Care Professional Compare will include information about the quality of care and value for services provided by physicians to Medicare beneficiaries.

As a first step, CMS plans to use information from the PQRI program to populate a Physician and Other Health Care Professional Compare Web site which will post the names of eligible professionals who have (1) submitted data on the 2009 PQRI quality measures through the claims-based reporting mechanism or through registry-based reporting, (2) met one of the satisfactory reporting criteria for the 2009 PQRI, and (3) received a PQRI incentive payment for covered professional services furnished between January 1, 2009 through December 31, 2009.

2009 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>		
Medication Reconciliation: Reconciliation After Discharge from an Inpatient Facility (#46)	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 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, 99234-8, 99334-7, 99341-5, 99347-50
Preventive Care and Screening: Inquiry Regarding Tobacco Use (#114)	Percentage of patients aged 18 years or older who were queried about tobacco use one or more times within 24 months	90801-2, 90804-15, 90845, 90862, 96150, 96152, 97003-4, 99201-5, 99212-5
Preventive Care and Screening: Advising Smokers to Quit (#115)	Percentage of patients aged 18 years and older and are smokers who received advice to quit smoking	99201-5, 99212-5, 99217-20, 99241-5
Health Information Technology (HIT): Adoption/Use of Electronic Health Records (EHR) (#124)	Documents whether provider has adopted and is using health information technology. To qualify, the provider must have adopted and be using a certified/qualified EHR	90801-2, 90804-9, 92002, 92004, 92012, 92014, 92541-4, 92548, 92552-3, 92555, 92557, 92561-5, 92567-9, 92571-2, 92575-7, 92579, 92582, 92584-8, 92601-4, 92620-1, 92625-7, 92640, 95920, 96150, 96151-2, 97001-4, 97750, 97802-4, 98940-2, 99201-5, 99211-5, 99241-5, D7140, D7210, G0101, G0108, G0109, G0270, G0271

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

Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside parameters, a follow-up plan is documented
Parameters: Age 65 and older BMI ≥ 30 or < 22 ; Age 18-64 BMI ≥ 25 or < 18.5

00100, 00102-4,
00120, 00124,
00126, 00140,
00142, 00144-5,
00147-8, 00160,
00162, 00164,
00170, 00172,
00174, 00176,
00190, 00192,
00210-2, 00214-6,
00218, 00220,
00222, 00300,
00320, 00322,
00326, 00350,
00352, 00400,
00402, 00404,
00406, 00410,
00450, 00452,
00454, 00470,
00472, 00474,
00500, 00520,
00522, 00524,
00528, 00529,
00530, 00532,
00534, 00537,
00539-42, 00546,
00548, 00550,
00560, 00561-3,
00566-7, 00580,
00600, 00604,
00620, 00622,
00625-6, 00630,
00632, 00634-5,
00640, 00670,
00700, 00702,
00730, 00740,
00750, 00752,
00754, 00756,
00770, 00790,
00792, 00794,
00796-7, 00800,
00802, 00810,
00820, 00830,
00832, 00834,
00836, 00849,
00842, 00844,
00846, 00848,
00851, 00860,
00862, 00864-6,
00868, 00870,
00874-3, 00880,
00882, 00902,
00904, 00906,
00908, 00910,
00912, 00914,
00916, 00918,

00920-2, 00924,
00926, 00928,
00930, 00932,
00934, 00936,
00938, 00940,
00942, 00944,
00948, 00950,
00952, 01112,
01120, 01130,
01140, 01150,
01160, 01170,
01173, 01180,
01190, 01200,
01202, 01210,
01212, 01214-5,
01220, 01230,
01232, 01234,
01250, 012560,
01270, 01272,
01274, 01320,
01340, 01360,
01380, 01382,
01390, 01392,
01400, 01402,
01404, 01404,
01420, 01430,
01432 01440.
01442, 01444,
01462, 01464,
01470, 01472,
01474, 01480,
01482, 01484,
01486, 01490,
01500, 01502,
01520, 01522,
01610, 01620,
01622, 01630,
01632, 01634,
01636, 01638,
01650, 01652,
01654, 01656,
01670, 01680,
01682, 01710,
01712, 01714,
01716, 01730,
01732, 01740,
01742, 01744,
01756, 01758,
01760, 01770,
01772, 01780,
01782, 01810,
01820, 01829,
01830, 01832,
01840, 01842,
01844, 01850,
01852, 01860,

		01916, 01920, 01922, 01924, 01925, 01926, 01930-3, 01935-6, 01951-3, 01958, 01960-3, 01965-9, 01990-2, 01996, 01999, 90801-2, 90804-9, 97001, 97003, 97802-3, 98960, 99201-5, 99211-5, 99241-5, 99324-8, 99334-7, 99341-5, 99347-9, 99350, D7140, D7210, G0101, G0108, G0270
Documentation and Verification of Current Medications in the Medical Record (#130)	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 verifications with the patient or authorized representative is documented by the provider	00100, 00102-4, 00120, 00124, 00126, 00140, 00142, 00144-5, 00147-8, 00160, 00162, 00164, 00170, 00172, 00174, 00176, 00190, 00192, 00210, 00211, 00212, 00214-6, 00218, 00220, 00222, 00300, 00320, 00322, 00326, 00350, 00352, 00400, 00402, 00404, 00406, 00410, 00450, 00452, 00454, 00470, 00472, 00474, 00500, 00520, 00522, 00524, 00528-9, 00530, 00532, 00534, 00537, 00539, 00540-2, 00546, 00548, 00550, 00560-3, 00566-7, 00580, 00600, 00604, 00620, 00622, 00625-6, 00630, 00632, 00634-5, 00640, 00670, 00700, 00702, 00730, 00740, 00750, 00752, 00754, 00756, 00770,

		00790, 00792, 00794, 00796-7, 00800, 00802, 00810, 00820, 00830, 00832, 00834, 00836, 00840, 00842, 00844, 00846, 00848, 00851, 00860, 00862, 00864-6, 00868, 00870, 00872-3, 00880, 00882, 00902, 00904, 00906, 00908, 00910, 00912, 00914, 00916, 00918, 00920-2, 00924, 00926, 00928, 00930, 00932, 00934, 00936, 00938, 00940, 00942, 00944, 00948, 00950, 00952, 01112, 01120, 01130, 01140, 01150, 01160, 01170, 01173, 01180, 01190, 01200, 01202, 01210, 01212, 01214-5, 01220, 01230, 01232, 01234, 01250, 01260, 01270, 01272, 01274, 01320, 01340, 01360, 01380, 01382, 01390, 01392, 01400, 01402, 01404, 01420, 01430, 01432, 01440, 01442, 01444, 01462, 01464, 01470, 01472, 01474, 01480, 01482, 01484, 01486, 01490, 01500, 01502, 01520, 01522, 01610, 01620, 01622, 01630, 01632, 01634, 01636, 01638,
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		01650, 01652, 01654, 01656, 01670, 01680, 01682, 01710, 01712, 01714, 01716, 01730, 01732, 01740, 01742, 01744, 01756, 01758, 01760, 01770, 01772, 01780, 01782, 01810, 01820, 01829, 01830, 01832, 01840, 01842, 01844, 01850, 01852, 01860, 01916, 01920, 01922, 01924-6, 01930-3, 01935-6, 01951-3, 01958, 01960-3, 01965-9, 01990-2, 01996, 01999, 90801-2, 92002, 92004, 92012, 92014, 92541-5, 92547-8, 92557, 92567-9, 92585, 92588, 92626, 96116, 96150, 96152, 97001-4, 97802-3, 98960, 99201-5, 99212-5, 99241-5, G0101, G0108, G0270
Pain Assessment Prior to Initiation of Patient Treatment and Follow-Up (#131)	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 including the use of a standardized tool on each initial evaluation prior to initiation of therapy AND documentation of a follow-up plan	90801-2, 96116, 96150, 97001, 97003, 98940, 98941, 98942
Screening for Clinical Depression and Follow-Up Plan (#134)	Percentage of patients aged 18 years and older screened for clinical depression using a standardized tool AND follow-up documented	90801-2, 90804-9, 92557, 92567-8, 92625, 97001
Preventive Care and Screening: Unhealthy Alcohol Use – Screening (#173)	Percentage of patients aged 18 years and older who were screened for unhealthy alcohol use using a systematic screening method within 24 months	90801-2, 90804-15, 90845, 90862, 96150, 96152, 97003-4, 97802-4, 98960-2, 99201-5, 99212-5, G0270-1

<i>Evaluation and Management - Of Particular Interest to Spine Practitioners</i>		
Osteoporosis: Communication with the Physician Managing Ongoing Care Post-Fracture (#24)	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	733.12, 733.13, 733.14, 805.00, 805.01, 805.02, 805.03, 805.04, 805.05, 805.06, 805.07, 805.08, , 805.2, 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, , 820.20, 820.21, 820.22, 820.8, AND 99201-5, 99212-5, 99241-5 OR 22305, 22310, 22315, 22318, 22319, 22325, 22326, 22327, 22520, 22521, 22523, 22524, 25600, 25605-9, 27230, 27232, 27235-6, 27238, 27240, 27244-6, 27248
Screening or Therapy for Osteoporosis for Women Aged 65 Years and Older (#39)	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	99201-5, 99212-5
Osteoporosis: Management Following Fracture (#40)	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	733.12, 733.13, 733.14, 805.00, 805.01, 805.02, 805.03, 805.04, 805.05, 805.06, 805.07, 805.08, , 805.2, 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, , 820.20,

		820.21, 820.22, 820.8 AND 99201-5, 99212-5, 99241-5 OR 22305, 22310, 22315, 22318, 22319, 22325, 22326, 22327, 22520, 22521, 22523, 22524, 25600, 25605-9, 27230, 27232, 27235-6, 27238, 27240, 27244-6, 27248
Osteoporosis: Pharmacologic Therapy (#41)	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 AND 99201-5, 99212-5, 99241-5
Osteoarthritis (OA): Function and Pain Assessment (#109)	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 AND 99201-5, 99212-5, 99241-5
Osteoarthritis (OA): Assessment for Use of Anti-Inflammatory or Analgesic Over-the-Counter (OTC) Medications (#142)	Percentage of patient visits for patients aged 21 years and older with a diagnosis of OA with an assessment for use of anti-inflammatory or analgesic OTC medications	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 AND 99201-5, 99212-5, 99241-5
Radiology: Exposure Time Reported for Procedures Using Fluoroscopy (#145)	Percentage of final reports for procedures using fluoroscopy that include documentation of radiation exposure or exposure time	0062T, 0075T, 0080T, 24516, 25606, 25651, 26608, 26650, 26676, 26706, 26727, 27235, 27244, 27245, 27506, 27509, 27756, 27759, 28406, 28436, 28456, 28476, 36597-8, 37182-4, 37187-8, 37210, 43260-5, 43267-9, 43271-2, 43752, 44500, 49440-2, 49446, 49450-2, 49460, 49465, 50382, 50384-7, 50389, 50590, 61623, 62263-4, 62280-2, 62318-9, 63610, 64510, 64520, 64530, 64561, 64605, 64610, 64620, 64622, 64626, 64680, 64681, 70010, 70015, 70170, 70332, 70370-1, 70373, 70390, 71023, 71034, 71040, 71060, 71090, 72240, 72255, 72265, 72270, 72275, 72285, 72291, 72295, 73040, 73085, 73115, 73525, 73542, 73580, 73615, 74190, 74210, 74220, 74230, 74235, 74240-1, 74245-7,

		74249, 74250-1, 74260, 74270, 74280, 74283, 74290-1, 74300, 74305, 74320, 74327-9, 74330, 74340, 74355, 74360, 74363, 74400, 74410 74415, 74420, 74425, 74430, 74440, 74445, 74450, 74455, 74470, 74475, 74480, 74485, 74740, 74742, 75600, 75605, 75625, 75630, 75650, 75658, 75660, 75662, 75665, 75671, 75676, 75680, 75685, 75705, 75710, 75716, 75722, 75724, 75726, 75731, 75733, 75736, 75741, 75743, 75746, 75756, 75790, 75801, 75803, 75805, 75807, 75809, 75810, 75820, 75822, 75825, 75827, 75831, 75833, 75840, 75842, 75860, 75870, 75872, 75880, 75885, 75887, 75889, 75891, 75893, 75894, 75896, 75898, 75900, 75901, 75902, 75940, 75952-4, 75956-9, 75960-2, 75966, 75970, 75978, 75980, 75982, 75984, 75992, 75994-5, 76000-1, 76080, 76100-2, 76120, 76150, 76496, 77001-3, 77031, 77053-4, 77071, 92611, 93555-6,
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Falls: Risk Assessment (#154)	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, 99241-5, 99304-10, 99324-8, 99334-7, 99341-5, 99347-50
Falls: Plan of Care (#155)	Percentage of patients aged 65 years and older with a history of falls who had a plan of care for falls documented within 12 months	1100F
Functional Outcome Assessment in Chiropractic Care (#182)	Percentage of patients age 18 years and older with documentation of a current functional outcome assessment using a standardized tool AND documentation of a care plan based on identified functional outcome deficiencies	98940-2

Perioperative Care Measures		
Perioperative Care: Timing of Antibiotic Prophylaxis – Ordering Physician (#20) <i>(Reportable as an individual measure or as part of the perioperative care measures group)</i>	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)	Spine & Neurological Surgery 22325, 22524, 22554, 22558, 22600, 22612, 22630, 22800, 22802, 22804, 35301, 61154, 61312-3, 61315, 61510, 61512, 61518, 61548, 61697, 61700, 61750-1, 61867, 62223, 62230, 63015, 63020, 63030, 63042, 63045, 63047, 63056, 63075, 63081, 63267, 63276
Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin (#21) <i>(Reportable as an individual measure or as part of the perioperative care measures group)</i>	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	Spine & Neurological Surgery 22325, 22524, 22554, 22558, 22600, 22612, 22630, 22800, 22802, 22804, 35301, 61154, 61312-3, 61315, 61510, 61512, 61518, 61548, 61697, 61700, 61750-1, 61867,

		62223, 62230, 63015, 63020, 63030, 63042, 63045, 63047, 63056, 63075, 63081, 63267, 63276
Perioperative Care: Discontinuation of Prophylactic Antibiotics (Non-Cardiac Procedures) (#22) <i>(Reportable as an individual measure or as part of the perioperative care measures group)</i>	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	Spine & Neurological Surgery 22325, 22524, 22554, 22558, 22600, 22612, 22630, 22800, 22802, 22804, 35301, 61154, 61312-3, 61315, 61510, 61512, 61518, 61548, 61697, 61700, 61750-1, 61867, 62223, 62230, 63015, 63020, 63030, 63042, 63045, 63047, 63056, 63075, 63081, 63267, 63276
Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients) (#23) <i>(Reportable as an individual measure or as part of the perioperative care measures group)</i>	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	Neurological Surgery 22558, 22600, 22612, 22630, 61313, 61510, 61512, 61518, 61548, 61697, 61700, 62230, 63015, 63020, 63047, 63056, 63081, 63267, 63276
Perioperative Care: Timing of Prophylactic Antibiotics – Administering Physician (#30)	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)	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, 00540-2, 00546, 00548, 00550, 00560-3, 00566-7, 00580, 00600, 00604, 00620, 00622, 00625-6, 00630, 00632, 00634, 00670, 00700, 00730, 00750, 00752, 00754, 00756, 00770, 00790, 00792, 00794, 00796, 00797, 00800, 00802, 00820, 00830, 00832, 00840, 00844, 00846, 00846, 00851, 00860, 00862, 00864-6, 00868, 00870, 00880, 00882, 00902, 00904, 00906, 00908, 00910, 00912, 00914, 00916, 00918, 00920-2, 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,
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		01404, 01430, 01432, 01440, 01442, 01444, 01464, 01470, 01472, 01474, 01480, 01483, 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, 01540, 01852, 01924, 01925, 01926, 01951-3, 01961-3, 01965-6, 01968-9
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<i>Back Pain Measure Group</i>	Note: Must report all four measures (#148-151) for eligible patients	
Back Pain: Initial Visit (#148)	The percentage of patients aged 18 through 79 years with a diagnosis of back pain or undergoing back surgery who had back pain and function assessed during the initial visit to the clinician for the episode of back pain	721.3, 721.41, 721.42, 721.90, 722.0, 722.10, 722.11, 722.2, 722.30, 722.31, 722.32, 722.39, 722.4, 722.51, 722.52, 722.6, 722.70, 722.71, 722.72, 722.73, 722.80, 722.81, 722.82, 722.83, 722.90, 722.01, 722.92, 722.93, 723.0, 724.0, 724.01, 724.02, 724.09, 724.2, 724.3, 724.4, 724.5, 724.6. 724, 70, 724.71, 724.79, 738.5, 739.3, 739.4,

		756.12, 846.0, 846.1, 846.2, 846.3, 846.8, 846.9, 847.2 AND 98940-2, 99201-5, 99212-5, 99241-5 OR 22210, 22214, 22220, 22222, 22224, 22226, 22532-4, 22548, 22554, 22556, 22558, 22585, 22590, 22595, 22600, 22612, 22614, 22630, 22632, 22818, 22819, 22830, 22840-2, 22843-9, 63001, 63003, 63005, 63011, 63012, 63015-7, 63020, 63030, 63035, 63040, 63042,-8, 63055-7, 63064, 63066, 63075-8, 63081-2, 63085-8, 63090-1, 63101-3, 63170, 63172-3, 63180, 63182, 63185, 63190-1, 63194-9, 63200
Back Pain: Physical Exam (#149)	Percentage of patients aged 18 through 79 years with a diagnosis of back pain or undergoing back surgery who received a physical examination at the initial visit to the clinician for the episode of back pain	721.3, 721.41, 721.42, 721.90, 722.0, 722.10, 722.11, 722.2, 722.30, 722.31, 722.32, 722.39, 722.4, 722.51, 722.52, 722.6, 722.70, 722.71, 722.72, 722.73, 722.80, 722.81, 722.82, 722.83, 722.90, 722.01, 722.92, 722.93, 723.0, 724.00, 724.01, 724.02, 724.09, 724.2, 724.3, 724.4, 724.5, 724.6, 724.70, 724.71, 724.79, 738.4, 738.5, 739.3, 739.4, 756.12, 846.0, 846.1, 846.2,

		846.3, 846.8, 846.9, 847.2 AND 98940-2, 99201-5, 99212-5, 99241-5 OR 22210, 22214, 22220, 22222, 22224, 22226, 22532-4, 22548, 22554, 22556, 22558, 22585, 22590, 22595, 22600, 22612, 22614, 22630, 22632, 22818, 22819, 22830, 22840-9, 63001, 63003, 63005, 63011, 63012, 63015-7, 63020, 63030, 63035, 63040, 63042-8, 63055-7, 63064, 63066, 63075-8, 63081-2, 63085-8, 63090-1, 63101-3, 63170, 63172-3, 63180, 63182, 63185, 63190-1, 63194-9, 63200
Back Pain: Advice for Normal Activities (#150)	The percentage of patients aged 18 through 79 years with a diagnosis of back pain or undergoing back surgery who received advice for normal activities at the initial visit to the clinician for the episode of back pain	721.3, 721.41, 721.42, 721.90, 722.0, 722.10, 722.11, 722.2, 722.30, 722.31, 722.32, 722.39, 722.4, 722.51, 722.52, 722.6, 722.70, 722.71, 722.72, 722.73, 722.80, 722.81, 722.82, 722.83, 722.90, 722.01, 722.92, 722.93, 723.0, 724.00, 724.01, 724.02, 724.09, 724.2, 724.3, 724.4, 724.5, 724.6, 724.70, 724.71, 724.79, 738.4, 738.5, 739.3, 739.4, 756.12, 846.0, 846.1, 846.2, 846.3, 846.8, 846.9, 847.2

		<p>AND 98940-2, 99201-5, 99212-5, 99241-5 OR 22210, 22214, 22220, 22222, 22224, 22226, 22532-4, 22548, 22554, 22556, 22558, 22585, 22590, 22595, 22600, 22612, 22614, 22630, 22632, 22818, 22819, 22830, 22840-9, 63001, 63003, 63005, 63011, 63012, 63015-7, 63020, 63030, 63035, 63040, 63042-8, 63055-7, 63064, 63066, 63075-8, 63081-2, 63085-8, 63090-1, 63101-3, 63170, 63172-3, 63180, 63182, 63185, 63190-1, 63194-9, 63200</p>
<p>Back Pain: Advice Against Bedrest (#151)</p>	<p>The percentage of patients aged 18 through 79 years with a diagnosis of back pain or undergoing back surgery who received advice against bed rest lasting four days or longer at the initial visit to the clinician for the episode of back pain</p>	<p>721.3, 721.41, 721.42, 721.90, 722.0, 722.10, 722.11, 722.2, 722.30, 722.31, 722.32, 722.39, 722.4, 722.51, 722.52, 722.6, 722.70, 722.71, 722.72, 722.73, 722.80, 722.81, 722.82, 722.83, 722.90, 722.01, 722.92, 722.93, 723.0, 724.00, 724.01, 724.02, 724.09, 724.2, 724.3, 724.4, 724.5, 724.6, 724.70, 724.71, 724.79, 738.4, 738.5, 739.3, 739.4, 756.12, 846.0, 846.1, 846.2, 846.3, 846.8, 846.9, 847.2 AND 98940-2, 99201-5,</p>

		99212-5, 99241-5 OR 22210, 22214, 22220, 22222, 22224, 22226, 22532-4, 22548, 22554, 22556, 22558, 22585, 22590, 22595, 22600, 22612, 22614, 22630, 22632, 22818, 22819, 22830, 22840-9, 63001, 63003, 63005, 63011, 63012, 63015-7, 63020, 63030, 63035, 63040, 63042-8, 63055-7, 63064, 63066, 63075-8, 63081-2, 63085-8, 63090-1, 63101-3, 63170, 63172-3, 63180, 63182, 63185, 63190-1, 63194-9, 63200
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*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.