



## MEDICARE 2011 PQR BONUS: CODING CHART

Physician Quality Reporting (PQR): Metrics for Periop./Urol./Ortho./G.I./EMR/Other (choose 3)

Predominant measures applicable to SCLLC physicians: **changes highlighted in yellow**; new specialties added to chart

Notes/definitions with population where code must be used @80%.

<b>SURGERY</b>		<b>CPT II Clinical Care Codes &amp; modifiers</b>		
These codes may submitted individually with a min. of 3, or as 1 Measures Group (if volume of targeted cases is high enough); either method is acceptable for bonus eligibility. <b>Measures (for Medicare patients &gt;=18 yrs. old)</b>			Guideline Not Met	
		Guideline Met	Medical Reason	No Reason on Record
#20	Periop. antibiotic ordered <1 or 2 hrs. pre-incision OR given <1 or 2hrs. pre-incision	G8629 (ordered) or G8630 (given)		G8632
#21	Periop. antibiotic choice: use of either cefazolin or cefuroxime.	4041F	4041F - 1P	4041F - 8P
#22	Periop. antibiotic discontinued within 24 hrs., or ordered to be discontinued (excl. cardiac surg.)	{4049F+4046F*}	{4049F- 1P +4046F*} or 4042F (not given within 4 hrs)	{4049F- 8P +4046F*}
#23	Periop. VTE prophylaxis ordered/given (pharma. or mechanical, excl. TED hose)	4044F	4044F - 1P	4044F - 8P
#45	Periop. Antibiotic Discontinued Within 48 hrs., Cardiothoracic.	{4043F+4046F*}	{4043F-1P +4046F*} or 4042F (not given within 4 hrs)	{4043F-8P +4046F*}
#193	Periop. Temperature Management (60+ min. anesth.)	{4250F+4255F}	{4250F-1P + 4255F} or 4256F (<60 min. anesth.)	{4250F-8P + 4255F}

\* Note: 2 codes required; 4049F for "discontinuation within 24 hrs" (or 4043F if 48 hrs) AND 4046F for "given within 4 hrs. pre-op".

Measures #20/21/22/23/45/193: Surgery procedure codes where these measures must be reported are too numerous to list here; see 2011 detailed CMS specifications; call or e-mail SCLLC.

PQR codes must be reported for:

#45: Multiple CPT codes in 33xxx range; see 2011 detailed CMS specifications; call or email SCLLC.

Must be billed with anesthesia coding.

<b>UROLOGY</b>		<b>CPT II Clinical Care Codes &amp; modifiers</b>		
<b>Measures (for Medicare females &gt;=65 only)</b>			Guideline Not Met	
		Guideline Met	Medical Reason	No Reason on Record
#48	Assessment: Urinary Incontinence (at min., code 1/yr/approp. pt. during any E&M services)	1090F	1090F - 1P	1090F - 8P
#49	Characterization: Urinary Incontinence (min. once a year/pt. during any E&M services w/approp. ICD-9 dx.) dx of incontinence)	1091F	n/a	1091F - 8P
#50	Care Plan: Urinary Incontinence (min. once a year/pt. during any E&M services w/approp. ICD-9 dx.)	0509F	n/a	0509F - 8P
#102	Prostate Cancer: Bone scan avoidance for staging low risk	<b>See detailed 2011 CMS specifications for Urology measures #102/104/105; call or e-mail SCLLC.</b>		
#104	Prostate Cancer: Adjuvant hormonal therapy for high risk			
#105	Prostate Cancer: 3D-CRT or IMRT w/dx of localized cancer			

PQR codes must be reported for:

(office care for females 65+ yrs old)

#48: 99201-05, 99212-15, 99324-28, 99334-37, 99341-45, 99347-50

#49: 99201-05, 99212-15, **99241-45**, 99324-28 99334-37, 99341-45, 99347-50 AND dx. of incontinence\*

#50: 99201-05, 99212-15, **99241-45**, 99324-28 99334-37, 99341-45, 99347-50 AND dx. of incontinence\*

\* Note- ICD-9-CM dx. for incontinence: 307.6, 625.6, 788.30, 788.31, 788.33-35, 788.36-39

<b>ORTHOPEDICS</b>		<b>CPT II Clinical Care Codes &amp; modifiers</b>		
<b>Measures</b>			Guideline Not Met	
		Guideline Met	Medical Reason	No Reason on Record
#24	Communication Of Fracture to PCP & DXA BMD (all>=50)	5015F	5015F-1P or 2P	5015F - 8P
#39	Osteoporosis DXA Screening or Pharma. Therapy (fem.>=65)	G8399	G8401	G8400
#40	Osteoporosis Management Following Fracture (all>=50)	3095F or 3096F	3095F/3096F, either w/ 1P, 2P, 3P; or 8634	3095F/3096F, either w/ 8P; or 8635
#41	Osteoporosis Pharmacol. Therapy (all>=50)	4005F	4005F-1P, 2P or 3P	4005F - 8P

PQR codes must be reported for:

#24: ICD-9-CM codes for fx. of hip, spine, or radial AND 992xx CPT pt. encounter service codes OR 2xxxx CPT procedure codes.

#39: 992xx CPT pt. encounter service codes.

#40: same as for measure #24.

#41: ICD-9-CM osteoporosis codes AND 992xx CPT pt. encounters.



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### GASTROENTEROLOGY

#### CPT II Clinical Care Codes & modifiers

Measures	Guideline		No Reason on Record
	Met	Reason	
#60, #61, #62, #77 GERD & Barrett's care measures----->	<b>Measures #60/61/62/77 discontinued in 2009.</b>		
#83 HCV patient: RNA test for initial eval.	<b>See detailed 2011 CMS specifications for G.I. Measures # 83 - 90, excl. #88; call or e-mail SCLLC.</b>		
#84 HCV patient in therapy: prior RNA test			
#85 HCV patient in therapy: prior genotype test			
#86 HCV patient: consider peginterferon/ribavirin therapy			
#87 HCV patient in therapy: RNA test @ 12 wks			
#88 HCV patients: Hepatitis A & B check-ups----->	<b>Measure #88 discontinued in 2011.</b>		
#89 HCV patient: education re alcohol risk			
#90 HCV patient in therapy: educ re contraception			
#113 Colorectal Cancer Screening- FOBT/Sigmoidosc./Colonosc. age 50+	3017F	3017F-1P	3017F-8P
#128 BMI Screening for age 65+: written follow-up plan if BMI >30 or <22)	G8420 or	G8422	G8421 or
	G8417 or G8418		G8419
#185 Colonoscopy Interval: Freq. of use if hx. of polyps	0529F (>3yrs)	0529F-1P or 3P	0529F-8P

PQR codes must be reported for:

#113: see detailed 2011 CMS specifications for population.  
#128: see detailed 2011 CMS specifications for population.

#185: V12.72 AND 44388, 44389,44392-94, 45355, 45378, 45380, G0105.

### ALL SPECIALTIES / PRACTICES

#### CPT II Clinical Care Codes & modifiers

Measures	Guideline		No Reason on Record
	Met	Reason	
#124 EMR: Use of certified or qualified system; code per visit	G8447 (certified) G8448 (qualified)	n/a	n/a
#130 Documentation of Current Medications - med./dose/freq./route	G8427	G8430	G8428
#125 E-Rx: Use of acceptable system, ea. visit	<b>Measure #125 was given separate bonus status in 2009.</b>		

#124: Must report code for each Medicare patient encounter.

#130: Must report code for each Medicare patient encounter with CPT or HCPCS 9xxxx series or G-Codes G0101, G0108, G0270.

### NEW SPECIALTIES / ADDED MEASURES

#### CPT II Clinical Care Codes & modifiers

Measures	Guideline		No Reason on Record
	Met	Reason	
<b>Neurosurgery/Ortho/Primary Care Back Pain Measures(18-79 y.o.)</b>			
#148 Back Pain - Initial Visit Assessment			
#149 Back Pain - Initial Visit Physical Exam			
#150 Back Pain - Initial Visit Advice			
#151 Back Pain - Initial Visit "Avoid Bed Rest"			
<b>Thoracic Surgery Lung &amp; Esophageal Cancer Measures(18+ y.o.)</b>			
#157 TNM Staging Prior to Resection			
#233 Performance Status Assessment B28Prior to Resection			
#234 PFT Prior to Major Lung Surgery			
<b>Vascular Surgery Measures</b>			
#76 Central Venous Catheter Insertion Protocol			
#172 Autogenous AV Fistula for Hemodialysis (with CDK & ESRD)			

**See detailed 2011 CMS specifications for Neurosurgery/Ortho back pain, Thoracic & Vascular Surgery measures in this section; call or e-mail SCLLC.**