

## 2009 PULMONARY PQRI PERFORMANCE MEASURES

Pay for performance initiatives are developed in nearly all sites of service to focus on the performance of quality medicine. In December 2008, the Centers for Medicare and Medicaid Services (CMS) Physician Quality Reporting Initiative (PQRI) finalized the list of performance measure specifications for their 2009 initiative, which began January 1, 2009. All 153 measures have been reviewed, and the eight specific measures (two for COPD, four for Pneumonia and two for Asthma) have been the same since inception of the PQRI program on July 1, 2007. CMS has removed #125 e-Prescribing from the list of PQRI measures and handles it separately, with its own Web page. E-prescribing will be reported separately at the end.

For 2009, there are three reporting options: claims-based, registry, and measures groups. Currently, there are no pulmonary, critical care or sleep measures groups. The claims-based reporting period is January 1 through December 31, 2009. When you hear something about reporting only 30 consecutive patients, this is unique to measures groups. It does not apply to claims-based reporting, which is what most chest medicine practices will be doing related to COPD, pneumonia, and other measures. The patient age is specified as 18 years and older, except for the Central Venous Catheter Insertion Protocol Measure #76 that is specified as any age, and the Asthma Measures #53 and #64 that are specified as applying to patients aged 5 through 40 years.

Specifications of these measures are detailed on the CMS Web site and are available at [www.cms.hhs.gov/pqri](http://www.cms.hhs.gov/pqri) under “Codes/Measures.” 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. Closely review the appropriate modifiers below. The only change from 2008 on the list is the addition of ICD-9-CM **482.42** Methicillin resistant pneumonia due to Staphylococcus aureus and CPT **99324-99350** Domiciliary and Home E/M Services added to the numerator codes for the four Pneumonia measures’ QDC. 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.

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

PM #	Descriptor	CPT II Code	Appropriate Modifiers	ICD-9-CM	CPT E/M codes
	<b>COPD</b>				

51	<b>COPD: Spirometry Evaluation Aged 18 and older</b>	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, 99241-99245
52	<b>COPD: Bronchodilator Rx Aged 18 and older</b>	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, 99241-99245
	<b>PNEUMONIA</b>				
56	<b>Community- Acquired Bacterial Pneumonia: Vital Signs Aged 18 and older</b>	2010F	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, 99241-99245, 99281-99285, 99291 (99291 requires POS 23, performed in ED) 99324-99350
57	<b>Community- Acquired Bacterial Pneumonia: Assessment of Oxygen Saturation Aged 18 and older</b>	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, 99241-99245, 99281-99285, 99291 (99291 requires POS 23, performed in ED) 99324-99350
58	<b>Community- Acquired Bacterial Pneumonia: Assessment of</b>	2014F	8P	481, 482.0, 482.1, 482.2, 482.30, 482.31, 482.32, 482.39, 482.40, 482.41,	99201-99205, 99212-99215, 99241-99245, 99281-99285, 99291 (99291 requires POS 23, performed in ED)

	<b>Mental Status Aged 18 and older</b>			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	99324-99350
59	<b>Community- Acquired Bacterial Pneumonia: Empiric Antibiotic Aged 18 and older</b>	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, 99241-99245, 99281-99285, 99291 (99291 requires POS 23, performed in ED) 99324-99350
	<b>ASTHMA - NOTE AGE REQUIREMENT</b>				
53	<b>Asthma: Pharmacologic Therapy <u>Aged 5-40</u></b>	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, 99241-99245
64	<b>Asthma Assessment <u>Aged 5-40</u></b>	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, 99241-99245
	<b>CVS Protocol</b>				
76	<b>Prevention of Catheter-Related Bloodstream</b>	6030F	1P, 8P	Any diagnosis with a CVC inserted	36555, 36556, 36557, 36557, 36560, 36561, 36563, 36565, 36566,

	<b>Infections (CRBSI) - Central Venous Catheter Insertion Protocol</b>				<b>36568, 36569, 36570, 36571, 36578, 36580, 36581, 36582, 36583, 36584, 36585</b>
	<b>SMOKING</b>				
<b>114</b>	<b>Inquiry Regarding Tobacco Use</b>	<b>1000F 1034F 1035F 1036F</b>	<b>8P</b>	<b>Any diagnosis</b>	<b>99201-99205, 99212-99215</b>
<b>115</b>	<b>Advising Smokers to Quit</b>	<b>G8455 + 4000F or 4001F or G8456 or G8457</b>	<b>4000F-8P + G8455</b>	<b>Any diagnosis</b>	<b>99201-99205, 99212-99215, 99217-99220, 99241-99245</b>
	<b>THORACIC SURGERY</b>				
<b>157</b>	<b>Recording of Clinical Stage for Lung Cancer and Esophageal Cancer Resection</b>	<b>G8518 G8519 G8520</b>	<b>None</b>	<b>150.3, 150.4, 150.5, 162.2, 162.3, 162.4, 162.5</b>	<b>32440, 32442, 32445, 32480, 32482, 32484, 32486, 32488, 32500, 32503, 32504, 32657, 32663, 43107, 43108, 43112, 43113, 43117, 43118, 43121, 4312, 43123</b>

Note that **99211** is NOT included as any of the denominator codes above. For 2009 reporting, all 153 performance measure specifications are available at [www.cms.hhs.gov/PQRI/15\\_MeasuresCodes.asp#TopOfPage](http://www.cms.hhs.gov/PQRI/15_MeasuresCodes.asp#TopOfPage). Scroll down and click on “2009 PQRI Quality Measure Specifications Manual and Release Notes.”

The above performance measures are of interest to pulmonologists; the six performance measures listed below are clinical performance measures and the last two are structural performance measures.

#### **PULMONARY PERFORMANCE MEASURES**

#### **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 FEV<sub>1</sub>/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 FEV<sub>1</sub>/FVC <70% with COPD symptoms (eg, dyspnea, cough/sputum, wheezing)

OR

CPT II **3025F** Spirometry test results demonstrate FEV<sub>1</sub>/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

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

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

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

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) followed

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, 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. 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 OR

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

**#115: Advising Smokers to Quit**

Percentage of patients aged 18 years and older and are smokers 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 AND

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

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

CPT II **G8456** Current smokeless tobacco user 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.

CPT II **G8518** Clinical stage prior to surgery for lung cancer and esophageal cancer resection was recorded OR

CPT II **G8519** Clinician documented that patient was not eligible for clinical stage prior to surgery for lung cancer and esophageal cancer resection measure (**Note:** includes urgent and emergent surgeries) OR

CPT II **G8520** Clinical stage prior to surgery for lung cancer and esophageal cancer resection was not recorded, reason not specified

**GENERAL CLINICAL PERFORMANCE MEASURES**

**#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 with or was not able to name a surrogate decision maker or provide an advance care plan in the medical record

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)

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

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

**#129 Universal Influenza Vaccine Screening and Counseling:**

Percentage of patients aged 50 years and older who were screened and counseled about the influenza vaccine during the months of January, February, March, October, November, and December

CPT II **G8423** Documented that patient was screened and either influenza vaccination status is current or patient counseled OR

CPT II **G8424** Influenza vaccine status was not screened OR

CPT II **G8425** Influenza vaccine status screened, patient not current and counseling was not provided OR

CPT II **G8426** Documented that patient was not appropriate for screening and/or counseling about the influenza vaccine (eg, allergy to eggs)

Cross-references and origins of Category II performance measures are listed in the CPT 2009 Appendix H.

**STRUCTURAL MEASURES**

**#124: HIT - Adoption/Use of Health Information Technology (Electronic Health Records)**

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

CPT II **G8448** Patient encounter was documented using a non-CCHIT certified EMR OR

## **Adoption/Use of e-Prescribing - SEPARATE CMS WEB PAGE**

CPT II **G8443** – All prescriptions created during the encounter were generated using a qualified e-Prescribing system

CPT II **G8445** – No prescriptions were generated during the encounter. Provider does have access to a qualified e-Prescribing system

CPT II **G8446** – Some or all prescriptions generated during the encounter were handwritten or phoned in due to one of the following: required by state law, patient request, or qualified e-Prescribing system being temporarily inoperable)

- Successful reporting of e-Prescribing (eRx) is defined as reporting this measure on at least 50% of eligible patients (for other measures the threshold is 80%). CMS has added a requirement that the denominator (E/M code or G0101, G0101, G0109) account for at least 10% of the provider's total allowed charges for Medicare Part B covered services.
- The practice must have an electronic prescribing program to report the measure. The eRx program must meet ALL the requirements listed in the eRx measure. These requirements include:
  1. Generating a complete active medication list incorporating electronic data received from applicable pharmacy drug plan(s) if available
  2. Selecting medications, printing prescriptions, electronically transmitting prescriptions, and conducting all safety checks (automated prompts that offer the provider information on the drug being prescribed, potentially inappropriate dose or route of administration of a drug, drug-drug interactions, allergy concerns, or warnings and cautions)
  3. Providing information related to the availability of lower cost, therapeutically appropriate alternatives (if any)
  4. Providing information on formulary or tiered formulary medications, patient eligibility, and authorization requirements received electronically from the patient's drug plan
- E-prescribing qualifies as one of the three required measures in PQRI to earn the incentive payment on 80% or more of eligible patients.

**One of three e-Prescribing measure codes is to be reported at each visit on the claim during the reporting period for all patients 18 years and older.**

### **Prescriptions Generated via Qualified e-Rx System**

Report **G8443** No prescriptions were generated during the encounter. Provider does have access to a qualified e-Prescribing system

**OR**

Report **G8445** No prescriptions were generated during the encounter. Provider does have access to a qualified e-Prescribing system

## **OR**

Report **G8446** Some or all prescriptions generated during the encounter were handwritten or phoned in due to one of the following: required by state law, patient request, or qualified e-Prescribing system being temporarily inoperable

### Denominator Coding

A CPT service code, CPT Evaluation and Management (E/M) code, or G-code is required to identify patients for denominator inclusion.

Denominator codes must be reported on the same claim as the “G” eRx code and no refilling is allowed (primarily because the denominator visit code would not be reported).

Denominator codes for eRx are 90801-90809, 92002, 92004, 92012, 92014, 96150, 96151, 96152, **99201-99205, 99211-99215, 99241-99245**, G0101, G0108, G0109 (bolded codes apply to pulmonary, critical care and sleep medicine practices)

CMS has separately published specifications on e-prescribing at the following web site:  
[www.cms.hhs.gov/PQRI/03\\_EPrescribingIncentiveProgram.asp#TopOfPage](http://www.cms.hhs.gov/PQRI/03_EPrescribingIncentiveProgram.asp#TopOfPage)

### **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 2009 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.

