

2010 PQRI Measure Specifications Manual for Claims and Registry Release Notes

CMS is pleased to announce the release of the 2010 PQRI Measure Specifications Manual for Claims and Registry Release Notes. Measure developers, professional organizations, and other PQRI stakeholders have provided comment, clarifications, and technical corrections. The list below details changes to existing measures made since the release of the 2009 PQRI Measure Specifications.

Measure #1: Diabetes Mellitus: Hemoglobin A1c Poor Control in Diabetes Mellitus

- Updated in Numerator Quality-Data Coding Options, removed "If patient is not eligible for this measure because hemoglobin A1c not performed, report:"

Measure #2: Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control in Diabetes Mellitus

- Updated in Numerator Quality-Data Coding Options, removed "If patient is not eligible for this measure because LDL-C level not performed, report:" and moved 3048F-8P below 3050F
- Added Numerator Note to clarify CPT II code, 3048F-8P **Note:** *If unable to calculate LDL-C due to high triglycerides, CPT Category II code 3048F-8P should be reported*

Measure #3: Diabetes Mellitus: High Blood Pressure Control in Diabetes Mellitus

- Updated Numerator Quality-Data Coding Options, removed "If patient is not eligible for this measure because blood pressure measurement not performed, report 2000F-8P"

Measure #4: Screening for Future Fall Risk

- RETIRED from PQRI effective January 1, 2009. The AQA adopted Falls: Risk Assessment (#154) and Falls: Plan of Care (#155) measures are included in the final 2009 PQRI quality measures, substantially covering the same care process and are more comprehensive.

Measure #5: Heart Failure: Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)

- Updated Description to add "(LVEF < 40%)"
- Deleted from the Instructions "Reporting the Measure via Claims" and claims information throughout the measure
- Added to Instructions, "Any current or prior ejection fraction study documenting LVSD can be used to identify patients," instead of "the most recent ejection fraction study should be used"
- Updated the Numerator definition of Prescribed to read " May include prescription given to the patient for ACE inhibitor or ARB therapy at one or more visits in the 12-month period OR patient already taking ACE inhibitor or ARB therapy as documented in current medication list," previously defined as "Includes patients who are currently receiving medication(s) that follow the treatment plan recommended at an encounter during the reporting period, even if the prescription for that medication was ordered prior to the encounter"
- Added to the Denominator Coding diagnosis codes, 398.91, 425.0, 425.1, 425.2, 425.3, 425.4, 425.5, 425.7, 425.8, 425.9
- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #6: Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD

- Updated the Numerator definition of Prescribed to read "May include prescription given to the patient for aspirin or clopidogrel at one or more visits in the 12 month period OR patient already taking aspirin or clopidogrel as documented in current medication list," previously defined as "Includes patients who are currently receiving medication(s) that follow the treatment plan recommended at an encounter during the reporting period, even if the prescription for that medication was ordered prior to the encounter"
- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #7: Coronary Artery Disease (CAD): Beta-blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)

- Updated the Numerator definition of Prescribed to read “May include prescription given to the patient for beta-blocker therapy at one or more visits in the 12-month period OR patient already taking beta-blocker therapy as documented in current medication list,” previously defined as “Includes patients who are currently receiving medication(s) that follow the treatment plan recommended at an encounter during the reporting period, even if the prescription for that medication was ordered prior to the encounter”
- Added quality-data codes to Registry only measures
- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #8: Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)

- Updated Description to add “(LVEF < 40%)”
- Deleted from the Measure Instructions “Reporting the Measure via Claims” and claims information throughout the measure
- Updated the Numerator definition of Prescribed to read, “ May include prescription given to the patient for beta-blocker therapy at one or more visits in the 12-month period OR patient already taking beta-blocker therapy as documented in current medication list,” previously defined as “Includes patients who are currently receiving medication(s) that follow the treatment plan recommended at an encounter during the reporting period, even if the prescription for that medication was ordered prior to the encounter”
- Added to Measure Instructions, “Any current or prior ejection fraction study documenting LVSD can be used to identify patients”
- Added Denominator Coding, diagnosis codes, 398.91, 425.0, 425.1, 425.2, 425.3, 425.4, 425.5, 425.7, 425.8, 425.9
- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #9: Major Depressive Disorder (MDD): Antidepressant Medication During Acute Phase for Patients with MDD

- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245, 99510

Measure #10: Stroke and Stroke Rehabilitation: Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) Reports

- Updated Description to read “Percentage of final reports for CT or MRI studies of the brain performed either:
 - In the hospital within 24 hours of arrival OR
 - In an outpatient imaging center to confirm initial diagnosis of stroke, TIA, or intracranial hemorrhage
- Deleted from the Instructions “In the event that the CT or MRI is performed in an outpatient imaging center, this satisfies the clinical action described in CPT II 3111F. Arrival at the outpatient imaging center where the CT or MRI study is being performed will be considered as “arrival to the hospital.”
- Updated the Instructions with “within the 24 hours of arrival requirement does not apply to CT or MRI studies performed in an outpatient imaging center because it is the intent of the measure to include these outpatient studies regardless of whether the patient is subsequently referred to the hospital.” Further defined the instructions as a CT or MRI study of the brain.
- Added Denominator ICD-9-CM codes for slurred speech: 784.51, 784.59
- Updated Numerator CPT II Coding, 3110F, “Documentation in the final CT or MRI report of presence or absence of hemorrhage and mass lesions and acute infarction”
- Updated Numerator CPT II Coding, 3111F, “CT or MRI of the brain performed in the hospital within 24 hours of arrival OR performed in an outpatient imaging center to confirm initial diagnosis of stroke, TIA or intracranial hemorrhage”

- Updated Numerator CPT II Coding, 3112F, "CT or MRI of the brain performed in the hospital greater than 24 hours after arrival OR performed in an outpatient imaging center for purpose other than confirmation of initial diagnosis of stroke, TIA or intracranial hemorrhage"
- Updated Denominator Statement to include "All final reports for CT or MRI studies of the brain performed either:
 - In the hospital within 24 hours of arrival OR
 - In an outpatient imaging center to confirm initial diagnosis of stroke, TIA, or intracranial hemorrhage*
- * Final reports for outpatient imaging studies of the brain performed to confirm initial diagnosis are eligible for this measure whether or not patient is subsequently referred to the hospital."
- Updated Rationale

Measure #11: Stroke and Stroke Rehabilitation: Carotid Imaging Reports

- *RETIRED from PQRI effective January 1, 2010 Analysis indicates they were technically impractical to report because they were analytically challenging due to any number of factors and was replaced with 2010 PQRI measure # 195*

Measure #12: Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation

- Deleted from the Numerator, CPT II modifier, 3P – system reason
- Deleted from Denominator Coding, diagnosis code 365.01
- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #14: Age-Related Macular Degeneration (AMD): Dilated Macular Examination

- Deleted from the Numerator, CPT II modifier, 3P – system reason
- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #18: Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy

- Deleted from the Numerator, CPT II modifier, 3P – system reason
- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #19: Diabetic Retinopathy: Communication with the Physician Managing On-going Diabetes Care

- Deleted from the Numerator, CPT II modifier, 3P – system reason
- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #20: Perioperative Care: Timing of Antibiotic Prophylaxis – Ordering Physician

- Added "parenteral" before antibiotics throughout the measure
- Updated Numerator Quality-Data Coding Options for Reporting Satisfactorily section to read: "Table 1A: The antimicrobial drugs listed below are considered prophylactic parenteral antibiotics for the purposes of this measure. 4047F-8P should be reported when antibiotics from this table were not ordered."
- In Numerator Coding updated, CPT II Code language, 4047F, 4048F
- Deleted from the Denominator Coding, CPT codes, 27870, 28296, 28299, 28300, 28306, 28307, 28308, 28309, 28310, 28320, 28322, 28740, 28750, 28755, 28760, 45170, 47133, 48550, 50300,
- Added to the Denominator Coding, CPT codes 45171, 45172

Measure #21: Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin

- Deleted from the Denominator Coding, CPT codes, 27870, 28296, 28299, 28300, 28306, 28307, 28308, 28309, 28310, 28320, 28322, 28740, 28750, 28755, 28760, 48550, 50300

Measure #22: Perioperative Care: Discontinuation of Prophylactic Antibiotics (Non-Cardiac Procedures)

- Added to the Denominator statement “aged 18 years and older”
- Added “parenteral” before antibiotics throughout the measure
- Deleted from the Denominator Coding, CPT codes, 27870, 28296, 28299, 28300, 28306, 28307, 28308, 28309, 28310, 28320, 28322, 28740, 28750, 28755, 28760, 45170, 48550, 50300
- Added to the Denominator Coding, CPT codes 45171, 45172

Measure #23: Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients)

- Deleted from the Denominator Coding, CPT code 45170
- Added to the Denominator Coding, CPT codes 45171, 45172

Measure #24: Osteoporosis: Communication with the Physician Managing Ongoing Care Post-Fracture of Hip, Spine or Distal Radius for Men and Women Aged 50 Years and Older

- Updated Measures Title; added “of Hip, Spine or Distal Radius for Men and Women Aged 50 Years and Older”
- Updated Measure Instructions to read “This measure is to be reported after each occurrence of a fracture during the reporting period. It is anticipated that clinicians who treat the hip, spine, or distal radial fracture will submit this measure. Each occurrence of a fracture is identified by either an ICD-9-CM diagnosis code for fracture or osteoporosis and a CPT service code OR an ICD-9-CM diagnosis code for fracture or osteoporosis and a CPT procedure code for **surgical treatment of a fracture.**”
- Added to Denominator, “Eligible cases are determined, and must be reported, if either of the following conditions are met”
- Denominator Criteria was separated into 2 options
- Deleted from Option 1 Denominator Coding, CPT codes: 99241, 99242, 99243, 99244, 99245
- Added to Option 2 Denominator Coding, diagnosis codes 733.00, 733.01, 733.02, 733.03, 733.09
- Added to both options Denominator Coding, diagnosis code 813.47
- Deleted from both options Denominator Coding, diagnosis codes 733.12, 733.13, 733.14

Measure #28: Aspirin at Arrival for Acute Myocardial Infarction (AMI)
NO CHANGES

Measure #30: Perioperative Care: Timely Administration of Prophylactic Parenteral Antibiotics

- Updated Measure Title, “Perioperative Care: Timely Administration of Prophylactic Parenteral Antibiotics”
- Updated Measure Description to read “Percentage of surgical patients aged 18 years and older who receive an anesthetic when undergoing procedures with the indications for prophylactic parenteral antibiotics for whom administration of the prophylactic parenteral antibiotic ordered 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)”
- Added asterisk to Measure Instructions that reads, “The anesthesia services included in the denominator are associated with some surgical procedures for which prophylactic parenteral antibiotics may not be indicated. As a result, clinicians should report 4047F-8P for those instances in which anesthesia services are provided but not associated with surgical procedures for which prophylactic antibiotics are indicated.”
- Added “parenteral” before antibiotics throughout the measure
- Deleted from Numerator Statement, “with an order for a prophylactic antibiotic for” and replaced with “parenteral antibiotic ordered”
- Updated Numerator Quality-Data Coding Options for Reporting Satisfactorily section to read: “*The antimicrobial drugs listed below are considered prophylactic parenteral antibiotics for the purposes of this measure. 4048F-8P should be reported when antibiotics from this table were not ordered.*”

- Updated Numerator Note to read “Ordered” includes instances in which the prophylactic parenteral antibiotic is ordered by the clinician performing the surgical procedure OR is ordered by the clinician providing the anesthesia services.”
- Updated Numerator Coding, CPT II code 4047F, 4048F
- Updated Denominator Statement to read “*All surgical patients aged 18 years and older who receive an anesthetic when undergoing procedures** with the indications for prophylactic parenteral antibiotics.”
- Added Asterisks stating “*Anesthesia services included in denominator are associated with some surgical procedures for which prophylactic parenteral antibiotics may not be indicated. Clinicians should report 4047F-8P for those instances in which anesthesia services are provided but not associated with surgical procedures for which prophylactic parenteral antibiotics are indicated.
- Updated Rationale
- Deleted from the Denominator Coding, CPT code 01632

Measure #31: Stroke and Stroke Rehabilitation: Deep Vein Thrombosis Prophylaxis (DVT) for Ischemic Stroke or Intracranial Hemorrhage

- Deleted from the Denominator Coding, CPT codes, 99251, 99252, 99253, 99254, 99255

Measure #32: Stroke and Stroke Rehabilitation: Discharged on Antiplatelet Therapy

- Added Numerator Instructions, “If the consulting physician orders or agrees with a prior antiplatelet therapy order (from current or previous episodes of care during the reporting period) and there is supporting documentation, report 4073F.”
- Updated the Numerator definition of Prescribed to read, “May include prescription given to the patient for antiplatelet therapy during the measurement period OR patient already taking antiplatelet therapy as documented in the current medication list,” previously defined as “Includes patients who are currently receiving medication(s) that follow the treatment plan recommended at an encounter during the reporting period, even if the prescription for that medication was ordered prior to the encounter”
- Deleted from the Denominator Coding, CPT codes, 99251, 99252, 99253, 99254, 99255
- Added to the Denominator Coding, CPT codes 99221, 99222, 99223

Measure #33: Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge

- Added quality-data codes to Registry only measures
- Updated the Numerator definition of Prescribed to read “May include prescription given to the patient for anticoagulant therapy at discharge or patient already taking anticoagulant therapy as documented in the current medication list,” previously defined as “Includes patients who are currently receiving medication(s) that follow the treatment plan recommended at an encounter during the reporting period, even if the prescription for that medication was ordered prior to the encounter”
- Deleted from the Denominator Coding, CPT codes, 99251, 99252, 99253, 99254, 99255
- Added to the Denominator Coding, CPT codes 99221, 99222, 99223

Measure #34: Stroke and Stroke Rehabilitation: Tissue Plasminogen Activator (t-PA) Considered

- RETIRED from PQRI effective January 1, 2010 Analysis indicates they were technically impractical to report because they were analytically challenging due to any number of factors and was replaced with 2010 PQRI measure # 187

Measure #35: Stroke and Stroke Rehabilitation: Screening for Dysphagia

- Deleted from the Denominator Coding, CPT codes, 99251, 99252, 99253, 99254, 99255

Measure #36: Stroke and Stroke Rehabilitation: Consideration of Rehabilitation Services

- Deleted from the Denominator Coding, CPT codes, 99251, 99252, 99253, 99254, 99255
- Added to the Denominator Coding, CPT codes 99221, 99222, 99223

Measure #39: Screening or Therapy for Osteoporosis for Women Aged 65 Years and Older

NO CHANGES

Measure #40: Osteoporosis: Management Following Fracture of Hip, Spine or Distal Radius for Men and Women Aged 50 Years and Older

- Updated Measure Title to read, "Osteoporosis: Management Following Fracture of Hip, Spine or Distal Radius for Men and Women Aged 50 Years and Older"
- Updated Measure Instructions to read, "Each occurrence of a fracture is identified by either an ICD-9-CM diagnosis code for fracture or osteoporosis and a CPT service code OR an ICD-9-CM diagnosis code for a fracture or osteoporosis and a CPT procedure code for **surgical treatment of fractures.**"
- Updated the Numerator definition of Prescribed to read "May include prescription given to the patient for treatment of osteoporosis (as listed above) at one or more encounters during the reporting period, OR documentation that patient is already taking pharmacologic therapy for osteoporosis, as documented in the current medical list," previously defined as "Includes patients who are currently receiving medication(s) that follow the treatment plan recommended at an encounter during the reporting period, even if the prescription for that medication was ordered prior to the encounter"
- Added to Denominator, "Eligible cases are determined, and must be reported, if either of the following conditions are met."
- Denominator Criteria was separated into 2 options
- Deleted from Option 1 Denominator Coding, CPT codes: 99241, 99242, 99243, 99244, 99245
- Added to Option 2 Denominator Coding, diagnosis codes 733.00, 733.01, 733.02, 733.03, 733.09
- Added to both options Denominator Coding, diagnosis code 813.47
- Deleted from both options Denominator Coding, diagnosis codes 733.12, 733.13, 733.14

Measure #41: Osteoporosis: Pharmacologic Therapy for Men and Women Aged 50 Years and Older

- Updated Measure Title to read, "Osteoporosis: Pharmacologic Therapy for Men and Women Aged 50 Years and Older"
- Updated the Numerator definition of Prescribed to read " May include prescription given to the patient for treatment of osteoporosis (as listed above) at one or more encounters during the reporting period, OR documentation that patient is already taking pharmacologic therapy for osteoporosis, as documented in the current medication list," previously defined as "Includes patients who are currently receiving medication(s) that follow the treatment plan recommended at an encounter during the reporting period, even if the prescription for that medication was ordered prior to the encounter"
- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #43: Coronary Artery Bypass Graft (CABG): Use of Internal Mammary Artery (IMA) in Patients with Isolated CABG Surgery

NO CHANGES

Measure #44: Coronary Artery Bypass Graft (CABG): Preoperative Beta-Blocker in Patients with Isolated CABG Surgery

NO CHANGES

Measure #45: Perioperative Care: Discontinuation of Prophylactic Antibiotics (Cardiac Procedures)

NO CHANGES

Measure #46: Medication Reconciliation: Reconciliation After Discharge from an Inpatient Facility

- Added to the "PQRI Reporting Options", the word "Claims"
- Added to the Numerator. CPT II Codes 1111F, 1110F
- Added to the Denominator, CPT codes, 90801, 90802, 90804, 90805, 90806, 90807, 90808, 90809, 90810, 90811, 90812, 90813, 90814, 90815, 90845, 90862

Measure #47: Advance Care Plan

NO CHANGES

Measure #48: Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older

- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #49: Urinary Incontinence: Characterization of Urinary Incontinence in Women Aged 65 Years and Older

- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #50: Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older

- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #51: Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation

- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #52: Chronic Obstructive Pulmonary Disease (COPD): Bronchodilator Therapy

- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #53: Asthma: Pharmacologic Therapy

- Updated the Numerator definition of Prescribed to read " May include prescription given to the patient for long-term control medication (inhaled corticosteroid or inhaled corticosteroid with long-acting inhaled beta₂-agonist) or an acceptable alternative treatment (leukotriene modifiers, cromolyn sodium, nedocromil sodium, or sustained-released methylxanthines) at one or more visits in the 12-month period or patient already taking long-term control medication or an acceptable alternative treatment as documented in current medication list," previously defined as "Includes patients who are currently receiving medication(s) that follow the treatment plan recommended at an encounter during the reporting period, even if the prescription for that medication was ordered prior to the encounter"
- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #54: 12-Lead Electrocardiogram (ECG) Performed for Non-Traumatic Chest Pain

NO CHANGES

Measure #55: 12-Lead Electrocardiogram (ECG) Performed for Syncope

NO CHANGES

Measure #56: Community-Acquired Pneumonia (CAP): Vital Signs

- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #57: Community-Acquired Pneumonia (CAP): Assessment of Oxygen Saturation

- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #58: Community-Acquired Pneumonia (CAP): Assessment of Mental Status

- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #59: Community-Acquired Pneumonia (CAP): Empiric Antibiotic

- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #64: Asthma: Asthma Assessment

- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #65: Treatment for Children with Upper Respiratory Infection (URI): Avoidance of Inappropriate Use

- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #66: Appropriate Testing for Children with Pharyngitis

- Deleted Definition for Prescribed
- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #67: Myelodysplastic Syndrome (MDS) and Acute Leukemias: Baseline Cytogenetic Testing Performed on Bone Marrow

- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #68: Myelodysplastic Syndrome (MDS): Documentation of Iron Stores in Patients Receiving Erythropoietin Therapy

- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #69: Multiple Myeloma: Treatment with Bisphosphonates

- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #70: Chronic Lymphocytic Leukemia (CLL): Baseline Flow Cytometry

- Updated Numerator Coding, CPT II code **3170F with 2P**: Documentation of patient reason(s) for not performing baseline flow cytometry studies "(e.g., receiving palliative care or not receiving treatment as defined above)."
- Updated Numerator Coding, CPT II code **3170F with 3P**: Documentation of system reason(s) for not performing baseline flow cytometry studies "(e.g., patient previously treated by another physician at the time baseline flow cytometry studies were performed)."
- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #71: Breast Cancer: Hormonal Therapy for Stage IC - IIIC Estrogen Receptor/ Progesterone Receptor (ER/PR) Positive Breast Cancer

- Updated the Numerator Statement
- Updated the Numerator definition of Prescribed to read "Prescribed may include prescription given to the patient for tamoxifen or aromatase inhibitor (AI) at one or more visits in the 12-month period OR patient already taking tamoxifen or aromatase inhibitor (AI) as documented in the current medication list," previously defined as "Includes patients who are currently receiving medication(s) that follow the treatment plan recommended at an encounter during the reporting period, even if the prescription for that medication was ordered prior to the encounter"
- Added Denominator Coding, diagnosis code V10.3 (history of Breast Cancer)

Measure #72: Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients

- Updated the Numerator definition of Prescribed to read "may include prescription ordered for the patient for adjuvant chemotherapy at one or more visits in the 12-month period OR patient already receiving adjuvant chemotherapy as documented in the current medication list," previously defined as "Includes patients who are

currently receiving medication(s) that follow the treatment plan recommended at an encounter during the reporting period, even if the prescription for that medication was ordered prior to the encounter”

- Added Denominator Coding, diagnosis codes, V10.05 (history of Breast Cancer)

Measure #73: Oncology: Plan for Chemotherapy Documented

- *RETIRED from PQRI effective January 1, 2009. This measure was considered and specifically declined for endorsement by NQF on or before August 31, 2008.*

Measure #74: Radiation Therapy Recommended for Invasive Breast Cancer Patients who have Undergone Breast Conserving Surgery

- *RETIRED from PQRI effective January 1, 2009. Those 2008 PQRI measures that have been specifically considered and declined for NQF endorsement were not included in the list of proposed measures for 2009.*

Measure #75: Prevention of Ventilator-Associated Pneumonia – Head Elevation

- *RETIRED from PQRI effective January 1, 2009. Those 2008 PQRI measures that have been specifically considered and declined for NQF endorsement were not included in the list of proposed measures for 2009.*

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

- Updated Numerator CPT II Coding, 6030F, “All elements of maximal sterile barrier technique followed including: cap AND mask AND sterile gown AND sterile gloves AND a large sterile sheet AND hand hygiene AND 2% chlorhexidine for cutaneous antisepsis, (or acceptable alternative antiseptics, per current guideline)”

Measure #77: Assessment of GERD Symptoms in Patients Receiving Chronic Medication for GERD

- *RETIRED from PQRI effective January 1, 2009. This measure was considered and specifically declined for endorsement by NQF on or before August 31, 2008.*

Measure #78: Vascular Access for Patients Undergoing Hemodialysis

- *RETIRED from PQRI effective January 1, 2009. This measure was considered and specifically declined for endorsement by NQF on or before August 31, 2008.*

Measure #79: End Stage Renal Disease (ESRD): Influenza Immunization in Patients with ESRD

- Updated the Instructions:
- If reporting this measure between January 1, 2010 and August 31, 2010, CPT Category II code 4037F should be reported when the influenza vaccination is ordered or administered to the patient during the months of September, October, November, December of 2009 or January and February of 2010 for the flu season ending February 28, 2010.
- If reporting this measure between September 1, 2010 and December 31, 2010, CPT Category II code 4037F should be reported when the influenza vaccination is ordered or administered to the patient during the months of September, October, November, and December of 2010 for the flu season ending February 28, 2011.
- Added Numerator Note

Measure #80: Plan of Care for ESRD Patients with Anemia

- *RETIRED from PQRI effective January 1, 2009. Those 2008 PQRI measures that have been specifically considered and declined for NQF endorsement were not included in the list of proposed measures for 2009.*

Measure #81: End Stage Renal Disease (ESRD): Plan of Care for Inadequate Hemodialysis in ESRD Patients

- Added quality-data codes to Registry only measures

Measure #82: End Stage Renal Disease (ESRD): Plan of Care for Inadequate Peritoneal Dialysis

- Added quality-data codes to Registry only measures

Measure #83: Hepatitis C: Testing for Chronic Hepatitis C - Confirmation of Hepatitis C Viremia

- Deleted from the Measure Instructions "Reporting the Measure via Claims" and claims information throughout the measure
- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #84: Hepatitis C: Ribonucleic Acid (RNA) Testing Before Initiating Treatment

- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #85: Hepatitis C: HCV Genotype Testing Prior to Treatment

- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #86: Hepatitis C: Antiviral Treatment Prescribed

- Updated the Numerator definition of Prescribed to read "May include prescription given to the patient for peginterferon and ribavirin therapy at one or more visits in the 12-month period OR patient already taking peginterferon and ribavirin therapy as documented in current medication list," previously defined as "Includes patients who are currently receiving medication(s) that follow the treatment plan recommended at an encounter during the reporting period, even if the prescription for that medication was ordered prior to the encounter"
- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #87: Hepatitis C: HCV Ribonucleic Acid (RNA) Testing at Week 12 of Treatment

- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #88: Hepatitis C: Hepatitis A and B Vaccination in Patients with HCV

- *RETIRED from PQRI effective January 1, 2009 and replaced with 2009 PQRI measures #183 and #184.*

Measure #89: Hepatitis C: Counseling Regarding Risk of Alcohol Consumption

- Updated Measure Description to read "at least once within 12-months"
- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #90: Hepatitis C: Counseling Regarding Use of Contraception Prior to Antiviral Therapy

- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #91: Acute Otitis Externa (AOE): Topical Therapy

- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #92: Acute Otitis Externa (AOE): Pain Assessment

- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #93: Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use

- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #94: Otitis Media with Effusion (OME): Diagnostic Evaluation – Assessment of Tympanic Membrane Mobility

- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245
- Added to the Denominator Coding, CPT 92567

Measure #95: Otitis Media with Effusion (OME): Hearing Testing

- *RETIRED from PQRI effective January 1, 2010. Analysis of 2007 and 2008 PQRI results indicate there was a lack of significant reporting and usage was not considered.*

Measure #96: Otitis Media with Effusion (OME): Antihistamines or Decongestants – Avoidance of Inappropriate Use

- *RETIRED from PQRI effective January 1, 2009. Analysis of 2007 PQRI results indicate there were no satisfactory submissions and no quality-data codes accepted. Eligible professionals would be unlikely to voluntarily report inappropriate actions.*

Measure #97: Otitis Media with Effusion (OME): Systemic Antimicrobials – Avoidance of Inappropriate Use

- *RETIRED from PQRI effective January 1, 2009. Analysis of 2007 PQRI results indicate there were no satisfactory submissions and no quality-data codes accepted. Eligible professionals would be unlikely to voluntarily report inappropriate actions.*

Measure #98: Otitis Media with Effusion (OME): Systemic Corticosteroids – Avoidance of Inappropriate Use

- *RETIRED from PQRI effective January 1, 2009. Analysis of 2007 PQRI results indicate there were no satisfactory submissions and no quality-data codes accepted. Eligible professionals would be unlikely to voluntarily report inappropriate actions.*

Measure #99: Breast Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade

- Added to Measure Instruction, “independent diagnostic testing facilities (IDTFs), using indicator Place-of-Service 81, are not included in PQRI.”
- Deleted from Denominator “without Place of Service Indicator: 81”

Measure #100: Colorectal Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade

- Added to Measure Instruction, “independent diagnostic testing facilities (IDTFs), using indicator Place-of-Service 81, are not included in PQRI.”
- Deleted from Denominator “without Place of Service Indicator: 81”

Measure #101: Appropriate Initial Evaluation of Patients with Prostate Cancer

- *RETIRED from PQRI effective January 1, 2009. This measure was considered and specifically declined for endorsement by NQF on or before August 31, 2008.*

Measure #102: Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low-Risk Prostate Cancer Patients

- Deleted from Denominator Coding, CPT codes 77411, 77412, 77413, 77414, 77416, 77418

Measure #103: Review of Treatment Options in Patients with Clinically Localized Prostate Cancer

- *RETIRED from PQRI effective January 1, 2009. Those 2008 PQRI measures that have been specifically considered and declined for NQF endorsement were not included in the list of proposed measures for 2009.*

Measure #104: Prostate Cancer: Adjuvant Hormonal Therapy for High-Risk Prostate Cancer Patients

- Deleted from Denominator Coding, CPT codes 77407, 77408, 77409, 77411, 77412, 77413, 77414, 77416, 77418

Measure #105: Prostate Cancer: Three-dimensional (3D) Radiotherapy

- Updated measure description to read "Percentage of patients, regardless of age, with a diagnosis of clinically localized prostate cancer receiving external beam radiotherapy as a primary therapy to the prostate with or without nodal irradiation (no metastases; no salvage therapy) who receive three-dimensional conformal radiotherapy (3D-CRT) or intensity modulated radiation therapy (IMRT) "
- Deleted from Denominator Coding, CPT codes 77401, 77402, 77403, 77404, 77406, 77407, 77408, 77409, 77411, 77412, 77413, 77414, 77416, 77418

Measure #106: Major Depressive Disorder (MDD): Diagnostic Evaluation

- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #107: Major Depressive Disorder (MDD): Suicide Risk Assessment

- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #108: Rheumatoid Arthritis (RA): Disease Modifying Anti-Rheumatic Drug (DMARD) Therapy

- Updated the Numerator definition of Prescribed to read "May include prescription given to the patient for DMARD therapy at one or more visits in the 12-month period OR patient already taking DMARD therapy as documented in current medication list," previously defined as "Includes patients who are currently receiving medication(s) that follow the treatment plan recommended at an encounter during the reporting period, even if the prescription for that medication was ordered prior to the encounter"
- Deleted from Denominator Coding, CPT codes 99241, 99242, 99243, 99244, 99245, 99455, 99456

Measure #109: Osteoarthritis (OA): Function and Pain Assessment

- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #110: Preventive Care and Screening: Influenza Immunization for Patients \geq 50 Years Old

- Added to Measure Instructions:
 - If reporting this measure between January 1, 2010 and August 31, 2010, G-code G8482 should be reported when the influenza vaccination is ordered or administered to the patient during the months of September, October, November, December of 2009 or January and February of 2010 for the flu season ending February 28, 2010.
 - If reporting this measure between September 1, 2010 and December 31, 2010, G-code G8482 should be reported when the influenza vaccination is ordered or administered to the patient during the months of September, October, November, and December of 2010 for the flu season ending February 28, 2011.

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

- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #112: Preventive Care and Screening: Screening Mammography

- Updated the Instructions to read: "The patient should either be screened for breast cancer on the date of service OR there should be documentation that the patient was screened for breast cancer at least once within 24 months prior to the date of service"
- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #113: Preventive Care and Screening: Colorectal Cancer Screening

- Updated the Numerator Instructions to clarify FOBT
- In Description, Denominator, and Denominator Criteria (Eligible Cases), replaced age of "80" with "75"
- Updated Rationale
- Updated Clinical Recommendation Statements
- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #114: Preventive Care and Screening: Inquiry Regarding Tobacco Use

- Updated Instructions to read, "The patient should either be queried about tobacco use on the date of service OR there should be documentation that the patient was queried about tobacco use at least once within the 24 months prior to the date of service."
- Added to Numerator Code, CPT II Code, 1035F, "(eg, chew, snuff)"

Measure #115: Preventive Care and Screening: Advising Smokers and Tobacco Users to Quit

- Updated Measure Title to read "Preventive Care and Screening: Advising Smokers and Tobacco Users to Quit", (tobacco users was added)
- Added to Description "or tobacco users"
- Added to Numerator "or smokeless tobacco use"
- Update Numerator Quality-Data Coding Option, " Advising Smoker or Smokeless Tobacco User to Quit"
- Updated Numerator Quality-Data Coding Option "If patient is not eligible for this measure because patient is a non tobacco user report",
- Moved Numerator Quality-Data Coding Option, G8456 "Current smokeless tobacco user (eg, chew, snuff)" to "Advising Smoker or Smokeless Tobacco User to Quit"
- Updated Numerator Quality-Data Coding Option "Tobacco Smoker or Smokeless Tobacco User not Advised to Quit or Tobacco Use not Assessed, Reason not Specified"
- Updated Numerator Quality-Data Coding Option 4000F *with* 8P, "Tobacco use cessation intervention not counseled or tobacco use not assessed, reason not otherwise specified"
- Added to Denominator coding CPT codes, 90801, 90802, 90804, 90805, 90806, 90807, 90808, 90809, 90810, 90811, 90812, 90813, 90814, 90815, 90845, 90862, 96150, 96152, 97003, 97004
- Deleted from the Denominator coding, CPT codes, 99217, 99218, 99219, 99220, 99241, 99242, 99243, 99244, 99245

Measure #116: Antibiotic Treatment for Adults with Acute Bronchitis: Avoidance of Inappropriate Use

- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #117: Diabetes Mellitus: Dilated Eye Exam in Diabetic Patient

NO CHANGES

Measure #118: Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Patients with CAD and Diabetes and/or Left Ventricular Systolic Dysfunction (LVSD)

- Updated Description and Denominator Statement (Reporting Criteria 1) to add "(LVEF < 40%)"
- Deleted from the Measure Instructions "Reporting the Measure via Claims" and removed claims information throughout the measure
- Updated the Numerator definition of Prescribed to read "May include prescription given to the patient for ACE inhibitor or ARB therapy at one or more visits in the 12 month period OR patient already taking ACE inhibitor or ARB therapy as documented in current medication list." previously defined as "Includes patients who are currently receiving medication(s) that follow the treatment plan recommended at an encounter during the reporting period, even if the prescription for that medication was ordered prior to the encounter"
- Deleted from the Denominator Coding (Reporting Criteria 1 and Reporting Criteria 2) CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #119: Diabetes Mellitus: Urine Screening for Microalbumin or Medical Attention for Nephropathy in Diabetic Patients

NO CHANGES

Measure #120: Chronic Kidney Disease (CKD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy

- *RETIRED* from PQRI effective January 1, 2009. Analysis of 2007 PQRI results indicate that there were no satisfactory submissions and no quality-data codes accepted.

Measure #121: Chronic Kidney Disease (CKD): Laboratory Testing (Calcium, Phosphorus, Intact Parathyroid Hormone (iPTH) and Lipid Profile)

- Updated Description
- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #122: Chronic Kidney Disease (CKD): Blood Pressure Management

- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #123: Chronic Kidney Disease (CKD): Plan of Care: Elevated Hemoglobin for Patients Receiving

- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #124: Health Information Technology (HIT): Adoption/Use of Electronic Health Records (EHR)

- Added to Denominator coding CPT code 92570
- Deleted from the Denominator coding CPT code 92569, 99241, 99242, 99243, 99244, 99245

Measure #125: HIT- Adoption/Use of e-Prescribing

- *REMOVED* from PQRI effective January 1, 2009; See 2009 Electronic Prescribing Incentive Program.

Measure #126: Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy - Neurological Evaluation

- Updated Numerator Definition for Lower Extremity Neurological Exam
- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, 99255

Measure #127: Diabetes Mellitus: Diabetic Foot and Ankle Care, Ulcer Prevention - Evaluation of Footwear

- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, 99255

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

- Added to Instructions, "For justification of BMI parameters for this measure please refer to the rationale and clinical recommendation statements."
- Deleted from Denominator Coding, CPT codes 00100, 00102, 00103, 00104, 00120, 00124, 00126, 00140, 00142, 00144, 00145, 00147, 00148, 00160, 00162, 00164, 00170, 00172, 00174, 00176, 00190, 00192, 00210, 00211, 00212, 00214, 00215, 00216, 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, 00540, 00541, 00542, 00546, 00548, 00550, 00560, 00561, 00562, 00563, 00566, 00567, 00580, 00600, 00604, 00620, 00622, 00625, 00626, 00630, 00632, 00634, 00635, 00640, 00670, 00700, 00702, 00730, 00740, 00750, 00752, 00754, 00756, 00770, 00790, 00792, 00794, 00796, 00797, 00800, 00802, 00810, 00820, 00830, 00832, 00834, 00836, 00840, 00842, 00844, 00846, 00848, 00851, 00860, 00862, 00864, 00865, 00866, 00868, 00870, 00872, 00873, 00880, 00882, 00902, 00904, 00906, 00908, 00910, 00912, 00914, 00916, 00918, 00920, 00921, 00922, 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, 01215, 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, 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, 01931, 01932, 01933, 01935, 01936, 01951, 01952, 01953, 01958, 01960, 01961, 01962, 01963, 01965, 01966, 01967, 01968, 01969, 01990, 01991, 01992, 01996, 01999, 99241, 99242, 99243, 99244, 99245

Measure #129: Universal Influenza Vaccine Screening and Counseling

- *RETIRED from PQRI effective January 1, 2009. Those 2008 PQRI measures that have been specifically considered and declined for NQF endorsement were not included in the list of proposed measures for 2009.*

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

- Deleted from Denominator Coding, CPT codes 00100, 00102, 00103, 00104, 00120, 00124, 00126, 00140, 00142, 00144, 00145, 00147, 00148, 00160, 00162, 00164, 00170, 00172, 00174, 00176, 00190, 00192, 00210, 00211, 00212, 00214, 00215, 00216, 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, 00540, 00541, 00542, 00546, 00548, 00550, 00560, 00561, 00562, 00563, 00566, 00567, 00580, 00600, 00604, 00620, 00622, 00625, 00626, 00630, 00632, 00634, 00635, 00640, 00670, 00700, 00702, 00730, 00740, 00750, 00752, 00754, 00756, 00770, 00790, 00792, 00794, 00796, 00797, 00800, 00802, 00810, 00820, 00830, 00832, 00834, 00836, 00840, 00842, 00844, 00846, 00848, 00851, 00860, 00862, 00864, 00865, 00866, 00868, 00870, 00872, 00873, 00880, 00882, 00902, 00904, 00906, 00908, 00910, 00912, 00914, 00916, 00918, 00920, 00921, 00922, 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, 01215, 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, 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, 01931, 01932, 01933, 01935, 01936, 01951, 01952, 01953, 01958, 01960, 01961, 01962, 01963, 01965, 01966, 01967, 01968, 01969, 01990, 01991, 01992, 01996, 01999, 92569, 99241, 99242, 99243, 99244, 99245
- Added to Denominator coding CPT code 92570

Measure #131: Pain Assessment Prior to Initiation of Patient Therapy and Follow-up

NO CHANGES

Measure #132: Patient Co-Development of Treatment Plan/Plan of Care

- *RETIRED from PQRI effective January 1, 2009. This measure was considered and specifically declined for endorsement by NQF on or before August 31, 2008*

Measure #133: Screening for Cognitive Impairment

- *RETIRED from PQRI effective January 1, 2009. Those 2008 PQRI measures that have been specifically considered and declined for NQF endorsement were not included in the list of proposed measures for 2009.*

Measure #134: Screening for Clinical Depression and Follow-Up Plan

NO CHANGES

Measure #135: Chronic Kidney Disease (CKD): Influenza Immunization

- Added to Instructions:

- If reporting this measure between January 1, 2010 and August 31, 2010, CPT Category II code 4037F should be reported when the influenza vaccination is ordered or administered to the patient during the months of September, October, November, December of 2009 or January and February of 2010 for the flu season ending February 28, 2010.
- If reporting this measure between September 1, 2010 and December 31, 2010, CPT Category II code 4037F should be reported when the influenza vaccination is ordered or administered to the patient during the months of September, October, November, and December of 2010 for the flu season ending February 28, 2011.
- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #136: Melanoma: Follow-Up Aspects of Care

- Deleted from the Measure, Instructions "reporting the measure via claims" and removed claims information throughout the measure
- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #137: Melanoma: Continuity of Care – Recall System

- Deleted from the Measure, Instructions "reporting the measure via claims" and removed claims information throughout the measure
- Updated Description to read: "Percentage of patients, regardless of age, with a current diagnosis of melanoma or a history of melanoma whose information was entered, at least once within a 12 month period, into a recall system that includes:
 - A target date for the next complete physical skin exam, AND
 - A process to follow up with patients who either did not make an appointment within the specified timeframe or who missed a scheduled appointment"
- Updated Numerator Statement to read: "Patients whose information is entered, at least once within a 12 month period, into a recall system that includes:
 - A target date for the next complete physical skin exam AND
 - A process to follow up with patients who either did not make an appointment within the specified timeframe or who missed a scheduled appointment"
- Updated Numerator Instructions to read: "To satisfy this measure, the recall system must be linked to a process to notify patients when their next physical exam is due and to follow up with patients who either did not make an appointment within the specified timeframe or who missed a scheduled appointment and must include the following elements at a minimum: patient identifier, patient contact information, cancer diagnosis(es), dates(s) of initial cancer diagnosis (if known), and the target date for the next complete physical exam."
- Updated Numerator Options to read: "Patient information entered into a recall system that includes target date for the next exam specified AND a process to follow up with patients regarding missed or unscheduled appointments (7010F)"
- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #138: Melanoma: Coordination of Care

- Deleted from the Measure, Instructions "reporting the measure via claims" and removed claims information throughout the measure
- Added Numerator Definition to read: "Communication may include: documentation in the medical record that the physician(s) treating the melanoma communicated (e.g., verbally, by letter, copy of treatment plan sent) with the physician(s) providing the continuing care OR a copy of a letter in the medical record outlining whether the patient was or should be treated for melanoma.
- Deleted Numerator Note
- In Numerator Section deleted CPT II codes 1127F, 1128F
- Denominator Criteria was separated into 2 options

- Added to the Denominator Coding for Option 1: 11600, 11601, 11602, 11603, 11604, 11606, 11620, 11621, 11622, 11623, 11624, 11626, 11640, 11642, 11643, 11644, 11646, 14000, 14001, 14020, 14021, 14040, 14041, 14060, 14061, 14301, 14302, 17311, 17313
- Deleted from the Denominator Coding for Option 2, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #139: Cataracts: Comprehensive Preoperative Assessment for Cataract Surgery with Intraocular Lens (IOL) Placement

- Updated Description
- Added Numerator Note
- Updated the Numerator definition of Comprehensive Preoperative Assessment

Measure #140: Age-Related Macular Degeneration (AMD): Counseling on Antioxidant Supplement

- Deleted from the Numerator, CPT II modifier, 3P – system reason
- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #141: Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care

- Deleted from the Numerator, CPT II modifier, 3P – system reason
- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #142: Osteoarthritis (OA): Assessment for Use of Anti-Inflammatory or Analgesic Over-the-Counter (OTC) Medications

- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #143: Oncology: Medical and Radiation – Pain Intensity Quantified

- Updated verbiage for paired measure to delete reference to CPT II code 1125F
- Deleted from the Instructions “Reporting the Measure via Claims” and claims information throughout the measure
- Added to Denominator Coding, diagnosis codes 209.31, 209.32, 209.33, 209.34, 209.35, 209.36, 209.70, 209.71, 209.72, 209.73, 209.74, 209.75, 209.79, 239.81, 239.89

Measure #144: Oncology: Medical and Radiation – Plan of Care for Pain

- Updated verbiage for paired measure to delete reference to CPT II code 1125F
- Deleted from the Instructions “Reporting the Measure via Claims” and claims information throughout the measure

Measure #145: Radiology: Exposure Time Reported for Procedures Using Fluoroscopy

- Deleted from Denominator Coding, CPT codes 36597, 64510, 64520, 64622, 64626, 74400, 74410, 74415, 74420, 75790, 75820, 75822, 76100, 76101, 76102, 76150, 77031, 77053, 77054, 77071, G0259, G0260, G0365, 0062T
- Added to Denominator Coding, CPT codes 36147, 75791

Measure #146: Radiology: Inappropriate Use of “Probably Benign” Assessment Category in Mammography Screening

NO CHANGES

Measure #147: Nuclear Medicine: Correlation with Existing Imaging Studies for All Patients Undergoing Bone Scintigraphy

NO CHANGES

Measure #148: Back Pain: Initial Visit

- Deleted from this manual, see the 2010 Physician Quality Reporting Initiative Measures Groups Specifications Manual

Measure #149: Back Pain: Physical Exam

- Deleted from this manual, see the 2010 Physician Quality Reporting Initiative Measures Groups Specifications Manual

Measure #150: Back Pain: Advice for Normal Activities

- Deleted from this manual, see the 2010 Physician Quality Reporting Initiative Measures Groups Specifications Manual

Measure #151: Back Pain: Advice Against Bed Rest

- Deleted from this manual, see the 2010 Physician Quality Reporting Initiative Measures Groups Specifications Manual

Measure #152: Coronary Artery Disease (CAD): Lipid Profile in Patients with CAD

- *RETIRED from PQRI effective January 1, 2010. This measure was considered and specifically declined for endorsement by NQF on or before July 1, 2009*

Measure #153: Chronic Kidney Disease (CKD): Referral for Arteriovenous (AV) Fistula

- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #154: Falls: Risk Assessment

- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #155: Falls: Plan of Care

NO CHANGES

Measure #156: Oncology: Radiation Dose Limits to Normal Tissues

NO CHANGES

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

- Deleted Numerator Coding G-Codes G8518, G8519, G8520
- Added Numerator Coding, CPT II Code 3323F

Measure #158: Carotid Endarterectomy: Use of Patch During Conventional Carotid Endarterectomy

- Updated Measure Title to read: "Carotid Endarterectomy: Use of Patch During Conventional Carotid Endarterectomy"
- Updated Description, "Percentage of patients aged 18 years and older undergoing conventional (non-eversion) carotid endarterectomy who undergo patch closure of the arteriotomy"
- Updated Instructions, "This measure is to be reported each time a patient undergoes an carotid endarterectomy procedure during the reporting period"

Measure #159: HIV/AIDS: CD4+ Cell Count or CD4+ Percentage

- Updated Instructions for clarification: "reported either once or twice per reporting period for patients with HIV/AIDS. If the patient is seen during both the first and second halves of the year, we would expect 2 QDCs: once during the first half of the year and once in the second half of the year. However, if the two visits both occurred in either the first or second half of the year, only 1 QDC needs to be reported."

- Added quality-data codes to Registry only measures
- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #160: HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis

- Added quality-data codes to Registry only measures
- Updated the Numerator definition of Prescribed to read “May include prescription given to the patient for PCP prophylaxis therapy at one or more visits in the 12-month period OR patient already taking PCP prophylaxis therapy as documented in current medication list,” previously defined as “Includes patients who are currently receiving medication(s) that follow the treatment plan recommended at an encounter during the reporting period, even if the prescription for that medication was ordered prior to the encounter”
- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #161: HIV/AIDS: Adolescent and Adult Patients with HIV/AIDS Who Are Prescribed Potent Antiretroviral Therapy

- Added quality-data codes to Registry only measures
- Updated the Numerator definition of Prescribed to read “May include prescription given to the patient for potent antiretroviral therapy at one or more visits in the 12-month period OR patient already taking potent antiretroviral therapy as documented in current medication list,” previously defined as “Includes patients who are currently receiving medication(s) that follow the treatment plan recommended at an encounter during the reporting period, even if the prescription for that medication was ordered prior to the encounter”
- Deleted from the Denominator Coding (Reporting Criteria 1 and Reporting Criteria 2) CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #162: HIV/AIDS: HIV RNA Control After Six Months of Potent Antiretroviral Therapy

- Added quality-data codes to Registry only measures
- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #163: Diabetes Mellitus: Foot Exam
NO CHANGES

Measure #164: Coronary Artery Bypass Graft (CABG): Prolonged Intubation (Ventilation)

- Added quality-data codes to Registry only measures

Measure #165: Coronary Artery Bypass Graft (CABG): Deep Sternal Wound Infection Rate

- Added quality-data codes to Registry only measures

Measure #166: Coronary Artery Bypass Graft (CABG): Stroke/Cerebrovascular Accident (CVA)

- Added to Description and Numerator Statement, “within 24 hours postoperatively”
- Added quality-data codes to Registry only measures

Measure #167: Coronary Artery Bypass Graft (CABG): Postoperative Renal Insufficiency

- Added quality-data codes to Registry only measures

Measure #168: Coronary Artery Bypass Graft (CABG): Surgical Re-exploration

- Added quality-data codes to Registry only measures

Measure #169: Coronary Artery Bypass Graft (CABG): Antiplatelet Medications at Discharge

- Added quality-data codes to Registry only measures

Measure #170: Coronary Artery Bypass Graft (CABG): Beta-Blockers Administered at Discharge

- Added quality-data codes to Registry only measures

Measure #171: Coronary Artery Bypass Graft (CABG): Lipid Management and Counseling

- Added quality-data codes to Registry only measures

Measure #172: Hemodialysis Vascular Access Decision-Making by Surgeon to Maximize Placement of Autogenous Arterial Venous (AV) Fistula

NO CHANGES

Measure #173: Preventive Care and Screening: Unhealthy Alcohol Use – Screening

- Deleted referenced URL link in the rationale

Measure #174: Pediatric End Stage Renal Disease (ESRD): Plan of Care for Inadequate Hemodialysis

- Added quality-data codes to Registry only measures

Measure #175: Pediatric End Stage Renal Disease (ESRD): Influenza Immunization

- Updated Instructions to reflect current flu season

Measure #176: Rheumatoid Arthritis (RA): Tuberculosis Screening

- Deleted from Denominator Coding, CPT codes 99455 and 99456
- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #177: Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity

- Deleted from Denominator Coding, CPT codes 99241, 99242, 99243, 99244, 99245, 99455, 99456
- Deleted URL link from measure

Measure #178: Rheumatoid Arthritis (RA): Functional Status Assessment

- Deleted from Denominator Coding, CPT codes 99241, 99242, 99243, 99244, 99245, 99455, 99456

Measure #179: Rheumatoid Arthritis (RA): Assessment and Classification of Disease Prognosis

- Deleted from Denominator Coding, CPT codes 99241, 99242, 99243, 99244, 99245, 99455, 99456

Measure #180: Rheumatoid Arthritis (RA): Glucocorticoid Management

- Updated Numerator CPT II Coding, 4193F, "Patient receiving <10 mg daily prednisone (or equivalent), or RA disease activity is worsening, or glucocorticoid use is for less than 6 months"
- Deleted from Denominator Coding, CPT codes 99241, 99242, 99243, 99244, 99245, 99455, 99456

Measure #181: Elder Maltreatment Screen and Follow-Up Plan

NO CHANGES

Measure #182: Functional Outcome Assessment in Chiropractic Care

NO CHANGES

Measure #183: Hepatitis C: Hepatitis A Vaccination in Patients with HCV

NO CHANGES

Measure #184: Hepatitis C: Hepatitis B Vaccination in Patients with HCV

NO CHANGES

Measure #185: Endoscopy & Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use
NO CHANGES

Measure #186: Wound Care: Use of Compression System in Patients with Venous Ulcers

- Added to Denominator Coding, diagnosis codes 454.0, 454.2
- Deleted from the Denominator Coding, CPT codes, 99241, 99242, 99243, 99244, 99245

Measure #193: Perioperative Temperature Management

- Added to Numerator Statement, "(including anesthesia services provided using monitored anesthesia care [MAC] or peripheral nerve block [PNB] less than 60 minutes duration)"

Global Edits

- According to Section 1845 (c) (5) of the Final rule, CMS-1413-FC (pp 198-203) Coding – "The Secretary shall establish a uniform coding system for the coding of all physician services. The Secretary shall provide for an appropriate coding structure for visits and consultations. All consultation codes (inpatient and office/outpatient codes for various places of service except for telehealth consultation G-codes) will be eliminated." Therefore, all inpatient and outpatient consultation codes (99251, 99252, 99253, 99254, 99255, 99241, 99242, 99243, 99244, 99245) have been removed as stated in the appropriate measures listed above.
- Identified available reporting options for 2010 for Reporting Individual Measures (claims, registry) in each measure specification.
- Updated Specification Introduction
- Deleted from the "PQRI Reporting Options", the word "based" off of claims and "Measures Group"
- Added to Measure Instructions, "Measure Reporting via Registry" section
- Added to Measure Instructions to Claims and Registry Measures for Reporting via Registry, "The numerator options as described in the quality-data codes are used to report the numerator of the measure. The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data."