CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 259	**Date: JANUARY 5, 2007**
	Change Request 5409

NOTE: Transmittal 252, dated December 8, 2006 is rescinded and replaced with Transmittal 259, dated January 5, 2007. Business requirement 5409.5 was removed and the section III provider education was changed to none. All other information remains the same.

Subject: Additional Codes for Physician Voluntary Reporting Program (PVRP)

I. SUMMARY OF CHANGES: This CR adds additional codes that could potentially be used for PVRP 2007.

New / Revised Material
Effective Date: January 1, 2007
Implementation Date: January 2, 2007

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	Chapter / Section / Subsection / Title
N/A	

III. FUNDING:
No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2007 operating budgets.

IV. ATTACHMENTS:

One-Time Notification

**Unless otherwise specified, the effective date is the date of service.*

Attachment - One-Time Notification

Pub. 100-20	Transmittal: 259	Date: January 5, 2007	Change Request: 5409

NOTE: Transmittal 252, dated December 8, 2006 is rescinded and replaced with Transmittal 259, dated January 5, 2007. Business requirement 5409.5 was removed and the section III provider education was changed to none. All other information remains the same.

SUBJECT: Additional Codes for Physician Voluntary Reporting Program (PVRP)

Effective Date: January 1, 2007

Implementation Date: January 2, 2007

I. GENERAL INFORMATION

A. Background: As part of its overall quality improvement efforts, the Centers for Medicare & Medicaid Services **(**CMS) launched the Physician Voluntary Reporting Program (PVRP) on January 1, 2006. This new program builds on Medicare's comprehensive efforts to substantially improve the health and function of our beneficiaries by improving the quality of care delivered. Under the PVRP, physicians who choose to participate will help capture data about the quality of care provided to Medicare beneficiaries in order to identify the most effective ways to use the quality measures in routine practice and to support physicians in their efforts to improve quality of care. Participating physicians will begin reporting quality data and not only be able to receive feedback on their reporting rates and performance, but also provide input on how quality reporting can be improved and less burdensome.

PVRP consists of evidence-based, clinically valid measures which have been part of the guidelines endorsed by physicians and medical specialty societies, and are the result of extensive input from physicians and other quality care experts. CR 4183 dated November 2, 2005, contained the 16 measures to be reported by physicians using the existing Medicare claims system effective January 1, 2006. CR 5036 dated March 24, 2006, added CPT Category II codes to 7 of the 16 measures effective April 1, 2006.

B. Policy: This CR adds additional codes that could potentially be used for PVRP 2007. Prior to January 1, 2007, CMS will post the final list of measures effective for PVRP January 1, 2007.

II. BUSINESS REQUIREMENTS

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A/B MAC	DME MAC	FI	CARRIER	DME RC	RHHI	Shared-System Maintainers				OTHER
								FISS	MCS	VMS	CWF	
5409.1	Effective for claims submitted on and after January 1, 2007, contractors shall recognize the new PVRP codes listed in the	X			X							

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A/B MAC	DME MAC	FI	CARRIER	DME RC	RHHI	Shared-System Maintainers				OTHER
								FISS	MCS	VMS	CWF	
	various attachments. **NOTE:** These codes will also be listed in the second HCPCS file which will be released on November 15, 2006 and in the Medicare Physician Fee Schedule Data Base with an M indicator.											
5409.2	Effective for claims submitted on and after January 1, 2007, contractors shall use type of service 1 for these new codes.	X			X							
5409.3	As with previous PVRP codes, contractors shall not pay for these services.	X			X							
5409.4	Contractors shall continue to deny these codes when billed with or without charges, and pass the denied code to CWF.	X			X							
5409.5	Intentionally left blank											
5409.6	Contractor shall instruct providers that PVRP codes are for voluntary reporting purposes only and physicians should not charge for these codes.	X			X							
5409.7	Contractors shall instruct providers that a note clarifying "not eligible" has been added to the instruction for each measure.	X			X							

III. PROVIDER EDUCATION

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A/B MAC	DME MAC	FI	CARRIER	DMERC	RHHI	Shared-System Maintainers				OTHER
								FISS	MCS	VMS	CWF	
	NONE											

IV. SUPPORTING INFORMATION

A. For any recommendations and supporting information associated with listed requirements, use the box below:
Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

B. For all other recommendations and supporting information, use the space below:

V. CONTACTS

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Post-Implementation Contact(s): Latousha Leslie, (410) 786-5050, latousha.leslie@cms.hhs.gov

VI. FUNDING

A. *For TITLE XVIII Contractors*:
No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets.

B. *For Medicare Administrative Contractors (MAC)*, use only one of the following statements:

The contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the Statement of Work (SOW). The contractor is not obligated to incur costs in excess of the amounts specified in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

Attachment

Measure Descriptors for Pool of Potential 2007 PVRP Quality Measures

Measure Descriptors and Codes for Pool of Potential 2007 PVRP Quality Measures

GERD

Measure #1: Assessment for Alarm Symptoms

G8245: Clinician documented presence or absence alarm symptoms
G8274: Clinician has not documented presence or absence of alarm symptoms
G8349: Patient was not an eligible candidate for documentation of presence or absence of alarm symptoms

Measure #2: Upper endoscopy for Patients with Alarm Symptoms

G8247: Patient with alarm symptom(s) documented to have had upper endoscopy performed or referral for upper endoscopy
G8248: Patient with at least one alarm symptom not documented to have had upper endoscopy or referral for upper endoscopy
G8249: Clinician documented that patient was not an eligible candidate for upper endoscopy

Measure #3: Biopsy for Barrett's Esophagus

G8250: Patients with suspicion of Barrett's esophagus in endoscopy report and documented to have received an esophageal biopsy

G8251: Patient not documented to have received an esophageal biopsy when suspicion of Barrett's esophagus is indicated in the endoscopy report
G8252: Clinician documented that patient was not an eligible candidate for esophageal biopsy

Measure #4: Barium Swallow- Inappropriate Use

G8253: Patient documented to have received an order for a barium swallow test
G8254: Patients with no documentation order for barium swallow test
G8255: Clinician documentation that patient was an eligible candidate for barium swallow test.

Measure Descriptors for Pool of Potential 2007 PVRP Quality Measures

Geriatrics

Measure #1: Medication Reconciliation

G8256: Clinician documented reconciliation of discharge medications with current medication list in medical record
G8257: Clinician has not documented reconciliation of discharge medications with current medication list in medical record
G8258: Patient was not an eligible candidate for discharge medications review

Measure #2: Advance Care Plan

G8259: Patient documented to have surrogate decision maker or advance care plan in medical record
G8260: Patient not documented to have surrogate decision maker or advance care plan in medical record
G8261: Clinician documented that patient was not an eligible candidate for surrogate decision maker or advance care plan

Measure #3: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older

G8262: Patient documented to have been assessed for presence or absence of urinary incontinence
G8263: Patient not documented to have been assessed for presence or absence of urinary incontinence

G8264: Clinician documented that patient was not an eligible candidate for an assessment of the presence or absence of urinary incontinence

Measure #4: Characterization of Urinary Incontinence in Women Aged 65 Years and Older

G8265: Patients documented to have received characterization of urinary incontinence
G8266: Patient not documented to have received characterization of urinary incontinence

Measure #5: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older

G8267: Patient documented to have received a plan of care for urinary incontinence
G8268: Patient not documented to have received plan of care for urinary incontinence
G8269: Clinician has not provided care for the patient for the required time to develop plan of care for urinary incontinence

Measure #6: Screening for Falls Risk

G8270: Patient documented to have received screening for fall risk (2 or more falls in the past year or any fall with injury in the past year)
G8271: Patients with no documentation of screening for fall risks (2 or more falls in the past year or any fall with injury in the past year)
G8272: Clinician documentation that patient was not an eligible candidate for fall risk screening

G8273: Clinician has not provided care for the patient for the required time to screen for fall risk

Measure Descriptors for Pool of Potential 2007 PVRP Quality Measures

Emergency Medicine

Measure #1: Electrocardiogram Performed for Non-Traumatic Chest Pain

G8350: Patient documented to have had 12-lead ECG performed
G8351: Patient not documented to have had ECG
G8352: Clinician documented that patient was not an eligible candidate for ECG

Measure #2: Aspirin at Arrival for AMI

G8353: Patient documented to have received or taken aspirin 24 hours before emergency department arrival or during emergency department stay

G8354: Patient not documented to have received or taken aspirin 24 hours before emergency department arrival or during emergency department stay
G8355: Clinician documented that patient was not an eligible candidate to receive aspirin

Measure #3: Electrocardiogram Performed for Syncope

G8356: Patient documented to have had ECG performed
G8357: Patient not documented to have had ECG
G8358: Clinician documented that patient was not an eligible candidate for ECG

Measure #4: Vital Signs for Community Acquired Bacterial Pneumonia

G8359: Patient documented to have had vital signs recorded and reviewed
G8360: Patient not documented to have vital signs recorded and reviewed

Measure #5: Assessment of Oxygen Saturation for Community Acquired Bacterial Pneumonia

G8361: Patient documented to have oxygen saturation assessed
OR
●**CPT II 3028F:** Oxygen saturation results documented and reviewed
G8362: Patient not documented to have oxygen saturation assessed
G8363: Clinician documented that patient was not an eligible candidate for oxygen saturation assessment

Measure #6: Assessment of Mental Status for Community Acquired Bacterial Pneumonia

G8364: Patient documented to have mental status assessed
OR
●**CPT II 2014F:** Mental status assessed
G8365: Patient not documented to have mental status assessed

Measure #7: Empiric Antibiotic for Community Acquired Bacterial Pneumonia

G8366: Patient documented to have appropriate empiric antibiotic prescribed
OR
●**CPT II 4045F:** Appropriate empiric antibiotic prescribed
G8367: Patient not documented to have appropriate empiric antibiotic prescribed
G8368: Clinician documented that patient was not an eligible candidate for appropriate empiric antibiotic

Measure Descriptors for Pool of Potential 2007 PVRP Quality Measures

Stroke and Stroke Rehabilitation

Measure #1: Deep Vein Thrombosis Prophylaxis (DVT) for Ischemic Stroke or Intracranial Hemorrhage

G8216: Patient documented to have received DVT prophylaxis by end of hospital day two
G8217: Patient not documented to have received DVT prophylaxis by end of hospital day 2

G8218: Patient was not an eligible candidate for DVT Prophylaxis by end of hospital day 2, including physician documentation that patient is ambulatory

Measure #2: Discharged on Antiplatelet Therapy

G8222: Patient documented to have been prescribed antiplatelet therapy at discharge
G8223: Patient not documented to have received prescription for antiplatelet therapy at discharge
G8224: Clinician documented that patient was not an eligible candidate for antiplatelet therapy at discharge, including identification from medical record that patient is on anticoagulation therapy

Measure #3: Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge

G8225: Patient documented to have been prescribed an anticoagulant at discharge
G8226: Patient not documented to have received prescription for anticoagulant therapy at discharge
G8227: Patient not documented to have permanent, persistent, or paroxysmal atrial fibrillation
G8228: Clinician documented that patient was not an eligible candidate for anticoagulant therapy at discharge

Measure #4: Tissue Plasminogen Activator (t-PA) Considered

G8229: Patient documented to have been administered or considered for t-PA
G8230: Patient not eligible for t-PA administration, ischemic stroke symptom onset of more than 3 hours
G8231: Patient not documented to have received t-PA or not documented to have been considered a candidate for t-PA administration

Measure #5: Screening for Dysphagia

G8232: Patient documented to have received dysphagia screening prior to taking any foods, fluids or medication by mouth
G8234: Patient not documented to have received dysphagia screening
G8235: Patient not receiving or ineligible to receive food, fluids or medication by mouth, or documentation of NPO (nothing by mouth) order

G8236: Clinician documented that patient was not an eligible candidate for dysphagia screening prior to taking any foods, fluids or medication by mouth

Measure Descriptors for Pool of Potential 2007 PVRP Quality Measures

Measure #6: Consideration of Rehabilitation Services

G8237: Patient documented to have received order for rehabilitation services or documentation of consideration for rehabilitation services

G8238: Patient not documented to have received order for or consideration for rehabilitation services

Measure #7: Carotid Imaging Reports

G8348: Internal carotid stenosis patient in the 30-99% range documented to have reference to measurements of distal internal carotid diameter as the denominator for stenosis mesurement

G8239: Internal carotid stenosis patient below 30%, reference to measurements of distal internal carotid diameter as the denominator for stenosis measurement not necessary

G8240: Internal carotid stenosis patient in the 30-99% range, and no documentation of reference to measurements of distal internal carotid diameter as the denominator for stenosis measurement

G8241: Clinician documented that patient whose final report of the carotid imaging study performed (neck MRA, neck CTA, neck duplex ultrasound, carotid angiogram), with characterization of an internal carotid stenosis in the 30-99% range, was not an eligible candidate for reference to measurements of distal internal carotid diameter as the denominator for stenosis measurement

Measure #8: Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) Reports

G8242: Patient documented to have received CT or MRI with presence or absence of hemorrhage, mass lesion and acute infarction documented in the final report.

G8243: Patient not documented to have received CT or MRI AND the presence or absence of hemorrhage, mass lesion and acute infarction not documented in the final report.

Measure Descriptors for Pool of Potential 2007 PVRP Quality Measures

Melanoma

Measure #1: Patient Medical History

G8275: Patient documented to have medical history taken which included assessment of new or changing moles

OR

• **CPT II 1050F:** History obtained regarding new or changing moles

G8276: Patient not documented to have received medical history with assessment of new or changing moles.

G8277: Patient was not an eligible candidate for medical history review with assessment of new or changing moles.

Measure #2: Complete Physical Skin Examination

G8278: Patient documented to have received complete physical skin exam

OR

• **CPT II 2029F: C**omplete physical skin exam performed

G8279: Patient not documented to have received a complete physical skin exam

G8280: Patient was not an eligible candidate for complete physical skin exam during the reporting year

Measure #3: Counseling on Self-Examination

G8281: Patient documented to have received counseling to perform a self-examination

OR

• **CPT II 5005F:** Patient counseled on self-examination for new or changing moles

G8282: Patient not documented to have received counseling to perform a self-examination.

G8283: Patient was not an eligible candidate for counseling to perform self-examination

Measure Descriptors for Pool of Potential 2007 PVRP Quality Measures

Perioperative Care

Measure #1: Timing of Prophylactic Antibiotics – Ordering Physician

G8191: Clinician documented to have given order for prophylactic antibiotic to be given within one hour (if vancomycin, two hours) prior to surgical incision (or start of procedure when no incision is required)

G8192: Clinician documented to have given the prophylactic antibiotic within one hour (if vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required)

G8193: Clinician did not document that an order for prophylactic antibiotic to be given within one hour (if vancomycin, two hours) prior to surgical incision (or start of procedure when no incision is required) was given

G8194: Clinician documented that patient was not an eligible candidate for prophylactic antibiotic

Measure #2: Timing of Prophylactic Antibiotics – Administering Physician

G8195: Clinician documented to have given the prophylactic antibiotic within one hour (if vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required)

G8196: Clinician did not document a prophylactic antibiotic was administered within one hour (if vancomycin, two hours) prior to surgical incision (or start of procedure when no incision is required)

G8197: Patient documented to have order for prophylactic antibiotic to be given within one hour (if vancomycin, two hours) prior to surgical incision (or start of procedure when no incision is required)

Measure #3: Selection of Prophylactic Antibiotic -- First OR Second Generation Cephalosporin

G8198: Patient documented to have order for cefazolin OR cefuroxime for antimicrobial prophylaxis

G8199: Clinician documented to have given cefazolin OR cefuroxime for antimicrobial prophylaxis

G8200 Order for cefazolin OR cefuroxime for antimicrobial prophylaxis not documented

G8201: Patient was not an eligible candidate for cefazolin OR cefuroxime for antimicrobial prophylaxis

Measure #4: Discontinuation of Prophylactic Antibiotics (Non-Cardiac Procedures)

G8202:Clinician documented an order was given to discontinue prophylactic antibiotics within 24 hours of surgical end time

G8203: Clinician documented that prophylactic antibiotics were discontinued within 24 hours of surgical end time

G8204: Clinician did not document an order was given to discontinue prophylactic antibiotics within 24 hours of surgical end time

G8205: Clinician documented that patient was not an eligible candidate for prophylactic antibiotic discontinuation within 24 hours of surgical end time

G8206: Clinician documented that prophylactic antibiotic was given

Measure #5: Discontinuation of Prophylactic Antibiotics (Cardiac Procedures)

G8207 Clinician documented an order was given to discontinue prophylactic antibiotics within 48 hours of surgical end time
G8208: Clinician documented that prophylactic antibiotics were discontinued within 48 hours of surgical end time
G8209: Clinician did not document an order was given to discontinue prophylactic antibiotics within 48 hours of surgical end time
G8210: Clinician documented patient was not an eligible candidate for discontinuation of prophylactic antibiotic discontinuation within 48 hours of surgical end time
G8211: Clinician documented that prophylactic antibiotic was given

Measure #6: Venous Thromboembolism (VTE) Prophylaxis (when indicated in All patients)

G8212: Clinician documented an order was given for appropriate Venous Thromboembolism (VTE) prophylaxis to be given within 24 hrs prior to incision time or 24 hours after surgery end time
G8213: Clinician documented to have given Venous Thromboembolism (VTE) prophylaxis within 24 hrs prior to incision time or 24 hours after surgery end time
G8214: Clinician did not document an order was given for appropriate Venous Thromboembolism (VTE) prophylaxis to be given within 24 hrs prior to incision time or 24 hours after surgery end time.
G8215: Clinician documented that patient was not an eligible candidate for Venous Thromboembolism (VTE) prophylaxis to be given within 24 hours prior to incision time or 24 hours after surgery end time

Measure Descriptors for Pool of Potential 2007 PVRP Quality Measures

Osteoporosis

Measure #1: Communication with the Physician Managing Ongoing Care Post-Fracture

G8337: Clinician documented that communication was sent to the physician managing ongoing care of patient that a fracture occurred and that the patient was or should be tested or treated for osteoporosis.

OR

●**CPT II 5015F:** Documentation of communication that a fracture occurred and that the patient was or should be tested or treated for osteoporosis

G8338: Clinician has not documented that communication was sent to the physician managing ongoing care of patient that a fracture occurred and that the patient was or should be tested or treated for osteoporosis

G8339: Patient was not an eligible candidate for communication with the physician managing the patient's ongoing care that a fracture occurred and that the patient was or should be tested or treated for osteoporosis.

Measure #2: Screening or Therapy for Women Aged 65 Years and Older

G8340: Patient documented to have had central Dual-energy X-Ray Absorptiometry (DXA) performed and results documented or central DXA ordered or pharmacologic therapy prescribed

OR

• **CPT II 3095F:** Central Dual-energy X-Ray Absorptiometry (DXA) results documented

OR

• **CPT II 3096F:** Central Dual-energy X-Ray Absorptiometry (DXA) ordered

OR

• **CPT II 4005F:** Pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed

G8341: Patient not documented to have had central Dual-energy X-Ray Absorptiometry (DXA) measurement or pharmacologic therapy

G8342: Clinician documented that patient was not an eligible candidate for central DXA measurement or prescribing pharmacologic

G8343: Clinician has not provided care for the patient for the required time for central Dual-energy X-Ray Absorptiometry (DXA) measurement or pharmacological therapy measure

Measure #3: Management Following Fracture

G8344: Patient documented to have had central Dual-energy X-Ray Absorptiometry (DXA) ordered or performed and results documented or pharmacological therapy prescribed

OR

• **CPT II 3095F:** Central dual X-ray absorptiometry (DXA) results documented

OR

• **CPT II 3096F:** Central dual X-ray absorptiometry (DXA) ordered

OR

• **CPT II 4005F:** Pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed

G8345: Patient not documented to have had central DXA measurement ordered or performed or pharmacologic therapy

G8346: Clinician documented that patient was not an eligible candidate for central Dual-energy X-Ray Absorptiometry (DXA) measurement or pharmacologic therapy

G8347: Clinician has not provided care for the patient for the required time for central Dual-energy X-Ray Absorptiometry (DXA) measurement or pharmacological therapy measure

Measure #4: Pharmacologic Therapy

G8284: Patients documented to have received a prescription for pharmacologic therapy for osteoporosis
OR
• **CPT II 4005F:** Pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed
G8285: Patient not documented to have received pharmacologic therapy
G8286: Clinician documented that patient was not an eligible candidate for pharmacologic therapy
G8287: Clinician has not provided care for the patient for the required time for the pharmacologic therapy measure

Measure #5: Counseling for Vitamin D and Calcium Intake and Exercise

G8288: Patient documented to have received calcium and vitamin D or counseling on both calcium and vitamin D use, and exercise
OR
• **CPT II 4019F:** Documentation of receipt of counseling on exercise AND either both calcium and vitamin D use or counseling regarding both calcium and vitamin D use
G8289: Patients with no documentation of calcium and vitamin D use or counseling regarding both calcium and vitamin D use, or exercise
G8290: Clinician documentation that patient was not an eligible candidate for calcium and vitamin D, and exercise during the reporting year.
G8291: Clinician has not provided care for the patient for the required time for the calcium, vitamin D, and exercise measure

COPD

Measure #1: Spirometry Evaluation

G8292: COPD patient with spirometry results documented
OR
●**CPT II 3023F:** Spirometry results documented and reviewed
G8293: COPD patient without spirometry results documented
G8294: COPD patient was not eligible for spirometry results

Measure #2: Bronchodilator Therapy

G8295: COPD patient documented to have received inhaled bronchodilator therapy

OR
●**CPT II 3025F:** Spirometry test results demonstrate FEV1/FVC < 70% with COPD symptoms (eg, dyspnea, cough/sputum, wheezing)
AND
●**CPT II 4025F:** Inhaled bronchodilator prescribed

G8296: COPD patient not documented to have inhaled bronchodilator therapy prescribed
G8297: COPD patient was not eligible for inhaled bronchodilator therapy

Eyecare

Measure #1: Primary Open-Angle Glaucoma: Optic Nerve Evaluation

G8298: Patient documented to have received optic nerve head evaluation
OR
●**CPT II 2027F:** Optic nerve head evaluation performed
G8300: Clinician documented that patient was not an eligible candidate for optic nerve head evaluation during the reporting year

G8301: Clinician has not provided care for the Primary Open-Angle Glaucoma patient for the required time for optic nerve head evaluation measure

Measure #2: Age-Related Macular Degeneration: Antioxidant Supplement Prescribed/Recommended

G8309: Patient documented to have been prescribed/recommended antioxidant vitamin or mineral supplement
OR
• **CPT II 4007F:** Antioxidant vitamin or mineral supplement prescribed or recommended

G8310: Patient not documented to have been prescribed/recommended at least one antioxidant vitamin or mineral supplement during the reporting year.

G8311: Clinician documentation that patient was not an eligible candidate for antioxidant vitamin or mineral supplement during the reporting year.
G8312: Clinician has not provided care for the age-related macular degeneration patient for the required time for antioxidant supplement prescription/recommended measure

Measure #3: Age-Related Macular Degeneration: Macular Examination

G8313: Patient documented to have received macular exam, including documentation of the presence or absence of macular thickening or hemorrhage AND the level of macular degeneration severity

OR

• **CPT II 2019F:** Dilated macular exam performed, including documentation of the presence or absence of macular thickening or hemorrhage AND the level of macular degeneration severity

G8314: Patient not documented to have received macular exam with documentation of presence or absence of macular thickening or hemorrhage and no documentation of level of macular degeneration severity

G8315: Clinician documentation that patient was not an eligible candidate for macular examination during the reporting year.

G8316: Clinician has not provided care for the age-related macular degeneration patient for the required time for macular examination measurement

Measure #4: Cataracts: Assessment of Visual Functional Status

G8317: Patient documented to have visual functional status assessed

OR

• **CPT II 1055F:** Visual functional status assessed

G8318: Patient documented not to have visual functional status assessed
G8319: Clinician documented that patient was not eligible candidate for assessment of visual functional status
G8320: Clinician has not provided care for the cataract patient for the required time for assessment of visual functional status measurement

Measure #5: Cataracts: Documentation of Pre-surgical Axial Length, Corneal Power Measurement and Method of Intraocular Lens Power Calculation

G8321: Patient documented to have had pre-surgical axial length, corneal power measurement and method of intraocular lens power calculation
OR
• **CPT II 3073F:** Pre-surgical (cataract) axial length, corneal power measurement and method of intraocular lens power calculation documented within six months prior to surgery

G8322: Patient not documented to have had pre-surgical axial length, corneal power measurement and method of intraocular lens power calculation.
G8323: Clinician documentation that patient was not an eligible candidate for pre-surgical axial length, corneal power measurement and method of intraocular lens power calculation.
G8324: Clinician has not provided care for the cataract patient for the required time for pre-surgical measurement and intraocular lens power calculation measure.

Measure #6: Cataracts: Pre-Surgical Fundus Evaluation

G8325: Patient documented to have received fundus evaluation within six months prior to cataract surgery
OR
• **CPT II 2020F:** Dilated fundus evaluation performed within six months prior to cataract surgery
G8326: Patient not documented to have received fundus evaluation within six months prior to cataract surgery
G8327: Patient was not an eligible candidate for pre-surgical fundus evaluation
G8328: Clinician has not provided care for the cataract patient for the required time for fundus evaluation measurement

Measure #7: Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy

G8329: Patient documented to have received dilated macular or fundus exam with level of severity of retinopathy AND the presence or absence of macular edema documented

OR

• **CPT II 2021F:** Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema documented AND level of severity of retinopathy

G8330: Patient not documented to have received dilated macular or fundus exam with level of severity of retinopathy AND the presence or absence of macular edema not documented

G8331: Clinician documentation that patient was not an eligible candidate for dilated macular or fundus exam during the reporting year.

G8332: Clinician has not provided care for the diabetic retinopathy patient for the required time for macular edema and retinopathy measurement

Measure #8: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care

G8333: Patient documented to have had findings of macular or fundus exam communicated to the physician managing the diabetes care

OR

• **CPT II 5010F:** Findings of dilated macular or fundus exam communicated to the physician managing the diabetes care

AND

• **CPT II 2021F:** Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema documented AND level of severity of retinopathy

G8334: Documentation of findings of macular or fundus exam not communicated to the physician managing the patient's ongoing diabetes care

G8335: Clinician documentation that patient was not an eligible candidate for the findings of their macular or fundus exam being communicated to the physician managing their diabetes care during the reporting year

G8336: Clinician has not provided care for the diabetic retinopathy patient for the required time for physician communication measurement