CMS Physician Quality Reporting Initiative (PQRI)

PQRI Tip Sheet

January 2008

www.cms.hhs.gov/PQRI

Tips for Successful Participation

Successful participation in PQRI is dependent on accurate submission of all information required for selected PQRI measures on Medicare claims for services provided to Medicare Fee-for-Service beneficiaries. The following tips are offered to assist eligible professionals' accuracy of reporting:

1. For measures that you have selected, review all ICD-9-CM and Evaluation and Management (E/M) codes that will qualify claims for inclusion in calculations and be sure that each claim includes an appropriate Quality Data Code (QDC) or QDC with allowable modifier and correct National Provider Identifier (NPI).

2. For measures that require that clinical values be captured for coding, make sure that these clinical values are available to those who are doing your coding.

3. For measures that only require reporting once per patient per reporting period, report early to ensure that the claim counts toward successful reporting.

4. For measures that involve time frames, ensure that all members of the team understand and capture this information in the clinical record to facilitate coding.

5. For measures that require more than one CPT II or G-code, please ensure that all codes are captured on the claim.

6. When submitting codes for Measure #3 - High Blood Pressure Control in Type I and Type II Diabetes Mellitus, be sure to include codes for *both* the systolic and diastolic blood pressure.

7. When applicable, utilize the 8P modifier when the action required is not performed or reason not otherwise specified, so that the claim will count toward successful reporting.

8. Pay attention to demographics. Remember that some measures specify an age or sex requirement for successful reporting.

9. Some measures apply broadly to *all* Medicare patients and do not specify an ICD-9-CM diagnosis code in the denominator. Eligible cases for reporting Measure #4 - Screening for Future Fall Risk, #46 - Medication Reconciliation, or #47 - Advance Care Plan are pulled into the denominator through the CPT E/M office visit codes for one time submission per reporting period.

10. Perioperative care measures specify reporting for ordering a prophylactic antibiotic (Measure #20), which is different from administering the antibiotic (Measure #30).

For additional educational resources or information on the Physician Quality Reporting Initiative, the PQRI web page contains all publicly available information at http://www.cms.hhs.gov/PQRI on the CMS website.

ICN# 006958