

PQRS Performance Measures with Designated Codes 2016

Please note that the measure titles specified for claims reporting do have codes listed below. Those measures specified for EHRs only, or Registries only do not have codes provided, as they are unnecessary to the reporting process.

You will see that measures for claims and registries have been linked to the designated measure specifications.

Applicable Procedure Codes	Action Taken	G-Code or F-code to be Used to Report Measure
Measure #9--Major Depressive Disorder (MDD): Antidepressant Medication During Acute Phase for Patients with MDD Description: Patients aged 18 years and older diagnosed with new episode of major depressive disorder (MDD) and documented as treated with antidepressant medication during the entire 84-day (12 week) acute treatment phase. * Mechanisms for Participation: EHR National Quality Strategy Domain: Effective Clinical Care		
Measure #46--Medication Reconciliation Description: Patients aged 65 years and older discharged from any inpatient facility (e.g., hospital, skilled nursing facility, or rehabilitation facility) and seen within 30 days following discharge in the office by the physician providing on-going care who had a reconciliation of the discharge medications with the current medication list in the outpatient medical record documented. Mechanisms for Participation: Claims or Registry National Quality Strategy Domain: Communication and Care Coordination		
90791, 90792, 90832, 90834, 90837, 90839, 90845, 99201-99205, 99212- 99215, 99324-99328, 99334- 99337, 99341-99345, 99347- 99350	Discharge medications reconciled with the current medication list in outpatient medical record	1111F
	If patient is not eligible for this measure because patient was not discharged from an inpatient facility within the last 30 days.	There are no reporting requirements in this case.
	Discharge Medication not Reconciled with Current Medication List in the Medical Record, Reason Not Otherwise Specified	1111F <i>with</i> CPT II modifier 8P: Discharge medications not reconciled with the current medication list in outpatient medical record, reason not otherwise specified
Measure #47--Care Plan Description: Patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan. Mechanisms for Participation: Claims or Registry National Quality Strategy Domain: Communication and Care Coordination		
99201- 99205, 99212-99215,	Advance Care Planning discussed and	1123F

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99218- 99223, 99231-99236, 99291, 99304- 99310, 99324-99328, 99334-99337, 99341-99345, 99347-99350	documented; advance care plan or surrogate decision maker documented in the medical record	
	Advance Care Planning discussed and documented in the medical record; patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan	1124F
	Advance care planning not documented, reason not otherwise specified	1123F <i>with</i> 8P
Measure #107 – Major depressive disorder: suicide risk assessment Description: Patients aged 18 years and older with a diagnosis of major depressive disorder (MDD) with a suicide risk assessment completed during the visit in which a new diagnosis or recurrent episode was identified. * Mechanism for Participation: EHR National Quality Strategy Domain: Effective Clinical Care		
Measure #128-- Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan Description: Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous six months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the current encounter Mechanisms for Participation: Claims or Registry National Quality Strategy Domain: Community/Population Health		
90791, 90792, 90832, 90834, 90837, 90839, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, G0447	If the provider documents a BMI and a follow-up plan at the current visit	G8417 & G8418
	If the patient has a documented BMI within the previous six months of the current encounter, the provider documents a follow-up plan at the current visit	
	If the patient has a documented BMI within the previous six months of the current encounter AND the patient has a documented follow-up plan for a BMI outside normal parameters within the previous six months of the current visit	
Measure #130 – Documentation and verification of current medications in medical record Description: Visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications to the best of his/her knowledge and ability. This list must include ALL prescriptions, over-the-counters, herbals, and		

*:This measure is also reportable via qualified registry.

♦: This code is not to be used by psychiatrists, but is for other psychiatric clinicians who are considered eligible professionals

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vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency, and route of administration. * Mechanism for Participation: Claims, Registry, or EHR National Quality Strategy Domain: Patient Safety		
90791, 90792, 90832, 90834, 90837, 90839, 96116♦, 96150♦, 96152♦, 99201-99205, 99212-99215, 99324-99328, 99334-99337, 99341-99345, 99347-99350	Current medications documented	G8427 – eligible professional attests to documenting the patient's current medications to the best of his/her knowledge & ability
	Current medications not documented, patient not eligible	G8430 – eligible professional attests the patient is not eligible for medication documentation
	Current medications w/ name, dosage, frequency, route not documented, reason not given	G8428 – current medications not documented by the eligible professional, reason not given
Measure #134 – Screening for clinical depression and follow-up plan Description: Patients aged 12 years and older screened for clinical depression on the date of encounter using an age appropriate standardized depression screening tool AND, if positive, a follow-up plan is documented on the date of the positive screen. * Mechanism for Participation: Claims, Registry, or EHR National Quality Strategy Domain: Community/Population Health		
90791, 90792, 90832, 90834, 90837, 90839, 96150♦, 96151♦, 99201- 99205, 99212-99215	Positive screen for clinical depression, follow-up plan documented	G8431 – Positive screen with a documented follow-up plan
	Negative screen for clinical depression documented, follow-up plan not required	G8510 – Negative screen for clinical depression, follow-up not required
	Screening for clinical depression not documented, patient not eligible/appropriate	G8433 – Screening for clinical depression not documented; patient not eligible/appropriate
	Screening for clinical depression documented, follow-up plan not documented, patient not eligible/appropriate	G8940 – Screening for clinical depression documented, follow-up plan not documented, patient not eligible/appropriate
	Screening for clinical depression not documented, reason not given	G8432 - Clinical depression not documented, reason not given

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Measure #226 – Preventive care and screening: Tobacco use assessment & tobacco cessation intervention Description: Patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user. * Mechanism for Participation: Claims, Registry, or EHR National Quality Strategy Domain: Community/Population Health		
90791, 90792, 90832, 90834, 90837, 90839, 90845, 96150♦, 96151♦, 96152♦, 99201-99205, 99212- 99215, 99406, 99407	Patient screened for tobacco use	4004F – Patient screened for tobacco use and received tobacco cessation intervention (counseling, pharmacotherapy, or both) if identified as a tobacco user
	Patient screened for tobacco use & identified as non-user	1036F – Current tobacco non-user
	Tobacco screening not performed for medical reasons	4004F with 1P – Documentation of medical reason(s) for not screening for tobacco use (e.g., limited life expectancy, other medical reasons)
	Tobacco screening or tobacco cessation intervention not performed reason not otherwise specified	4004F with 8P - Tobacco screening or tobacco cessation intervention not performed reason not otherwise specified

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Applicable Procedure Codes	Action Taken	G-Code or F-code to be Used to Report Measure
Measure #325 – Adult Major Depressive Disorder (MDD): coordination of care for patients with specific comorbid conditions Description: Medical records of patients aged 18 years and older with a diagnosis of major depressive disorder (MDD) and a diagnosed comorbid condition (diabetes, coronary artery disease, ischemic stroke, intracranial hemorrhage, chronic kidney disease [stages 4 or 5], ESRD or congestive heart failure) being treated by another clinician with communication to the other clinician treating the comorbid condition Mechanism for Participation: Registry National Quality Strategy Domain: Effective Clinical Care		
Measure #366 --ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication Description: Percentage of children 6-12 years of age and newly dispensed a medication for attention-deficit/hyperactivity disorder (ADHD) who had appropriate follow-up care. Two rates are reported. a. Percentage of children who had one follow-up visit with a practitioner with prescribing authority during the 30-Day Initiation Phase. b. Percentage of children who remained on ADHD medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two additional follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended. Mechanism for Participation: EHR National Quality Strategy Domain: Effective Clinical Care		
Measure #367 -- Bipolar Disorder and Major Depression: Appraisal for Alcohol or Chemical Substance Use Description: Percentage of patients with depression or bipolar disorder with evidence of an initial assessment that includes an appraisal for alcohol or chemical substance use. Mechanism for Participation: EHR National Quality Strategy Domain: Effective Clinical Care		
Measure #370 -- Depression Remission at Twelve Months Description: Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at twelve months defined as PHQ-9 score less than 5. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment Mechanism for Participation: EHR, Registry National Quality Strategy Domain: Effective Clinical Care		
Measure #371-- Depression Utilization of the PHQ-9 Tool Description: Adult patients age 18 and older with the diagnosis of major depression or dysthymia who have a PHQ-9 tool administered at least once during a 4 month period in which there was a qualifying visit. Mechanism for Participation: EHR National Quality Strategy: Effective Clinical Care		
Measure #372-- Maternal Depression Screening Description: The percentage of children who turned 6 months of age during the measurement year, who had a face-to-face visit between the clinician and the child during child's first 6 months, and who had a maternal depression screening for the mother at least once between 0 and 6 months of life. Mechanism for Participation: EHR National Quality Strategy Domain: Community/Population Health		
Measure #374—Closing the Referral Loop Description: Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred. Mechanism for Participation: EHR National Quality Strategy Domain: Communication and Care Coordination		
Measure #382— Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment Description: Percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk Mechanism for Participation: EHR National Quality Strategy: Patient Safety		

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<p>Measure #383--<u>Adherence to Antipsychotic Medications For Individuals with Schizophrenia</u></p> <p>Description: Percentage of individuals at least 18 years of age as of the beginning of the measurement period with schizophrenia or schizoaffective disorder who had at least two prescriptions filled for any antipsychotic medication and who had a Proportion of Days Covered (PDC) of at least 0.8 for antipsychotic medications during the measurement period (12 consecutive months)</p> <p>Mechanism for Participation: Registry</p> <p>National Quality Strategy Domain: Patient Safety</p>
<p>Measure #391-- <u>Follow-Up After Hospitalization for Mental Illness (FUH)</u></p> <p>Description: The percentage of discharges for patients 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. Two rates are reported:</p> <ul style="list-style-type: none"> • The percentage of discharges for which the patient received follow-up within 30 days of discharge. • The percentage of discharges for which the patient received follow-up within 7 days of discharge. <p>Mechanism for Participation: Registry</p> <p>National Quality Strategy Domain: Communication and Care Coordination</p>
<p>Measure #402-- <u>Tobacco Use and Help with Quitting Among Adolescents</u></p> <p>Description: The percentage of adolescents 12 to 20 years of age with a primary care visit during the measurement year for whom tobacco use status was documented and received help with quitting if identified as a tobacco user</p> <p>Mechanism for Participation: Registry</p> <p>National Quality Strategy: Community / Population Health</p>
<p>Measure #411--<u>Depression Remission at Six Months</u></p> <p>Description: Adult patients age 18 years and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at six months defined as a PHQ-9 score less than 5. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment</p> <p>Mechanism For Participation: Registry</p> <p>National Quality Strategy: Communication and Care Coordination</p>
<p>Measure #414-- <u>Evaluation or Interview for Risk of Opioid Misuse</u></p> <p>Description: All patients 18 and older prescribed opiates for longer than six weeks duration evaluated for risk of opioid misuse using a brief validated instrument (e.g. Opioid Risk Tool, SOAAP-R) or patient interview documented at least once during Opioid Therapy in the medical record</p> <p>Mechanism for Participation: Registry</p> <p>National Quality Strategy: Effective Clinical Care</p>
<p>Measure #431— <u>Evaluation or Interview for Risk of Opioid Misuse</u></p> <p>Description: All patients 18 and older prescribed opiates for longer than six weeks duration evaluated for risk of opioid misuse using a brief validated instrument (e.g. Opioid Risk Tool, SOAAP-R) or patient interview documented at least once during Opioid Therapy in the medical record.</p> <p>Mechanism for Participation: Registry</p> <p>National Quality Strategy: Effective Clinical Care</p>

Measures Group:

<p>Dementia Measures Group The Dementia Measure Set will again be included in this year's PQRS performance measures. Please note this measure group must be reported on as a whole. To report on this group, CMS's requirements for "measures groups" reporting must be followed</p>		
<p>90791, 90792, 90832, 90834, 90837, 90839, 90845, 96150*, 96152*, 99201-99205, 99212-99215, 99304-99310, 99324-99328, 99334-99337, 99341-99345, 99347-99350</p>		<p>Composite G-code G8761: All quality actions for the applicable measures in the Dementia Measures Group have been performed for this patient</p>

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