



PQRS Measures

Cheat Sheets



[Medicare](#) requires that practioners meet certain quality reporting thresholds and collect data to assess trends and performance. If you are participating as a [Rehab PQRS statistical reporter](#), the following cheat sheets are below to assist you for the [PQRS Measures](#) within your industry. Each measure is assigned a unique number. The cheat sheets explain the possible [G-Code Submission](#) requirement per [PQRS Measure](#)

Those who report satisfactorily for the 2014 program year may avoid the 2016 payment adjustment. Additional information on how to avoid future PQRS payment adjustments can be found through supporting documentation available on the CMS website: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/>.

PQRS Measures

MEASURE #128 - BODY MASS INDEX (BMI) & FOLLOW UP

CPT Codes: 97001, 97003; Frequency: minimum once per reporting period

Did you perform a BMI assessment?

No

G8422

Patient is not eligible

G8421

OR BMI was not calculated at visit

Yes

Was the patient's BMI normal* (between 18.5-25)?

Yes

G8420

BMI calculated as normal and documented in EMR

No

Was a follow-up plan created for the patient?

No

G8419

BMI calculated outside of normal parameter, no follow-up

OR

G8938

BMI calculated, but patient is not eligible for follow-up

Yes

Was the BMI higher than 25?

Yes

G8417

Calculated a higher BMI, a follow-up plan was documented in EMR

No

G8418

Calculated a lower BMI, a follow-up plan was documented in EMR

*Normal BMI for age
65+ is ≥ 23 and < 30 ;
Age 18-64 is ≥ 18.5 and < 25

PQRS Measures

MEASURE #130 - MEDICATIONS

CPT Codes: 97001, 97002, 97003, 97004; Frequency: each visit

NEW! 97110, 97140, 97532, 92526, 92508, 92507; Frequency: each visit

Did you document the patient's current medications? →

No

G8430

Patient is not eligible

OR

G8428

Reason not given

Yes

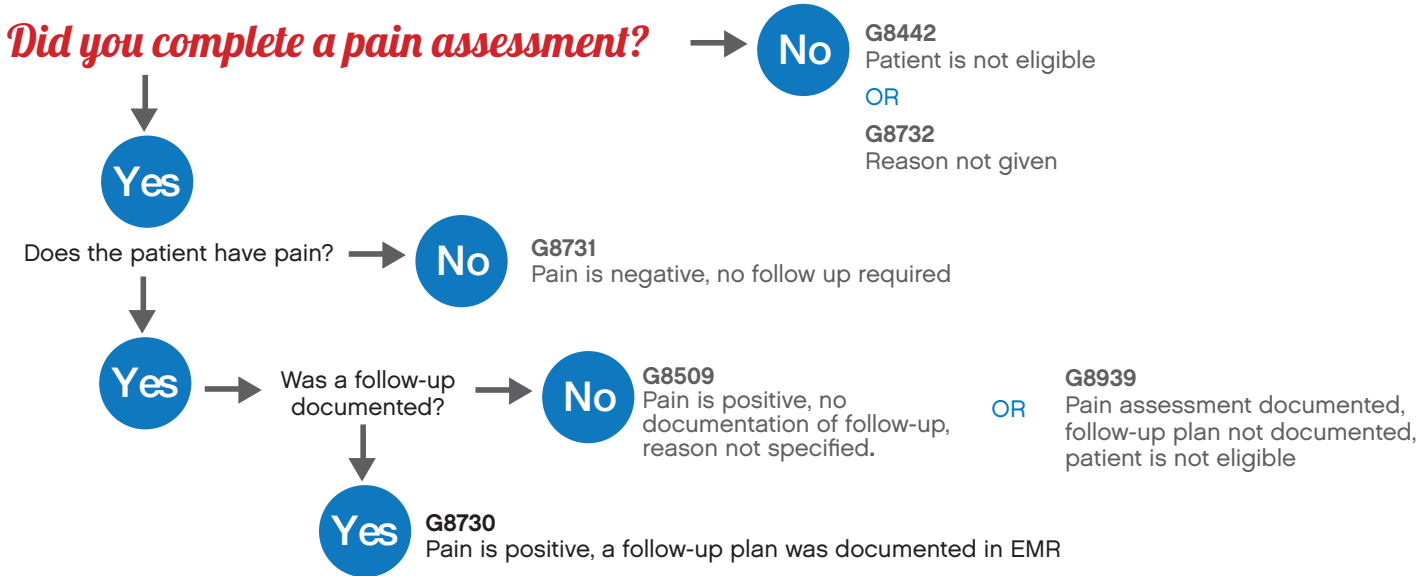
G8427

Documented patient's medications,
including drug name, dosage,
frequency and route

PQRS Measures

MEASURE #131 - PAIN ASSESSMENT AND FOLLOW UP

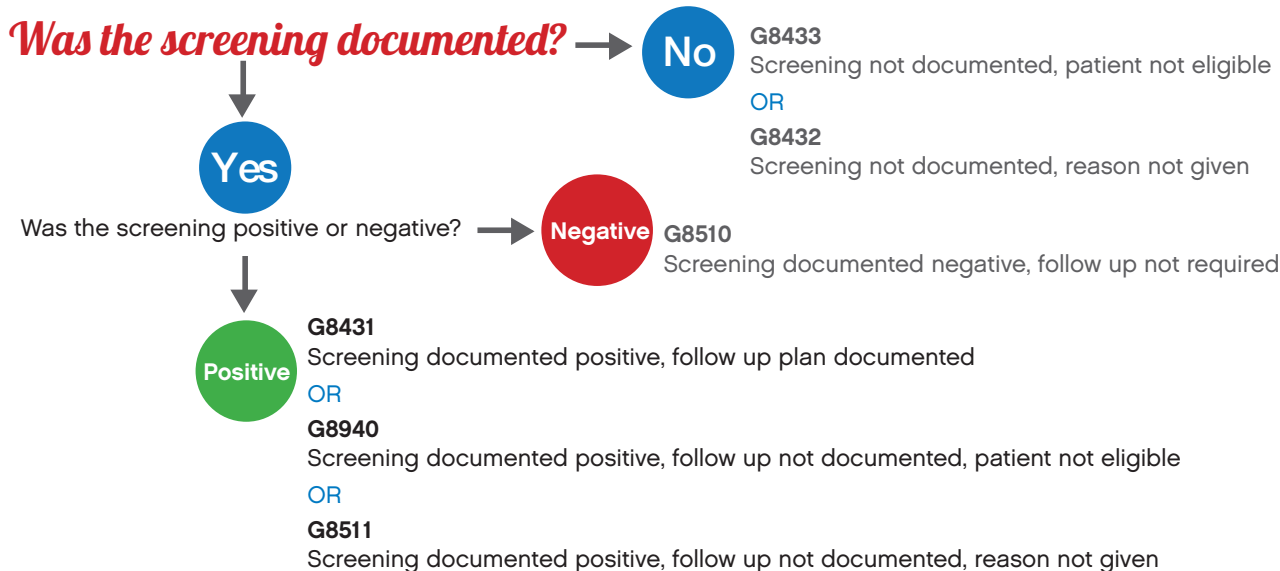
CPT Codes: 97001, 97002, 97003, 97004; 98940, 98941, 98942; Frequency: each visit



PQRS Measures

MEASURE #134 - PREVENTIVE CARE AND SCREENING FOR CLINICAL DEPRESSION

CPT Codes: 97003; Frequency: once per reporting period



PQRS Measures

MEASURE #154 - FALLS - RISK ASSESSMENT

(this is a two part measure which is paired with Measure #155)

CPT Codes: 97001, 97002, 97003, 97004; Frequency: once per reporting period

Does the patient have more than 2 falls or any falls within the injury period in the last year?



1101F
Patient is not eligible but screened for future falls

OR

1101F - 8P
Patient is not eligible, no documented falls with modifier 8P not performed, reason not specified



1100F
Patient screened for future falls, documented

RECORD & CONTINUE



Was a fall assessment completed?



3288F - 8P
Fall documented with modifier 8P, not performed, reason not specified; **MAY CONTINUE WITH FALLS - PLAN OF CARE**

OR

3288F - 1P
Fall documented with modifier 1P, not performed due to medical reason



3288F
Fall documented; **MAY CONTINUE WITH FALLS - PLAN OF CARE**

PQRS Measures

MEASURE #155 - FALLS - PLAN OF CARE

(this is a two part measure which is paired with Measure #154)

CPT Codes: 97001, 97002, 97003, 97004; Frequency: once per reporting period

Did you complete a plan of care for the patient?



No

0518F - 8P

Plan of care is not documented with modifier 8P, not performed, reason not specified

OR

0518F - 1P

Plan of care is not documented with modifier 1P, not performed due to medical reason

Yes

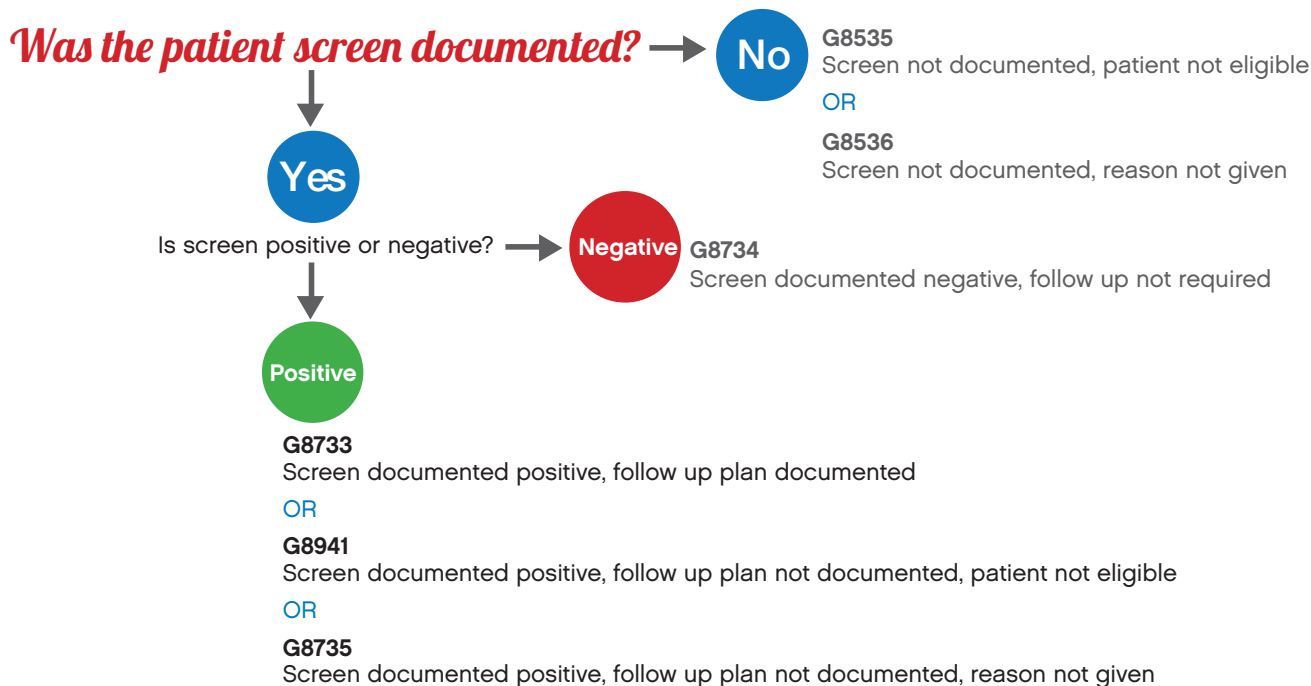
0518F

Plan of care is documented in EMR

PQRS Measures

MEASURE #181 - ELDER MALTREATMENT SCREEN AND FOLLOW UP PLAN

CPT Codes: 97003; Frequency: once per reporting period



PQRS Measures

MEASURE #182 - FUNCTIONAL OUTCOME ASSESSMENT

CPT Codes: 97001, 97002, 97003, 97004, 98940, 98941, 98942; Frequency: each visit

Did you complete a functional outcome assessment? →

No

G8540

Patient is not eligible

OR

G8541

Reason not given

Yes

Were there any deficiencies? →

No

G8542

Documented no deficiencies, plan of care not required

Yes

DOCUMENT DEFICIENCIES →

Was a plan of care created? →

No

G8543

Documented assessment, but no documentation of plan of care, reason not specified

OR

G9227 - NEW!

Functional outcome assessment documented, care plan not documented, patient is not eligible

Yes

G8539

Documented assessment and the plan of care based on the identified deficiencies

OR

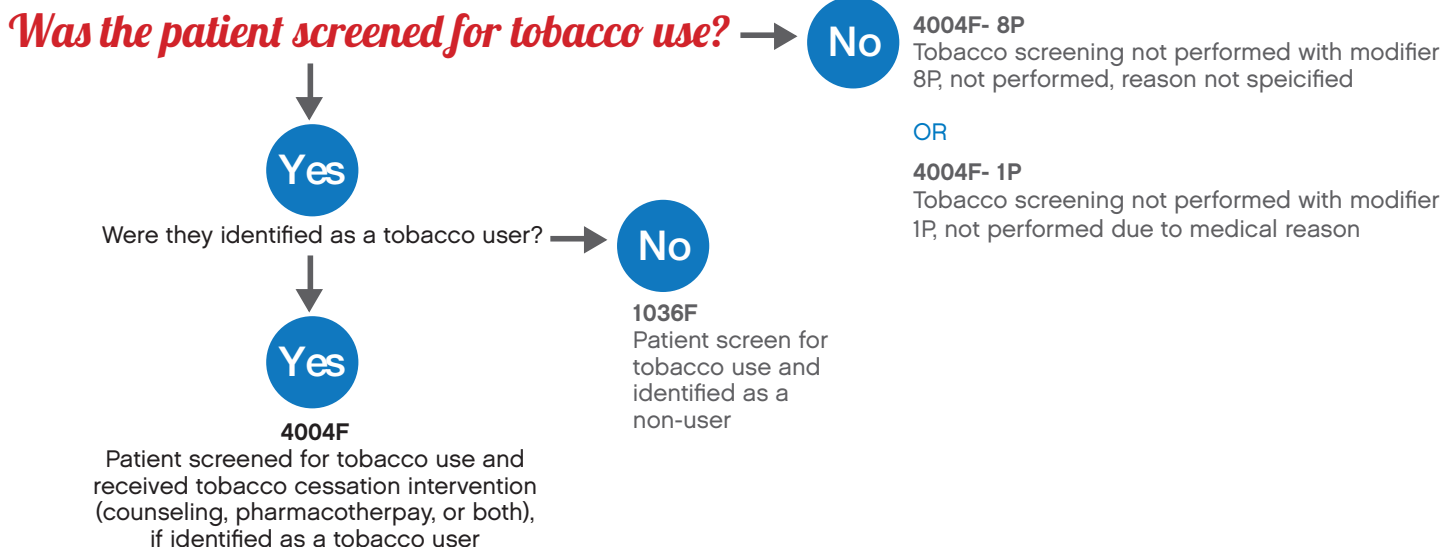
G8942

Documented assessment and the plan of care within previous 30 days

PQRS Measures

MEASURE #226 - TOBACCO USE - SCREENING AND CESSATION INTERVENTION

CPT Codes: 97003, 97004; Frequency: once per reporting period



PQRS Measures

MEASURE #245 - CHRONIC WOUND CARE: USE OF WOUND SURFACE CULTURE TECHNIQUE IN PATIENTS WITH CHRONIC SKIN ULCERS (OVERUSE MEASURE)

CPT Codes: 97001, 97002; Frequency: each visit

Was wound surface culture technique used? →

No

4261F

Technique other than surface culture of the wound exudate used or wound surface culture technique not used

Yes

4260F

Wound surface culture technique used

OR

4260F with 1P

Documentation of medical reason(s) for using a wound surface culture technique

PQRS Measures

MEASURE #317 - PREVENTITIVE CARE AND SCREENING

CPT Codes: 97532, 98940, 98941, 98942; Frequency: once per reporting period

Was the patient screened for high blood pressure? →

No

G8784

BP reading not documented,
patient not eligible

OR

G8785

BP reading not documented,
reason not given

Yes

Is BP reading documented? →

No

G8951

Pre-Hypertensive or hypertensive BP reading documented,
follow up not documented, patient not eligible

OR

G8952

Pre-Hypertensive or hypertensive BP reading documented,
follow up not documented, reason not given

Yes

G8783

Normal BP reading documented,
follow up not required

OR

G8950

Pre-Hypertensive or hypertensive BP reading
documented, follow up documented