Medicare requires that practitioners 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

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**Did you perform a BMI assessment?**

- **Yes**
  - Was the patient’s BMI normal* (between 18.5-25)?
    - **Yes**
      - BMI calculated as normal and documented in EMR
      - G8420
    - **No**
      - BMI calculated outside of normal parameter, no follow-up
      - G8419
      - G8938
      - BMI calculated, but patient is not eligible for follow-up

- **No**
  - Patient is not eligible
    - G8422
  - BMI was not calculated at visit
    - G8421

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*Normal BMI for age 65+ is >=23 and <30; Age 18-64 is >=18.5 and <25*
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
MEASURE #131 - PAIN ASSESSMENT AND FOLLOW UP

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

Did you complete a pain assessment?

Yes

Does the patient have pain?

Yes

Was a follow-up documented?

Yes

G8442 Patient is not eligible

No

G8732 Reason not given

No

G8731 Pain is negative, no follow up required

No

G8509 Pain is positive, no documentation of follow-up, reason not specified.

G8939 Pain assessment documented, follow-up plan not documented, patient is not eligible

Yes

G8730 Pain is positive, a follow-up plan was documented in EMR
MEASURE #134 - PREVENTIVE CARE AND SCREENING FOR CLINICAL DEPRESSION

CPT Codes: 97003; Frequency: once per reporting period

**Was the screening documented?**

- **Yes**
  - Was the screening positive or negative?
    - **Positive**: G8431 Screening documented positive, follow up plan documented
    - **Negative**: G8510 Screening documented negative, follow up not required

- **No**
  - G8433 Screening not documented, patient not eligible
  - G8432 Screening not documented, reason not given

**Positive**

**Negative**
**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?**

- **Yes**
  - 1100F
  - Patient screened for future falls, documented
  - RECORD & CONTINUE

- **No**
  - 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

- **Was a fall assessment completed?**
  - **Yes**
    - 3288F
    - Fall documented; MAY CONTINUE WITH FALLS - PLAN OF CARE
  - **No**
    - 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
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?

Yes

0518F
Plan of care is documented in EMR

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
**PQRS Measures**

**MEASURE #181 - ELDER MALTREATMENT SCREEN AND FOLLOW UP PLAN**

CPT Codes: 97003; Frequency: once per reporting period

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**Was the patient screen documented?**

- **Yes**
  - **Positive**
    - G8733
      - Screen documented positive, follow up plan documented
      - OR
      - G8941
        - Screen documented positive, follow up plan not documented, patient not eligible
      - OR
      - G8735
        - Screen documented positive, follow up plan not documented, reason not given
  - **Negative**
    - G8734
      - Screen documented negative, follow up not required

- **No**
  - G8535
    - Screen not documented, patient not eligible
    - OR
  - G8536
    - Screen not documented, reason not given

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**MEASURE #182 - FUNCTIONAL OUTCOME ASSESSMENT**

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

**Did you complete a functional outcome assessment?**

- **Yes**
  - Were there any deficiencies?
    - **No**
      - G8542 Documented no deficiencies, plan of care not required
    - **Yes**
      - Document deficiencies

- **No**
  - G8540 Patient is not eligible
    - OR
    - G8541 Reason not given

**Was a plan of care created?**

- **Yes**
  - G8539 Documented assessment and the plan of care based on the identified deficiencies

- **No**
  - G8543 Documented assessment, but no documentation of plan of care, reason not specified
    - OR
    - G8942 Documented assessment and the plan of care within previous 30 days

**DOCUMENT DEFICIENCIES**

- G8942 Documented assessment and the plan of care within previous 30 days

**G9227 - NEW!**

- Functional outcome assessment documented, care plan not documented, patient is not eligible
**MEASURE #226 - TOBACCO USE - SCREENING AND CESSATION INTERVENTION**

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

**Was the patient screened for tobacco use?**

- **Yes**
  - Were they identified as a tobacco user? **No**
    - **1036F**
      - Patient screened for tobacco use and identified as a non-user
  - **Yes**
    - **4004F**
      - Patient screened for tobacco use and received tobacco cessation intervention (counseling, pharmacotherapy, or both), if identified as a tobacco user

- **No**
  - **4004F-8P**
    - Tobacco screening not performed with modifier 8P, not performed, reason not specified
  - **4004F-1P**
    - Tobacco screening not performed with modifier 1P, not performed due to medical reason
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

4260F
Wound surface culture technique used

OR

4260F with 1P
Documentation of medical reason(s) for using a wound surface culture technique
Was the patient screened for high blood pressure?

- Yes
  - Is BP reading documented?
    - No
      - G8784
        - BP reading not documented, patient not eligible
      - OR
        - G8785
        - BP reading not documented, reason not given
    - Yes
      - 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
  - No
    - G8783
      - Normal BP reading documented, follow up not required
    - OR
      - G8950
      - Pre-Hypertensive or hypertensive BP reading documented, follow up documented