

PQRS 2015

A Glossary and Chart

Physician Quality Reporting System

Quick Summary

The Physician Quality Reporting System (PQRS) was created in 2007 by Medicare to develop a baseline for the way that 300 medical conditions are treated in several different contexts, i.e., Measures (Quality Data Codes), Domains, and Cross-Cutting Measures (screening tools). The goal is to reduce costs.

LCSWs who are Medicare providers must submit PQRS data in 2015 or face a reimbursement penalty in 2017; all penalties occur two years after data is submitted. Required measures will change every year. The attached chart summarizes the PQRS data required for LCSWs in 2015.

PQRS Glossary

Measures – the areas of medical treatment that are used to report PQRS data

Quality Data Codes (QDCs) – the codes that are reported on the CMS-1500 (02/12) for measures

Domains – 6 general areas to which the measures are assigned. Only 3 apply to measures LCSWs can use this year, and only 2 of those can be used without a registry..

CCC	Communication and Care Coordination	-- registry only
CPH	Community/Population Health	-- claims-based (use on CMS-1500)
PS	Patient Safety	-- claims-based (use on CMS-1500)

Clusters –14 groups of related measures. These do not apply to LCSWs in 2015.

Cross-Cutting Measures – assessment/screening tools that meet the requirements of most PQRS measures for mental health.

Assessment tools

For Adults

<http://www.psychiatry.org/practice/dsm/dsm5/online-assessment-measures#Level1>

For Children & Adolescents

<http://www.psychiatry.org/practice/dsm/dsm5/online-assessment-measures#Level2>

PQRS Measures for LCSWs 2015

<p align="center">Measure CMS-1500 or registry</p>	<p align="center">QDC Code put on form</p>	<p align="center">Description</p>	<p align="center">Domain</p>	<p align="center">Frequency</p>	<p align="center">Need MD or ARNP info</p>	
<p>46*</p>	<p>Medication Reconciliation Following Hospital Discharge (includes SNFs, Rehabilitation Facilities) Must be seen by LCSW within 30 days of discharge by LCSW. Information must be received from hospital or facility or treating outpatient physician (CCM) (REGISTRY ONLY)</p>	<p align="center">1111F</p>	<p>Medications reconciled following discharge</p>	<p align="center">CCC</p>	<p>Within 30 days of every discharge</p>	<p align="center">Yes</p>
		<p align="center">1111F.8P</p>	<p>Medications not reconciled following discharge</p>			
<p>128</p>	<p>Documentation of Body Mass Index (BMI) (CCM)</p>	<p align="center">G8420</p>	<p>Current BMI (Normal)</p>	<p align="center">CPH</p>	<p>Yearly, based on verbal or written report from physician or ARNP</p>	<p align="center">Yes</p>
		<p align="center">G8418</p>	<p>Current BMI (Below normal)</p>			
		<p align="center">G8417</p>	<p>Current BMI (Above normal)</p>			
		<p align="center">G8419</p>	<p>Current BMI not documented, reason not given</p>			
<p>130</p>	<p>Documentation of Current Medications in the Medical Record (CCM)</p>	<p align="center">G8427</p>	<p>Current medications documented</p>	<p align="center">PS</p>	<p>Every session, with report by patient or physician/prescriber</p>	<p align="center">Yes, or patient</p>
		<p align="center">G8430</p>	<p>Current medications not documented</p>			
<p>131</p>	<p>Documentation of Pain Assessment in the Medical Record (CCM)</p>	<p align="center">G8731</p>	<p>Pain Assessment documented as negative</p>	<p align="center">CPH</p>	<p>At first session <u>only</u>, through report from physician or ARNP</p>	<p align="center">Yes</p>
		<p align="center">G8730</p>	<p>Pain Assessment documented as positive with follow up plan</p>			

PQRS Measures for LCSWs 2015

Measure CMS-1500 or registry	QDC Code put on form	Description	Domain	Frequency	Need MD or ARNP info
134 Preventive Care and Screening for Clinical Depression and Follow-Up Plan (CCM)	G8431	Positive screen for clinical depression with a documented follow-up plan	CPH	Yearly	Yes
	G8510	Negative screen for clinical depression, follow-up not required			
	G8433	Screening for clinical depression not documented, patient not eligible/appropriate			
	G8940	Screening for clinical depression documented, follow-up plan was not			
173* Preventive Care and Screening for Unhealthy Alcohol Use -- (Covers a spectrum that is associated with varying degrees of risk to health. Categories representing unhealthy alcohol use include risky use, problem drinking, harmful use, and alcohol abuse, and the less common, but more severe, alcoholism and alcohol dependence. Risky use is defined as > 7 standard drinks per week or > 3 drinks per occasion for women and persons > 65 years of age; > 14 standard drinks per week or > 4 drinks per occasion for men ≤ 65 years of age.) (CCM) (REGISTRY ONLY)	3016F	Patient screened for unhealthy alcohol use using a systematic screening method	CPH	Yearly	No
	3016F-1P	Unhealthy alcohol use screening not performed, for medical reasons, document reason for no screening			
	3016F-8P	Unhealthy alcohol use screening not performed, reason not otherwise specified			
181 Elder Maltreatment Screen and Follow-Up Plan (not a CCM)	G8733	Documentation of a positive elder maltreatment screen and documented follow-up plan at the time of the screening	PS	Yearly	No
	G8734	Elder maltreatment screen documented as negative			
226 Screening for Preventive Care for Tobacco Use and Cessation Intervention (CCM)	4004F	Patient screened for tobacco use and received tobacco cessation intervention (counseling, pharmacotherapy, or both), if identified as a tobacco user	CPH	Yearly	No
	1036F	Current tobacco non-user; patient screened for tobacco use and Identified as a non-user of tobacco			

PQRS Measures for LCSWs 2015

Measure CMS-1500 or registry	QDC Code put on form	Description	Domain	Frequency	Need MD or ARNP info	
325*	Major Depressive Disorder – Coordination with Co-morbid Conditions (including diabetes; coronary artery disease; stroke; chronic kidney disease; congestive heart failure) (CCM) (REGISTRY ONLY)	G8959	Communication on co-morbid conditions with other health care providers completed	CCC	Yearly	Yes
		G8960	Communication on co-morbid conditions with other health care providers not completed			
402*	Help Adolescents Discontinue Smoking (CCM) (REGISTRY ONLY)	G9458	Discussion of health risks of smoking or referral to smoking cessation program	CPH	Yearly	No
		G9459	Patient is non-smoker			
		G9460	Smoking cessation intervention not completed			

Assessment tools

For Adults

<http://www.psychiatry.org/practice/dsm/dsm5/online-assessment-measures#Level1>

For Children & Adolescents

<http://www.psychiatry.org/practice/dsm/dsm5/online-assessment-measures#Level2>