

2015 PQRS Individual, Claims Reported Measures- PT and OT

#	Description	Reporting CPT codes	Frequency of reporting	Quality Data Codes
128	BMI Screening and follow up Pt ≥ 18 years old.  Age 65 years and older BMI ≥ 23 and < 30 kg/m <sup>2</sup> Age 18 – 64 years BMI ≥ 18.5 and < 25 kg/m <sup>2</sup>	97001 97003	Initial visit or within past 6 months. Any diagnosis.	G8420: BMI doc, WNL, no f/u G8417: BMI>normal, f/u doc G8418: BMI<normal, f/u doc G8422: BMI not doc, pt. not eligible G8938: BMI abnormal, pt not eligible for f/u G8421: No BMI done, no reason G8419: BMI abnormal, no f/u, no reason
130	Documentation and Verification of Current Medications in the Medical Record Pt.≥ 18 years old	97001 97002 97003 97004	Every visit eligible CPT codes reported.	G8427: met G8430: not doc, pt. n/e G8428: not doc, no reason
131	Pain Assessment (PA) Prior to Treatment Pt.≥ 18 years old	97001 97002 97003 97004	Every visit eligible CPT codes reported	G8730: PA +, doc, f/u doc. G8731: PA-, doc, no f/u G8442: PA not doc, pt n/e G8939: PA+, doc, no f/u, pt n/e G8732: PA not doc, no reason G8509: PA+, doc, no f/u, no reason
154	Falls Risk Assessment (FRA) Pt ≥ 65	97001 97002 97003 97004	Once per 12 months, any diagnosis.	3288F + 1100F: FRA documented, pt screened: ≥2 falls. 3288F-1P+1100F: FRA not done, m/r. pt screened:≥ 2 falls. 1101F: pt n/e, pt screened, ≤ 1 fall. 1101F-8P: no doc of falls status

				3288F-8P+ 1100F:FRA not complete, no reason; pt. screened $\geq 2$ falls
155	Falls Plan of Care Pt $\geq 65$	97001 97002 97003 97004	Must be reported if 1100F is reported, any diagnosis, once per 12 months.	0518F-POC documented 0518F-1P: POC not documented for medical reasons 0518F-8P: POC not doc. No reason
182	Functional Outcome Assessment (FOA) Pt. $\geq 18$ years old	97001 97002 97003 97004	Each visit	G8539: FOA+, doc, POC doc G8542: FOA -,doc, no POC required. G8942:FOA+.doc, poc doc w/in 30 days G8540: FOA not doc, pt n/e G9227: FOA +, doc, poc not doc, pt n/e G8541: FOA not doc, no reason G8543: FOA+, doc, POC not doc, no reason

Note: f/u= follow up  
m/r= medical reason  
n/e= not eligible  
poc=plan of care  
 $\leq$  less than  
 $\geq$ greater than  
+= positive assessment  
-= negative assessment