

◆ Measure #111 (NQF 0043): Preventive Care and Screening: Pneumococcal Vaccination for Patients 65 Years and Older

2013 PQRS OPTIONS FOR INDIVIDUAL MEASURES:
CLAIMS, REGISTRY

DESCRIPTION:

Percentage of patients aged 65 years and older who have ever received a pneumococcal vaccine

INSTRUCTIONS:

This measure is to be reported a minimum of once per reporting period for patients seen during the reporting period. There is no diagnosis associated with this measure. Performance for this measure is not limited to the reporting period. This measure may be reported by clinicians who perform the quality actions described in the measure based on services provided and the measure-specific denominator coding.

Measure Reporting via Claims:

CPT or HCPCS codes and patient demographics are used to identify patients who are included in the measure's denominator. CPT Category II codes are used to report the numerator of the measure.

When reporting the measure via claims, submit the listed CPT or HCPCS codes, and the appropriate CPT Category II code OR the CPT Category II code with the modifier. The modifiers allowed for this measure are: 1P- medical reasons, 8P- reason not otherwise specified. All measure-specific coding should be reported on the claim(s) representing the eligible encounter.

Measure Reporting via Registry:

CPT or HCPCS codes and patient demographics are used to identify patients who are included in the measure's denominator. The numerator options as described in the quality-data codes are used to report the numerator of the measure.

The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

DENOMINATOR:

All patients 65 years and older

Denominator Criteria (Eligible Cases):

Patients aged \geq 65 years on date of encounter

AND

Patient encounter during the reporting period (CPT or HCPCS): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99218, 99219, 99220, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99356, 99357, G0402

NUMERATOR:

Patients who have ever received a pneumococcal vaccination

Numerator Quality-Data Coding Options for Reporting Satisfactorily:

Pneumococcal Vaccination Administered or Previously Received

CPT II 4040F: Pneumococcal vaccine administered or previously received

OR

Date: 12/19/2012

Version 7.2

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Pneumococcal Vaccination not Administered or Previously Received for Medical Reasons

Append a modifier (1P) to CPT Category II code **4040F** to report documented circumstances that appropriately exclude patients from the denominator.

4040F with 1P: Documentation of medical reason(s) for not administering or previously receiving pneumococcal vaccination

OR

Pneumococcal Vaccination not Administered or Previously Received, Reason not Otherwise Specified

Append a reporting modifier (8P) to CPT Category II code **4040F** to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

4040F with 8P: Pneumococcal vaccine was not administered or previously received, reason not otherwise specified

RATIONALE:

Pneumonia is a common cause of illness and death in the elderly and persons with certain underlying conditions such as heart failure, diabetes, cystic fibrosis, asthma, sickle cell anemia, or chronic obstructive pulmonary disease (NHLBI, 2011). In 1998, an estimated 3,400 adults aged > 65 years died as a result of invasive pneumococcal disease (IPD) (CDC, 2003). Pneumococcal infection accounts for more deaths than any other vaccine-preventable bacterial disease.

Among the 91.5 million US adults aged > 50 years, 29,500 cases of IPD, 502,600 cases of nonbacteremic pneumococcal pneumonia and 25,400 pneumococcal-related deaths are estimated to occur yearly; annual direct and indirect costs are estimated to total \$3.7 billion and \$1.8 billion, respectively. Pneumococcal disease remains a substantial burden among older US adults, despite increased coverage with 23-valent pneumococcal polysaccharide vaccine, (PPV23) and indirect benefits afforded by PCV7 vaccination of young children (Weycker, et al., 2011).

The Centers for Disease Control and Prevention (CDC) also analyzed cost-effectiveness of a measure for pneumococcal immunization. Using conservative health impact figures, the study's principal conclusions indicate that a 10 percent absolute increase in immunization among Medicare HMO enrollees would result in cost savings of \$8,471 for an average HMO with 17,000 enrollees, and that deaths due to pneumococcal disease would be reduced. The study only considers the prevention of pneumococcal bacteria; actual savings may be greater, as vaccination is also likely to confer protection against pneumococcal pneumonia (nonbacteremic pneumococcal). Vaccination has been found to be effective against bacteremic cases (OR: 0.34; 95% CI: 0.27–0.66) as well as nonbacteremic cases (OR: 0.58; 95% CI: 0.39–0.86). Vaccine effectiveness was highest against bacteremic infections caused by vaccine types (OR: 0.24; 95% CI: 0.09–0.66) (Vila-Corcoles, et al., 2009).

The disease burden is large for older adults and the potential for prevention is high. Pneumococcal infections result in significant health care expenditures each year, and vaccination is safe and effective. Modest cash outlays for vaccination have been shown to result in substantial cost savings and significantly lower morbidity.

CLINICAL RECOMMENDATION STATEMENTS:

The Advisory Committee on Immunization Practices' (ACIP) Updated Recommendations for Prevention of Invasive Pneumococcal Disease Among Adults Using the 23-Valent Pneumococcal Polysaccharide Vaccine recommends pneumococcal vaccine for all immunocompetent individuals who are 65 and older or otherwise at increased risk for pneumococcal disease. Routine revaccination is not recommended, but a second dose is appropriate for those who received PPV23 before age 65 years for any indication if at least 5 years have passed since their previous dose (USPSTF, 1989; ACIP, 2010). Both primary vaccination and revaccination with PPV23 induce antibody responses that persist during 5 years of observation (Musher, et al., 2010). Subsequently, Medicare Part B fully covers the cost of the vaccine and its administration every five years.