PERIOPERATIVE CARE MEASURES GROUP OVERVIEW

<u>2013 PQRS OPTIONS FOR MEASURES GROUPS:</u>
CLAIMS, REGISTRY

2013 PQRS MEASURES IN PERIOPERATIVE CARE MEASURES GROUP:
#20. Perioperative Care: Timing of Prophylactic Parenteral Antibiotic – Ordering Physician
#21. Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin
#22. Perioperative Care: Discontinuation of Prophylactic Parenteral Antibiotics (Non-Cardiac Procedures)
#23. Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients)

INSTRUCTIONS FOR REPORTING: (These instructions apply to both Claims and Registry reporting, unless otherwise specified.)

- Indicate your intention to report the Perioperative Care Measures Group by submitting the measures group-specific intent G-code at least once during the reporting period when billing a patient claim for the 20 Patient Sample Method. It is not necessary to submit the measures group-specific intent G-code on more than one claim. It is not necessary to submit the measures group-specific intent G-code for registry-based submissions.

    G8492: I intend to report the Perioperative Care Measures Group

- Select patient sample method:
    20 Patient Sample Method via claims: 20 unique Medicare Part B FFS (fee for service) procedures (patients) meeting patient sample criteria for the measures group.
    <u>OR</u>
    20 Patient Sample Method via registries: 20 unique procedures (patients - a majority of which must be Medicare Part B FFS patients) meeting patient sample criteria for the measures group during the reporting period (January 1 through December 31, 2013 <u>OR</u> July 1 through December 31, 2013).

- Patient sample criteria for the Perioperative Care Measures Group are patients aged 18 years and older that have a specific surgical procedure performed:

    One of the following surgical procedure codes: 0236T, 15734, 15830, 15832, 15833, 15834, 15835, 15836, 15837, 19260, 19271, 19272, 19300, 19305, 19306, 19307, 19316, 19318, 19324, 19361, 19364, 19366, 19367, 19368, 19369, 19380, 21627, 21632, 21740, 21750, 21805, 21825, 22558, 22600, 22612, 22630, 27080, 27125, 27130, 27132, 27134, 27137, 27138, 27158, 27202, 27235, 27236, 27244, 27245, 27269, 27280, 27282, 27440, 27441, 27442, 27443, 27445, 27446, 27447, 27880, 27881, 27882, 27884, 27886, 27888, 31760, 31766, 31770, 31775, 31786, 31805, 32096, 32097, 32098, 32100, 32110, 32120, 32124, 32140, 32141, 32150, 32215, 32220, 32225, 32310, 32320, 32440, 32442, 32445, 32480, 32482, 32484, 32486, 32488, 32491, 32505, 32506, 32507, 32800, 32810, 32815, 32900, 32905, 32906, 32940, 33020, 33025, 33030, 33031, 33050, 33300, 33310, 33320, 33877, 33880, 33881, 33883, 33886, 33889, 33891, 34051, 34800, 34802, 34803, 34804, 34805, 34812, 34820, 34825, 34830, 34831, 34832, 34833, 34834, 34900, 35011, 35013, 35021, 35081, 35082, 35091, 35092, 35102, 35103, 35131, 35141, 35142, 35151, 35152, 35206, 35216, 35246, 35266, 35271, 35276, 35301, 35311, 35363, 35371, 35372, 35460, 35512, 35521, 35522, 35523, 35525, 35526, 35533, 35537, 35538, 35539, 35540, 35556, 35558, 35565, 35566, 35570, 35571, 35572, 35583, 35585, 35587, 35601, 35606, 35612, 35616, 35621, 35623, 35626, 35631, 35632, 35633, 35634, 35636, 35637, 35638, 35642, 35645, 35646, 35647, 35650,

35654, 35656, 35661, 35663, 35665, 35666, 35671, 36830, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231, 37235, 37616, 37617, 38100, 38101, 38115, 38120, 38381, 38571, 38572, 38700, 38720, 38724, 38740, 38745, 38746, 38747, 38760, 38765, 38770, 38780, 39000, 39010, 39200, 39220, 39545, 39561, 43020, 43030, 43045, 43100, 43101, 43107, 43108, 43112, 43113, 43116, 43117, 43118, 43121, 43122, 43123, 43124, 43130, 43135, 43279, 43280, 43281, 43282, 43300, 43305, 43310, 43312, 43313, 43314, 43320, 43325, 43327, 43328, 43330, 43331, 43332, 43333, 43334, 43335, 43336, 43337, 43340, 43341, 43350, 43351, 43352, 43360, 43361, 43400, 43401, 43405, 43410, 43415, 43420, 43425, 43496, 43500, 43501, 43502, 43510, 43520, 43605, 43610, 43611, 43620, 43621, 43622, 43631, 43632, 43633, 43634, 43635, 43640, 43641, 43644, 43645, 43651, 43652, 43653, 43800, 43810, 43820, 43825, 43830, 43832, 43840, 43843, 43845, 43846, 43847, 43848, 43850, 43855, 43860, 43865, 43870, 43880, 44005, 44010, 44020, 44021, 44050, 44055, 44120, 44125, 44126, 44127, 44130, 44140, 44141, 44143, 44144, 44145, 44146, 44147, 44150, 44151, 44155, 44156, 44157, 44158, 44160, 44180, 44186, 44187, 44188, 44202, 44204, 44205, 44206, 44207, 44208, 44210, 44211, 44212, 44227, 44300, 44310, 44312, 44314, 44316, 44320, 44322, 44340, 44345, 44346, 44602, 44603, 44604, 44605, 44615, 44620, 44625, 44626, 44640, 44650, 44660, 44661, 44680, 44700, 45000, 45020, 45110, 45111, 45112, 45113, 45114, 45116, 45119, 45120, 45121, 45123, 45126, 45130, 45135, 45136, 45150, 45160, 45171, 45172, 45395, 45397, 45400, 45402, 45540, 45541, 45550, 45560, 45562, 45563, 45800, 45805, 45820, 45825, 47100, 47120, 47122, 47125, 47130, 47140, 47141, 47142, 47350, 47400, 47420, 47425, 47460, 47480, 47560, 47561, 47562, 47563, 47564, 47570, 47600, 47605, 47610, 47612, 47620, 47630, 47700, 47701, 47711, 47712, 47715, 47720, 47721, 47740, 47741, 47760, 47765, 47780, 47785, 47800, 47801, 47802, 47900, 48000, 48001, 48020, 48100, 48102, 48105, 48120, 48140, 48145, 48146, 48148, 48150, 48152, 48153, 48154, 48155, 48500, 48510, 48520, 48540, 48545, 48547, 48548, 48554, 48556, 49000, 49002, 49010, 49020, 49021, 49040, 49041, 49060, 49203, 49204, 49205, 49215, 49220, 49250, 49320, 49321, 49322, 49323, 49505, 49507, 49568, 50320, 50340, 50360, 50365, 50370, 50380, 57267, 58150, 58152, 58180, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290, 58291, 58292, 58293, 58294, 58951, 58953, 58954, 58956, 60521, 60522, 61312, 61313, 61315, 61510, 61512, 61518, 61548, 61697, 61700, 62230, 63015, 63020, 63047, 63056, 63081, 63267, 63276, 64746

NOTE: CPT Category I procedure codes billed by surgeons performing surgery on the same patient, submitted with modifier 62 (indicating two surgeons, i.e., dual procedures) will be included in the denominator population. Both surgeons participating in PQRS will be fully accountable for the clinical action described in the measure.

- Report quality-data codes (QDCs) on **all** measures within the Perioperative Care Measures Group for each procedure (patient) within the eligible professional's patient sample.

- Instructions for quality-data code reporting for each of the measures within the Perioperative Care Measures Group are displayed on the next several pages. If all quality actions for the patient have been performed for all the measures within the group, the following composite G-code may be reported in lieu of the individual quality-data codes for each of the measures within the group. It is not necessary to submit the following composite G-code for registry-based submissions.

  Composite G-code G8501: All quality actions for the applicable measures in the Perioperative Care Measures Group have been performed for this patient

- To report satisfactorily the Perioperative Care Measures Group it requires **all** measures for each patient within the eligible professional's patient sample to be reported each time a surgical procedure is performed during the reporting period.

- Measures groups containing a measure with a 0% performance rate will not be counted as satisfactorily reporting the measures group. The recommended clinical quality action must be

performed on at least one patient for each measure within the measures group reported by the eligible professional. Performance exclusion quality-data codes are not counted in the performance denominator. If the eligible professional submits all performance exclusion quality-data codes, the performance rate would be 0/0 and would be considered satisfactorily reporting.

- When using the 20 Patient Sample Method via claims, report all measures for the 20 unique Medicare Part B FFS procedures performed (patients seen). When using the 20 Patient Sample Method via registries, report all measures for the 20 unique procedures performed (patients seen), a majority of which must be Medicare Part B FFS patients.

- For claims-based submissions, the Carrier/MAC remittance advice notice sent to the practice will show a denial remark code (N365) for the line item on the claim containing <u>G8492</u> (and <u>G8501</u> if reported) as well as all other line items containing QDCs. N365 indicates that the code is not payable and is used for reporting/informational purposes only. Other services/codes on the claim will not be affected by the addition of a measures group-specific intent G-code or other QDCs. The N365 remark code does NOT indicate whether the QDC is accurate for that claim or for the measure the eligible professional is attempting to report, but does indicate that the QDC was processed and transmitted to the NCH.

NOTE: The detailed instructions in this specification apply exclusively to the reporting and analysis of the included measures under the measures groups option. For all other claims-based or registry-based reporting options, please see the measures' full specifications in the document "2013 Physician Quality Reporting System (PQRS) Measure Specifications Manual for Claims and Registry Reporting of Individual Measures" available for download from the CMS PQRS website.

Measure #20 (NQF 0270): Perioperative Care: Timing of Prophylactic Parenteral Antibiotic Ordering Physician

DESCRIPTION:
Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic parenteral antibiotics, who have an order for prophylactic parenteral antibiotic to be given within one hour (if fluoroquinolone or vancomycin, two hours), prior to the surgical incision (or start of procedure when no incision is required)

NUMERATOR:
Surgical patients who have an order for prophylactic parenteral antibiotic to be given within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required)

Numerator Instructions: There must be documentation of order (written order, verbal order, or standing order/protocol) specifying that prophylactic parenteral antibiotic is to be given within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required) OR documentation that prophylactic parenteral antibiotic *has* been given within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required).

Numerator Note: In the event surgery is delayed, as long as the patient is redosed (if clinically appropriate) the numerator coding should be applied.

Numerator Quality-Data Coding Options for Reporting Satisfactorily:
Table 1A: The antimicrobial drugs listed below are considered prophylactic parenteral antibiotics for the purposes of this measure. G8632 should be reported when antibiotics from this table were not ordered.

• Ampicillin/sulbactam	• Cefuroxime	• Gentamicin
• Aztreonam	• Ciprofloxacin	• Levofloxacin
• Cefazolin	• Clindamycin	• Metronidazole
• Cefmetazole	• Ertapenem	• Moxifloxacin
• Cefotetan	• Erythromycin base	• Neomycin
• Cefoxitin	• Gatifloxacin	• Vancomycin

Documentation of Order for Prophylactic Parenteral Antibiotic (written order, verbal order, or standing order/protocol)
G8629: Documentation of order for prophylactic parenteral antibiotics to be given within one hour (if fluoroquinolone or vancomycin, two hours) prior to surgical incision (or start of procedure when no incision is required)
OR
Documentation that Prophylactic Parenteral Antibiotic has been Given within One Hour Prior to the Surgical Incision (or start of procedure when no incision is required)
G8630: Documentation that administration of prophylactic parenteral antibiotic was initiated within one hour (if fluoroquinolone or vancomycin, two hours) prior to surgical incision (or start of procedure when no incision is required), as ordered
OR
Order for Prophylactic Parenteral Antibiotic not Given for Documented Reasons
G8631: Clinician documented that patient was not an eligible candidate for ordering prophylactic parenteral antibiotics to be given within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required)

OR

Order for Administration of Prophylactic Parenteral Antibiotic <u>not</u> Given, Reason not Given
G8632: Prophylactic parenteral antibiotics were <u>**not**</u> ordered to be given or given within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required), reason not given

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*Measure #21 (NQF 0268): Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin

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DESCRIPTION:
Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for a first OR second generation cephalosporin prophylactic antibiotic, who had an order for cefazolin OR cefuroxime for antimicrobial prophylaxis

NUMERATOR:
Surgical patients who had an order for cefazolin OR cefuroxime for antimicrobial prophylaxis

> **Numerator Instructions:** There must be documentation of order (written order, verbal order, or standing order/protocol) for cefazolin or cefuroxime for antimicrobial prophylaxis OR documentation that cefazolin or cefuroxime was *given*.
>
> *Numerator Note: In the event surgery is delayed, as long as the patient is redosed (if clinically appropriate) the numerator coding should be applied.*
>
> Numerator Quality-Data Coding Options for Reporting Satisfactorily:
> **Acceptable First and Second Generation Cephalosporin Prophylactic Antibiotics**
> First generation cephalosporin: cefazolin
> Second generation cephalosporin: cefuroxime
>
> **Documentation of Order for Cefazolin OR Cefuroxime for Antimicrobial Prophylaxis (written order, verbal order, or standing order/protocol)**
> **CPT II 4041F:** Documentation of order for cefazolin OR cefuroxime for antimicrobial prophylaxis
> *Note: CPT Category II code **4041F** is provided for antibiotic ordered or antibiotic given. Report CPT Category II code **4041F** if cefazolin OR cefuroxime was given for antimicrobial prophylaxis.*

OR

> **Order for First or Second Generation Cephalosporin not Ordered for Medical Reasons**
> Append a modifier (**1P**) to CPT Category II code **4041F** to report documented circumstances that appropriately exclude patients from the denominator.
> **4041F *with* 1P:** Documentation of medical reason(s) for not ordering cefazolin OR cefuroxime for antimicrobial prophylaxis

OR

> **Order for First or Second Generation Cephalosporin not Ordered, Reason not Otherwise Specified**
> Append a reporting modifier (**8P**) to CPT Category II code **4041F** to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.
> **4041F *with* 8P:** Order for cefazolin OR cefuroxime for antimicrobial prophylaxis was **not** documented, reason not otherwise specified

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*Measure #22 (NQF 0271): Perioperative Care: Discontinuation of Prophylactic Parenteral Antibiotics (Non-Cardiac Procedures)

DESCRIPTION:
Percentage of non-cardiac surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic parenteral antibiotics AND who received a prophylactic parenteral antibiotic, who have an order for discontinuation of prophylactic parenteral antibiotics within 24 hours of surgical end time

NUMERATOR:
Non-cardiac surgical patients who have an order for discontinuation of prophylactic parenteral antibiotics within 24 hours of surgical end time

> **Numerator Instructions:** There must be documentation of order (written order, verbal order, or standing order/protocol) specifying that prophylactic parenteral antibiotic is to be discontinued within 24 hours of surgical end time OR specifying a course of antibiotic administration limited to that 24-hour period (e.g., "to be given every 8 hours for three doses" or for "one time" IV dose orders) OR documentation that prophylactic parenteral *was* discontinued within 24 hours of surgical end time.

> *NUMERATOR NOTE: The correct combination of numerator code(s) must be reported on the claim form in order to properly report this measure. The "correct combination" of codes may require the submission of multiple numerator codes.*

> Numerator Quality-Data Coding Options for Reporting Satisfactorily:
> **Documentation of Order for Discontinuation of Prophylactic Parenteral Antibiotics (written order, verbal order, or standing order/protocol) Within 24 Hours of Surgical End Time**
> *(Two CPT II codes [4049F & 4046F] are required on the claim form to submit this numerator option)*
> **CPT II 4049F:** Documentation that order was given to discontinue prophylactic antibiotics within 24 hours of surgical end time, non-cardiac procedure
> > *Note: CPT Category II code 4049F is provided for documentation that antibiotic discontinuation was ordered or that antibiotic discontinuation was accomplished. Report CPT Category II code 4049F if antibiotics were discontinued within 24 hours.*
> <u>AND</u>
> **CPT II 4046F:** Documentation that prophylactic antibiotics were given within 4 hours prior to surgical incision or given intraoperatively

<u>OR</u>

> **Prophylactic Parenteral Antibiotics <u>not</u> Discontinued for Medical Reasons**
> *(Two CPT II codes [4049F-1P & 4046F] are required on the claim form to submit this numerator option)*
> Append a modifier (**1P**) to CPT Category II code **4049F** to report documented circumstances that appropriately exclude patients from the denominator.
> **4049F *with* 1P:** Documentation of medical reason(s) for not discontinuing prophylactic antibiotics within 24 hours of surgical end time
> <u>AND</u>
> **CPT II 4046F:** Documentation that prophylactic antibiotics were given within 4 hours prior to surgical incision or given intraoperatively

<u>OR</u>

> **If patient is not eligible for this measure because patient did not receive prophylactic parenteral antibiotics within specified timeframe, report:**
> *(One CPT II code [4042F] is required on the claim form to submit this numerator option)*

CPT II 4042F: Documentation that prophylactic antibiotics were neither given within 4 hours prior to surgical incision nor given intraoperatively

<u>OR</u>

Prophylactic Parenteral Antibiotics <u>not</u> Discontinued, Reason not Otherwise Specified
(Two CPT II codes [4049F-8P & 4046F] are required on the claim form to submit this numerator option)
Append a reporting modifier (**8P**) to CPT Category II code **4049F** to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.
4049F *with* **8P:** Order was <u>not</u> given to discontinue prophylactic antibiotics within 24 hours of surgical end time, non-cardiac procedure, reason not otherwise specified

<u>AND</u>

CPT II 4046F: Documentation that prophylactic antibiotics were given within 4 hours prior to surgical incision or given intraoperatively

*Measure #23 (NQF 0239): Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients)

DESCRIPTION:
Percentage of surgical patients aged 18 years and older undergoing procedures for which VTE prophylaxis is indicated in all patients, who had an order for Low Molecular Weight Heparin (LMWH), Low-Dose Unfractionated Heparin (LDUH), adjusted-dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end time

NUMERATOR:
Surgical patients who had an order for LMWH, LDUH, adjusted-dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end time

> Numerator Instructions: There must be documentation of order (written order, verbal order, or standing order/protocol) for VTE prophylaxis OR documentation that VTE prophylaxis was given.

> Definition:
> Mechanical Prophylaxis – Does not include TED hose.

> Numerator Quality-Data Coding Options for Reporting Satisfactorily:
> Appropriate VTE Prophylaxis Ordered
> CPT II 4044F: Documentation that an order was given for venous thromboembolism (VTE) prophylaxis to be given within 24 hours prior to incision time or 24 hours after surgery end time
> > Note: A single CPT Category II code is provided for VTE prophylaxis _ordered_ or VTE prophylaxis _given_. If VTE prophylaxis is given, report _4044F_.

OR

> VTE Prophylaxis not Ordered for Medical Reasons
> Append a modifier (1P) to CPT Category II code 4044F to report documented circumstances that appropriately exclude patients from the denominator.
> 4044F _with_ 1P: Documentation of medical reason(s) for patient not receiving any form of VTE prophylaxis (LMWH, LDUH, adjusted-dose warfarin, fondaparinux or mechanical prophylaxis) within 24 hours prior to incision time or 24 hours after surgery end time

OR

> VTE Prophylaxis not Ordered, Reason not Otherwise Specified
> Append a reporting modifier (8P) to CPT Category II code 4044F to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.
> 4044F _with_ 8P: Order was not given for venous thromboembolism (VTE) prophylaxis to be given within 24 hours prior to incision time or 24 hours after surgery end time, reason not otherwise specified

NOTE: The detailed instructions in this specification apply exclusively to the reporting and analysis of the included measures under the measures groups option. For all other claims-based or registry-based reporting options, please see the measures' full specifications in the document "2013 Physician Quality Reporting System (PQRS) Measure Specifications Manual for Claims and Registry Reporting of Individual Measures" available for download from the CMS PQRS website.