**Measure #110 (NQF 0041): Preventive Care and Screening: Influenza Immunization**

**2013 PQRS OPTIONS FOR INDIVIDUAL MEASURES:**
CLAIMS, REGISTRY

**DESCRIPTION:**
Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization

**INSTRUCTIONS:**
This measure is to be reported a minimum of once for visits for patients seen between January and March for the 2012-2013 influenza season AND a minimum of once for visits for patients seen between October and December for the 2013-2014 influenza season. This measure is intended to determine whether or not all patients aged 6 months and older received (either from the reporting physician or from an alternate care provider) or had an order for influenza immunization during the flu season. There is no diagnosis associated with this measure. This measure may be reported by clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

- If reporting this measure between January 1, 2013 and March 31, 2013, G-code G8482 should be reported when the influenza immunization is ordered or administered to the patient during the months of August, September, October, November, and December of 2012 or January, February, and March of 2013 for the flu season ending March 31, 2013.
- If reporting this measure between October 1, 2013 and December 31, 2013, G-code G8482 should be reported when the influenza immunization is ordered or administered to the patient during the months of August, September, October, November, and December of 2013 for the flu season ending March 31, 2014.
- Influenza immunizations administered during the month of August or September of a given flu season (either 2012-2013 flu season OR 2013-2014 flu season) can be reported when a visit occurs during the flu season (October 1 - March 31). In these cases, G8482 should be reported.

**Measure Reporting via Claims:**
CPT or HCPCS codes and patient demographics are used to identify patients who are included in the measure’s denominator. G-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 numerator G-code. 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 aged 6 months and older seen for a visit between October 1 and March 31

**Denominator Criteria (Eligible Cases):**
All patients aged 6 months and older seen for a visit between October 1 and March 31

**Date:** 12/19/2012

Version 7.2

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Patient encounter during the reporting period (CPT or HCPCS): 90653, 90655, 90656, 90657, 90658, 90659, 90660, 90661, 90662, 90664, 90666, 90667, 90668, 90672, 90945, 90947, 90951, 90952, 90953, 90954, 90955, 90956, 90957, 90958, 90959, 90960, 90961, 90962, 90963, 90964, 90965, 90966, 90967, 90968, 90969, 90970, 90989, 90993, 90997, 90999, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, G0438, G0439, Q2035, Q2036, Q2037, Q2038, Q2039

NUMERATOR:
Patients who received an influenza immunization OR who reported previous receipt of influenza immunization

Definition:
Previous Receipt – Receipt of the current season’s influenza immunization from another provider OR from same provider prior to the visit to which the measure is applied (typically, prior vaccination would include influenza vaccine given since August 1st).

Numerator Quality-Data Coding Options for Reporting Satisfactorily:
Influenza Immunization Administered
G8482: Influenza immunization administered or previously received

OR

Influenza Immunization not Administered for Documented Reasons
G8483: Influenza immunization was not ordered or administered for reasons documented by clinician (e.g., patient allergy or other medical reason, patient declined or other patient reasons, or other system reasons)

OR

Influenza Immunization Ordered or Recommended, but not Administered
G0919: Influenza immunization ordered or recommended (to be given at alternate location or alternate provider); vaccine not available at time of visit

OR

Influenza Immunization not Administered, Reason not Given
G8484: Influenza immunization was not ordered or administered, reason not given

RATIONALE:
Annual influenza vaccination is the most effective method for preventing influenza virus infection and its complications. Influenza vaccine is recommended for all persons aged ≥ 6 months who do not have contraindications to vaccination.

CLINICAL RECOMMENDATION STATEMENTS:
The following evidence statements are quoted verbatim from the referenced clinical guidelines.

Routine annual influenza vaccination is recommended for all persons aged ≥ 6 months. (CDC/ACIP, 2011)