

PQRS Cheat Sheet

Physical Therapy Reporting- Individual Measures

According to APTA, to participate in PQRS using individual measures, you must report on a minimum of 3 measures for 50% of all Medicare patients seen during the reporting period, if reporting <u>via claims</u>, or on a minimum of 3 measures for 80% of all Medicare patients seen during the reporting period, if reporting <u>via registry</u>.*

Important Note: This cheat sheet was designed to help you report the most possible G-code and CPT code by the PQRS measure. For more information on PQRS and G-codes for Physical Therapy, visit www.apta.org/pqrs/individualmeasures/

MEASURE #126 - DIABETES - NEUROLOGICAL EVALUATION

CPT Codes: 97001, 97002, 97597, 97598; Frequency: minimum once per reporting period

Did you perform a lower extremity neurological exam?



G8405

Exam not performed

OR

G8406

Patient is not eligible



G8404

Exam performed

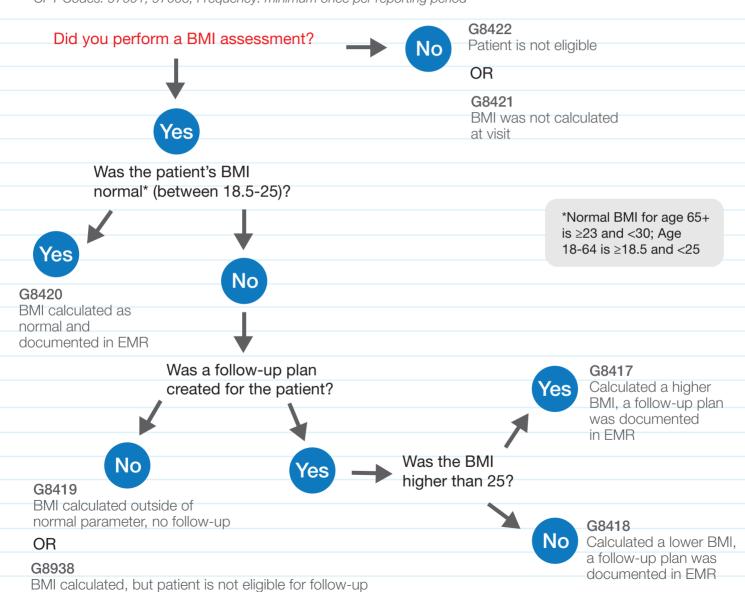
MEASURE #127 - DIABETES - FOOTWEAR EVALUATION

CPT Codes: 97001, 97002, 97597, 97598; Frequency: minimum once per reporting period



MEASURE #128 - BODY MASS INDEX (BMI) & FOLLOW UP

CPT Codes: 97001, 97003; Frequency: minimum once per reporting period



MEASURE #130 - MEDICATIONS

CPT Codes: 97001, 97002, 97003, 97004; Frequency: each visit





G8430

Patient is not eligible

OR

G8428

Reason not given





Documented patient's medications, including drug name, dosage, frequency and route.

MEASURE #131 - PAIN ASSESSMENT AND FOLLOW UP

CPT Codes: 97001, 97003; Frequency: each visit G8442 Patient is not eligible Did you complete a pain assessment? No OR G8732 Reason not given Yes G8731 Does the patient Pain is negative, no have pain? follow up required Was a follow-up G8509 G8939 documented? No Pain is positive, no Pain assessment OR documentation of documented, follow-up follow-up, reason not plan not documented, specified. patient is not eligible Yes

G8730Pain is positive, a follow-up plan was documented in EMR

MEASURE #154 - FALLS - RISK ASSESSMENT

CPT Codes: 97001, 97002, 97003, 97004; Frequency: minimum once per reporting period

Does the patient have more than 2 falls or any falls within the injury period in the last year?



1101F

Patient is not eligible but screened for future falls

OR

1101F - 8P

Patient is not eligible, no documented falls with modifier 8P (not performed, reason not specified)



1100F

Patient screened for future falls, documented

RECORD & CONTINUE



3288F - 8P

Fall documented with modifier 8P (not performed, reason not specified); MAY CONTINUE WITH FALLS - PLAN OF CARE

3288F - 1P

OR

Fall documented with modifier 1P (not performed due to medical reason)

Was a fall assessment completed?



3288F

Fall documented; MAY CONTINUE WITH FALLS - PLAN OF CARE

MEASURE #155 - FALLS - PLAN OF CARE

CPT Codes: 97001, 97002, 97003, 97004; Frequency: minimum once per reporting period

Did you complete a plan of care for the patient?



Plan of care is not documented with modifier 8P (not performed, reason not speicified)

OR

0518F - 1P

0518F - 8P

Plan of care is not documented with modifier 1P (not performed due to medical reason)



0518F

Plan of care is documented in FMR

MEASURE #182 - FUNCTIONAL OUTCOME ASSESSMENT

CPT Codes: 97001, 97002; Frequency: each visit G8540 Patient is not eligible Did you complete a functional outcome asssessment? No OR G8541 Reason not given Were there any G8542 Documented no deficiences, plan of care not required deficiencies? Yes G8543 Was a plan of Documented assessment, but **DOCUMENT** care created? no documentation of plan of **DEFICIENCIES** care, reason not specified Yes G8942 G8539 Documented assessment and Documented assessment and OR the plan of care based on the the plan of care within previous 30 days identified deficiencies