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 via claims, or on a minimum of 3 measures for 80% of all Medicare patients seen during the reporting period, if reporting via registry.*

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/

PQRS MEASURES

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?

- Yes: G8404 Exam performed
- No: G8405 Exam not performed
  - OR
  - G8406 Patient is not eligible
MEASURE #127 - DIABETES - FOOTWEAR EVALUATION

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

Did you perform a footwear evaluation?

Yes  G8410  Exam performed and documented

No  G8415  Exam not performed

OR

G8416  Patient is not eligible
MEASURE #128 - BODY MASS INDEX (BMI) & FOLLOW UP

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

Did you perform a BMI assessment?

- Yes
  - Was the patient’s BMI normal* (between 18.5-25)?
    - Yes
      - G8420
        BMI calculated as normal and documented in EMR
    - No
      - No
        G8422
        Patient is not eligible
        OR
        G8421
        BMI was not calculated at visit

- No
  - No
    - No
      - No
        G8419
        BMI calculated outside of normal parameter, no follow-up
      - Yes
        Was the BMI higher than 25?
        - Yes
          G8417
          Calculated a higher BMI, a follow-up plan was documented in EMR
        - No
          G8418
          Calculated a lower BMI, a follow-up plan was documented in EMR

*Normal BMI for age 65+ is ≥23 and <30; Age 18-64 is ≥18.5 and <25
MEASURE #130 - MEDICATIONS

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

Did you document the patient’s current medications?

Yes

G8427 Documented patient’s medications, including drug name, dosage, frequency and route.

No

G8430 Patient is not eligible

OR

G8428 Reason not given
**MEASURE #131 - PAIN ASSESSMENT AND FOLLOW UP**

*CPT Codes: 97001, 97003; Frequency: each visit*

Did you complete a pain assessment? → **No**
- G8442 Patient is not eligible
- OR
- G8732 Reason not given

Yes

Does the patient have pain? → **No**
- G8731 Pain is negative, no follow up required

Yes

Was a follow-up documented? → **No**
- G8509 Pain is positive, no documentation of follow-up, reason not specified.
- OR
- G8939 Pain assessment documented, follow-up plan not documented, patient is not eligible

Yes

G8730 Pain 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?

Yes

1100F
Patient screened for future falls, documented

RECORD & CONTINUE

No

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)

Was a fall assessment completed?

No

3288F - 8P
Fall documented with modifier 8P (not performed, reason not specified); MAY CONTINUE WITH FALLS - PLAN OF CARE

OR

3288F - 1P
Fall documented with modifier 1P (not performed due to medical reason)

Yes

3288F
Fall documented; MAY CONTINUE WITH FALLS - PLAN OF CARE
Did you complete a plan of care for the patient?

Yes

0518F
Plan of care is documented in EMR

No

0518F - 8P
Plan of care is not documented with modifier 8P (not performed, reason not specified)

OR

0518F - 1P
Plan of care is not documented with modifier 1P (not performed due to medical reason)

CPT Codes: 97001, 97002, 97003, 97004; Frequency: minimum once per reporting period
**MEASURE #182 - FUNCTIONAL OUTCOME ASSESSMENT**

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**CPT Codes:** 97001, 97002; **Frequency:** each visit

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Did you complete a functional outcome assessment?  

- **Yes**
  - Documented assessment and the plan of care based on the identified deficiencies
  - **OR**
  - Documented no deficiencies, plan of care not required

- **No**  
  - G8540 Patient is not eligible  
  - G8541 Reason not given

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Were there any deficiencies?  

- **Yes**
  - Documented assessment and the plan of care within previous 30 days
  - **OR**
  - Documented assessment and the plan of care based on the identified deficiencies

- **No**
  - Documented no deficiencies, plan of care not required

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Was a plan of care created?  

- **Yes**
  - Documented assessment and the plan of care within previous 30 days

- **No**  
  - G8543 Documented assessment, but no documentation of plan of care, reason not specified

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**PQRS MEASURES**

**DOCUMENT DEFICIENCIES**