



PQRI Flow Sheet: GERD

GASTROESOPHAGEAL REFLUX DISEASE
BARRETT'S ESOPHAGUS

Patient Name

**Practice Medical
Record Number**

**Birth Date
(mm/dd/yyyy)**

**Male / Female
Gender**

**National Provider
Identifier (NPI)**

Date of Service

**CPT Code for
Procedure**

Auditing

All orders must be documented and can include:

- Written Orders
- Verbal Orders
- Standing Orders

Eligibility

PQRI does not include Medicare managed care plans. The program is only applicable to traditional Medicare.

Patient Eligibility

1. Is the patient entitled to traditional Medicare?	YES	NO	If NO is circled for any question, STOP. Do not report quality data.
2. Is the patient's ICD-9 diagnostic code included in the following list: 530.10, 530.11, 530.12, 530.19, 530.81, 787.1?	YES	NO	
3. Is the patient's E/M service code included in the following list: 43200, 43201, 43202, 43216, 43217, 43228, 43234, 43235, 43236, 43239, 43250, 43251, 43258?	YES	NO	

GERD: Biopsy for Barrett's Esophagus

If Yes, Report

1. Forceps esophageal biopsy performed (upper gastrointestinal report indicates suspicion of Barrett's esophagus)	YES	NO	3150F AND 3140F
2. Esophageal biopsy NOT performed for <u>medical reason</u> (upper Gastrointestinal report indicates suspicion of Barrett's esophagus)	YES	NO	3150F - 1P AND 3140F
<i>Document medical reason:</i>			
3. Esophageal biopsy NOT performed, no reason specified (upper gastrointestinal report indicates suspicion of Barrett's esophagus)	YES	NO	3150F - 8P AND 3140F
4. No suspicion of Barrett's esophagus	YES	NO	3141F