



# 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: <b>530.10, 530.11, 530.12, 530.19, 530.81, 787.1?</b>	YES	NO	
3. Is the patient's E/M service code included in the following list: <b>43200, 43201, 43202, 43216, 43217, 43228, 43234, 43235, 43236, 43239, 43250, 43251, 43258?</b>	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 <b>AND</b> 3140F
2. Esophageal biopsy NOT performed for <u>medical reason</u> (upper Gastrointestinal report indicates suspicion of Barrett's esophagus)	YES	NO	3150F - 1P <b>AND</b> 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 <b>AND</b> 3140F
4. No suspicion of Barrett's esophagus	YES	NO	3141F