



PQRI Flow Sheet: GERD

GASTROESOPHAGEAL REFLUX DISEASE
ASSESSMENT ENDOSCOPY BARIUM SWALLOW

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

Alarm symptoms include: dysphagia, odynophagia, weight loss, hematemesis, black or bloody stools, chest pain, or choking (acid reflux causing coughing, hoarseness, or shortness of breath)

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?	YES	NO	
3. Is the patient's E/M service code included in the following list: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245?	YES	NO	

GERD: Assessment for Alarm Symptoms

If Yes, Report

1. Alarm symptoms (involuntary weight loss, dysphagia, or gastrointestinal bleeding) assessed; none present	YES	NO	1070F
2. Alarm symptoms (involuntary weight loss, dysphagia, or gastrointestinal bleeding) assessed; one or more present	YES	NO	1071F
3. Alarm symptoms NOT assessed for <u>medical reason</u>	YES	NO	1070F - 1P
<i>Document medical reason:</i>			
4. Alarm symptoms NOT assessed, no reason specified	YES	NO	1071F - 8P
5. Initial evaluation of GERD occurred prior to reporting period	YES	NO	1070F - 8P

GERD: Upper Endoscopy for Patients with Alarm Symptoms

If Yes, Report

1. Upper endoscopy performed	YES	NO	3130F AND 1071F
2. Referral for upper endoscopy documented	YES	NO	3132F AND 1071F
3. Upper endoscopy NOT performed for <u>medical reason</u>	YES	NO	3130F - 1P AND 1071F
<i>Document medical reason:</i>			
4. Upper endoscopy NOT performed for <u>patient reason</u>	YES	NO	3130F - 2P AND 1071F
<i>Document patient reason:</i>			
5. Upper endoscopy NOT performed for <u>system reason</u>	YES	NO	3130F - 3P AND 1071F
<i>Document system reason:</i>			
6. Upper endoscopy NOT performed, no reason specified	YES	NO	3130F - 8P AND 1071F
7. Patient does not have alarm symptoms	YES	NO	1070F
8. Initial evaluation of GERD occurred prior to reporting period	YES	NO	1070F - 8P

GERD: Barium Swallow - Inappropriate Use

If Yes, Report

1. Barium swallow test ordered, reason NOT documented	YES	NO	3142F
2. Barium swallow test ordered for <u>medical reason</u>	YES	NO	3142F - 1P
<i>Document medical reason:</i>			
3. Barium swallow test NOT ordered	YES	NO	3200F
4. Initial evaluation of GERD occurred prior to reporting period	YES	NO	3200F - 8P