

# PQRI Measure Specifications



**COMPONENTS INCLUDED IN PERFORMANCE  
MEASURE SPECIFICATIONS IN THE PQRI**

# Components of a PQRI Measure Specification



- Measure Title and Description
- Reporting Instructions
- Numerator Coding
- Denominator Inclusion
- Rationale, Clinical Recommendations, and Evidence

# Example Measure



- To help illustrate the components of the PQRI specifications, **Measure 20** will be used as an example.
- Measure 20, Timing of Antibiotic Prophylaxis – Ordering Physician, is part of the Perioperative Care Measure Set.
- Measure 20 can be found in the 2008 PQRI Measure Specifications on pages 45-50 of the pdf document.

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# Measure Title and Description



- The measure title and description give a general overview of the measure's topic and focus.
- In addition, the measure description gives a broad explanation of the patient population included in the performance measure.
  - *Use the title and description to narrow your search for appropriate measures for your Medicare patient population.*

# Example: Title and Description, Measure 20



## Measure Title

Measure #20: Perioperative Care: Timing of Antibiotic Prophylaxis –  
Ordering Physician

## Measure Description

Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic parenteral antibiotics, who have an order for prophylactic antibiotics to be given within one hour (if fluoroquinolone or vancomycin, two hours), prior to the surgical incision (or start of procedure when no incision is required).

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# Reporting Instructions



In this section, the following can be found:

- Frequency with which to report the measure
- Health care professional the measure was intended for
- Allowed modifiers (patient exclusions)
- Additional information
  - If procedure or diagnostic codes are used in the measure
  - For surgery, how to report multiple procedures

# Example: Reporting Instructions, Measure 20



## Instructions

This measure is to be reported each time a procedure is performed during the reporting period for patients who undergo surgical procedures with the indications for prophylactic antibiotics. There is no diagnosis associated with this measure. It is anticipated that clinicians who perform the listed surgical procedures as specified in the denominator coding will submit this measure.

### **This measure is reported using CPT Category II codes:**

CPT procedure codes and patient demographics (age, gender, etc.) are used to identify patients who are included in the measure's denominator. CPT Category II codes are used to report the numerator of the measure. If multiple surgical procedures were performed on the same date of service and submitted on the same claim form, it is not necessary for the same clinician to submit the CPT Category II code with each procedure. However, if multiple NPIs are reporting this measure on the same claim, each NPI should report the quality data code.

When reporting the measure, submit the listed CPT procedure code and the appropriate CPT Category II code OR the CPT Category II code with the modifier. The modifiers allowed for this measure are: 1P- medical reasons, 8P- reasons not otherwise specified.

# Example: Reporting Instructions, Measure 20



## Instructions

This measure is to be reported **each time a procedure is performed** during the reporting period for patients who undergo surgical procedures with the indications for prophylactic antibiotics. There is no diagnosis associated with this measure. It is anticipated that **clinicians who perform the listed surgical procedures** as specified in the denominator coding will submit this measure.

**Frequency**

**Who Should Report**

## **This measure is reported using CPT Category II codes:**

CPT procedure codes and patient demographics (age, gender, etc.) are used to identify patients who are included in the measure's denominator. CPT Category II codes are used to report the numerator of the measure. **If multiple surgical procedures were performed on the same date of service and submitted on the same claim form, it is not necessary** for the same clinician to submit the CPT Category II code with each procedure. However, if multiple NPIs are reporting this measure on the same claim, each NPI should report the quality data code.

**Multiple Procedures**

When reporting the measure, submit the listed CPT procedure code and the appropriate CPT Category II code OR the CPT Category II code with the modifier. The modifiers allowed for this measure are: **1P- medical reasons, 8P- reasons not otherwise specified.**

**Modifiers**

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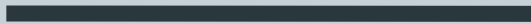
# Measures are laid out as fractions



1



**Numerator:** Patients for which desirable outcome or action occurred (e.g. Prophylactic antibiotic ordered to be delivered within one hour of incision).



2



**Denominator:** All patients who are eligible to be reported on for the measure.

*\* Does not include patients that were excluded using available modifiers 1P, 2P and 8P.*

# Numerator Coding



This section of the measure will include:

- General numerator statement that gives an overview of the intended action.
- Codes to report for a given action.
  - The CPT Category II codes will be reported on the claim form.
  - Make sure the actions are recorded in the patient's medical record.
- Definitions of important terms can also be included.

# Example: Numerator & Instructions, Measure 20



## Numerator

Surgical patients who have an order for prophylactic antibiotic to be given within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required)

## **Numerator Instructions**

There must be documentation of order (written order, verbal order, or standing order/protocol) specifying that antibiotic is to be given within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required) OR documentation that antibiotic has been given within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required).

Note: In the event surgery is delayed, as long as the patient is redosed (if clinically appropriate) the numerator coding should be applied.

# Example: Numerator Coding, Measure 20



- **CPT II 4047F:** Documentation of order for prophylactic antibiotics to be given within one hour (if fluoroquinolone or vancomycin, two hours) prior to surgical incision (or start of procedure when no incision is required)
- **1P:** Order for Prophylactic Antibiotic not Given for Medical Reasons
- **8P:** Order for Administration of Prophylactic Antibiotic not Given, Reason not Specified

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# Denominator Inclusion



The denominator section will include:

- A general description of patients that can be included in the performance measure.
- A list of procedure and/or diagnostic codes that apply to the performance measure.
  - If you chose to report on this measure, you are responsible for reporting quality data for all CPT codes included in the denominator.

# Example: Denominator, Measure 20



## Denominator

All surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic parenteral antibiotics

## **Denominator Coding:**

A CPT procedure code for surgical procedures for which prophylactic antibiotics are indicated is required to identify patients for denominator inclusion.

## **Surgical Procedures by CPT Code:**

Integumentary: 15734, 15738, 19260, 19271, 19272, 19301, 19302, 19303, 19304, 19305, 19306, 19307, 19361, 19364, 19366, 19367, 19368, 19369...

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# Rationale & Clinical Recommendations



- Measures included in the PQRI have been derived from guidelines and other clinical evidence.
- This section will include a general description of why the measure is important to patient care.
- In addition, specific sources will be referenced to allow for further research.

# Example: Rationale & Clinical Recommendations, Measure 20



## **Rationale**

The appropriate timing of administration of prophylactic antibiotics has been demonstrated to reduce the incidence of surgical wound infections. Specifying the time of administration in the order is critical as available evidence suggests that the drug should be received within one hour before incision for maximum antimicrobial effect.

## **Clinical Recommendations**

The anti-infective drug should ideally be given within 30 minutes to 1 hour before the initial incision to ensure its presence in an adequate concentration in the targeted tissues. For most procedures, scheduling administration at the time of induction of anesthesia ensures adequate concentrations during the period of potential contamination. Exceptions: cesarean procedures (after cross clamping of the umbilical cord); colonic procedures (starting 19 hours before the scheduled time of surgery). (ASHP)

Infusion of the first antimicrobial dose should begin within 60 minutes before incision. However, when a fluoroquinolone or vancomycin is indicated, the infusion should begin within 120 minutes before incision to prevent antibiotic-associated reactions. Although research has demonstrated that administration of the antimicrobial at the time of anesthesia induction is safe and results in adequate serum and tissue drug levels at the time of incision, there was no consensus that the infusion must be completed before incision. (SIPGWW)

# Next Steps



- This information should be used to broadly understand how to read the PQRI specifications.
- Consult the ACS and CMS Web sites for additional information on participating in the PQRI.
- Workflow sheets are included on the ACS Web site to allow for easier collection of surgical performance measures for the PQRI.