

# Back Pain Measures Group

## PQRI Data Collection Sheet\*

Male  Female

Patient's Name	Practice Medical Record Number (MRN)	Birth Date (mm/dd/yyyy)
National Provider Identifier (NPI)		Date of Encounter

### Step 1 Preliminary reporting requirements

You must identify your intent to report the Back Pain Measures Group by submitting the G-code specified for this measures group on the first patient claim (G8493: I intend to report the Back Pain Measures Group). You do not need to resubmit the measures group-specific G-code on more than one claim.

### Step 2 Determine patient eligibility

*(Codes determining a patient's eligibility must be reported on the **same claim** as the quality code(s) identified in Step 3 below.)*

	Yes	No	
Patient is aged 18 through 79 on date of encounter.	<input type="checkbox"/>	<input type="checkbox"/>	Refer to date of birth listed above or on claim form.

If **No** is checked for the above, STOP. This patient is not eligible for reporting on this measures group.  
Do not report a CPT category II code or G-code.

Patient has a line item diagnosis indicating back pain AND a CPT Service Code for an office visit/consultation or for chiropractic manipulation treatment.	<input type="checkbox"/>	<input type="checkbox"/>	721.3 721.41, 721.42, 721.90, 722.0, 722.10, 722.11, 722.2, 722.30, 722.31, 722.32, 722.39, 722.4, 722.51, 722.52, 722.6, 722.70, 722.71, 722.72, 722.73, 722.80, 722.81, 722.82, 722.83, 722.90, 722.91, 722.92, 722.93, 723.0, 724.00, 724.01, 724.02, 724.09, 724.2, 724.3, 724.4, 724.5, 724.6, 724.70, 724.71, 724.79, 738.4, 738.5, 739.3, 739.4, 756.12, 846.0, 846.1, 846.2, 846.3, 846.8, 846.9, 847.2  AND  98940, 98941, 98942, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245
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OR	OR	OR	
There is a CPT Procedure Code for back surgery.	<input type="checkbox"/>	<input type="checkbox"/>	22210, 22214, 22220, 22222, 22224, 22226, 22532, 22533, 22534, 22548, 22554, 22556, 22558, 22585, 22590, 22595, 22600, 22612, 22614, 22630, 22632, 22818, 22819, 22830, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22849, 63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63035, 63040, 63042, 63043, 63044, 63045, 63046, 63047, 63048, 63055, 63056, 63057, 63064, 63066, 63075, 63076, 63077, 63078, 63081, 63082, 63085, 63086, 63087, 63088, 63090, 63091, 63101, 63102, 63103, 63170, 63172, 63173, 63180, 63182, 63185, 63190, 63191, 63194, 63195, 63196, 63197, 63198, 63199, 63200

If **No** is checked for both of the above, STOP. This patient is not eligible for reporting on this measures group.  
Do not report a CPT category II code or G-code.

#### Determine if patient meets additional eligibility criteria

	Yes	No	
Is this the first visit to the clinician for a new episode of back pain (ie, a new or recurrent episode of back pain that has not been seen or treated by this practitioner during the four preceding months)?	<input type="checkbox"/>	<input type="checkbox"/>	If <b>No</b> , report O526F once for this patient AND STOP. If Yes, proceed to Step 3.

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\*For additional information on the PQRI program and reporting on measures groups, please visit the CMS Web site at <http://www.cms.hhs.gov/pqri>.

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<b>Step 3 Complete individual measures</b>		
<b>Comprehensive Initial Assessment</b> (including pain assessment, functional status, patient history, assessment of prior treatment and response, and employment status)		
Report one code for comprehensive assessment OR one code for NOT completed.		
PQRI Measure #148 <ul style="list-style-type: none"> <li>reporting frequency: comprehensive assessment must be completed and reported at the initial visit</li> <li>preferred standardized assessment tools for pain and functional assessment include: SF-36, Oswestry low back pain disability questionnaire, Roland-Morris disability questionnaire, Quebec pain disability scale, sickness impact profile, multidimensional pain inventory)</li> <li>warning signs include: history of cancer or unexplained weight loss, current infection or immunosuppression, fracture or suspected fracture, cauda equina syndrome or progressive neurologic deficit</li> <li>preferred standardized assessment tools for employment status assessment include: sickness impact profile, multidimensional pain inventory</li> <li>variables of an employment assessment include: type of work; work status; length of time for work limitations, if applicable; workers' compensation or litigation involvement</li> </ul>	Pain assessment completed using one of the preferred standardized tools or an acceptable alternative	<input type="checkbox"/> 1130F
	Functional assessment completed using one of the preferred standardized tool or assessment of activities of daily living	
	Patient history completed including notation of presence or absence of warning signs	
	Assessment of prior back pain episodes completed and if applicable, associated treatment and response	
	Employment status assessment completed using one of the preferred standardized tools or an assessment of specified variables	
<b>OR</b>		
Comprehensive assessment NOT completed		<input type="checkbox"/> 1130F-8P
<b>Physical Exam</b>		
Report the following code for physical exam OR one code for NOT performed.		
PQRI Measure #149 <ul style="list-style-type: none"> <li>reporting frequency: physical exam must be performed and reported at the initial visit</li> <li>for patients with radicular symptoms, physical exam must include: straight leg raise test AND notation of completion of neurovascular exam</li> <li>for patients without radicular symptoms, physical exam must include: straight leg raise test AND either neurovascular exam or clear notation of absence or presence of neurologic deficits</li> </ul>	Performed	<input type="checkbox"/> 2040F
	<b>OR</b>	
Physical exam NOT performed		<input type="checkbox"/> 2040F-8P
<b>Advice for Normal Activities</b>		
Report the following code for advice for normal activities or one code for NOT provided.		
PQRI Measure #150 <ul style="list-style-type: none"> <li>reporting frequency: advice for normal activities must be provided and reported at the initial visit</li> </ul>	Advice provided to maintain or resume normal activities	<input type="checkbox"/> 4245F
	<b>OR</b>	
Advice NOT provided		<input type="checkbox"/> 4245F-8P
<b>Advice Against Bed Rest</b>		
Report the following code for advice against bed rest or one code for NOT provided.		
PQRI Measure #151 <ul style="list-style-type: none"> <li>reporting frequency: advice against bed rest must be provided and reported at the initial visit</li> </ul>	Advice provided against bed rest lasting four days or longer	<input type="checkbox"/> 4248F
	<b>OR</b>	
Advice NOT provided		<input type="checkbox"/> 4248F-8P

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### Step 4 Reporting Instructions

This measure can be reported for each eligible patient in one of two ways:

1. Report the corresponding CPT category II code(s) as selected above for each of the four measures in the Back Pain Measures Group.

**OR**

2. If **all** quality actions for the patient have been performed for each of the four measures in the Back Pain Measures Group, **G8502** may be reported. *Note: G8502 is not appropriate for this patient if any CPT category II codes with the 8P modifier have been selected from Step 3.*
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