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Physician Voluntary Reporting Program Using Quality G-Codes

Provider Types Affected

Physicians and other health care providers who bill Medicare

Provider Action Needed

This article provides information about the Centers for Medicare & Medicaid Services' (CMS) Physician Voluntary Reporting Program (PVRP). It will assist physicians in understanding this new voluntary reporting program and the use of G-codes to report data about the quality of care provided to Medicare beneficiaries.

Background

As part of its overall quality improvement efforts, CMS is launching the Physician Voluntary Reporting Program (PVRP). This new program builds on Medicare's comprehensive efforts to substantially improve the health and function of our beneficiaries by preventing chronic disease complications, avoiding preventable hospitalizations, and improving the quality of care delivered.

Under the voluntary reporting program, physicians who choose to participate will help capture data about the quality of care provided to Medicare beneficiaries, in order to identify the most effective ways to use the quality measures in routine practice and to support physicians in their efforts to improve quality of care. Voluntary reporting of quality data through the PVRP will begin in January 2006.

National Consensus Measures and Indicators

To this end, CMS has begun the process of developing a comprehensive set of national consensus measures and indicators that will allow physicians to more efficiently report quality information on the health services provided to Medicare beneficiaries. CMS has identified 36 evidence-based clinically valid measures that have been part of the guidelines endorsed by physicians and the medical specialty

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societies and are the result of extensive input and feedback from physicians and other quality care experts. Moreover, CMS is developing the underlying infrastructure so that the reporting of these measures on existing physician claims could begin as soon as January 1, 2006.

Data Collection through the Administrative Claims System

The usual source of the clinical data for quality measures is retrospective chart abstraction, but data collection through chart abstraction can be quite burdensome. And while electronic health records may ultimately greatly facilitate clinical data reporting, they do not, at present, provide a widespread means for physicians to report clinical data.

Therefore, to avoid the necessity for chart abstraction, CMS will start the process of collecting quality information on services provided to the Medicare population by using the administrative claims system.

G-Codes

Specifically, CMS has defined a set of HCPCS codes (termed G-codes) to report data for the calculation of the quality measures. These new codes will supplement the usual claims data with clinical data that can be used to measure the quality of services rendered to beneficiaries.

CMS currently has 36 sets of specialty measures. Additional measures to cover a broader set of specialties will be developed over the next few payment cycles. Each measure has a defined numerator (the appropriate G-code) and a denominator (specifically defined according to the appropriate services or condition). The reporting rate is calculated as a percentage for each of the 36 measures.

You can use G-codes when all of the following circumstances are met:

- The G-code reported on the claim relates to a covered diagnosis, covered treatment(s), or covered preventive service(s) that are applicable to the beneficiary.
- The G-code is directly relevant to the specific service(s) provided to the beneficiary by the practitioner reported on the claim.
- The G-code represents medically necessary and appropriate medical practice under the circumstances.
- The basis for the G-code is documented in the beneficiary medical record.

Important Points for Physicians

- When applicable, the G-code should be reported **in addition to** CPT and ICD-9 codes required for appropriate claims coding.
- They do **not** substitute for CPT and ICD-9 codes requirements for payment.

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- They are not associated with a separate fee, and will **not** be individually compensated.
- G-codes are always billed in conjunction with a service and are never billed independently.
- The G-codes should be reported with a submitted charge of zero (\$0.00). (G-codes will not appear on the Medicare Physician Fee Schedule Data Base (MPFSDB) because there are no relative value units (RVUs) or amounts for these codes.)
- **They are not specialty specific.** Therefore, a medical specialty may report G-codes classified under other specialties. However, it is anticipated that the reporting of certain G-codes will be predominated by certain specialties.
- The failure to provide a G-code will **not** result in denial of a claim that would otherwise be approved, and thus **submission of a G-code is voluntary.**

Although reporting is voluntary, CMS is encouraging physicians to submit G codes when applicable. The PVRP's objective is to provide CMS with data that it can use to calculate quality measures. Therefore, CMS will calculate the reporting rate for physicians who participate in the program, and will provide them with feedback information in an effort to assist them in improving their data accuracy and reporting rate.

Additional Information

The specific quality measures related to the G-codes in this initial program launch are reflected in table at the end of this article.

You can find more information about the physician voluntary reporting program and quality G-Codes by going to http://www.cms.hhs.gov/manuals/transmittals/comm_date_dsc.asp on the CMS web site. From that web page, look for CR4183 in the CR NUM column on the right, and click on the file for that CR.

Appendices accompanying CR4183 contain the specific G-Codes and their descriptors as they relate to the developed quality measures reflected in the above table.

Finally, if you have any questions, please contact your Medicare carrier at their toll-free number, which may be found at <http://www.cms.hhs.gov/medlearn/tollnums.asp> on the CMS web site.

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Physician Voluntary Reporting Program G-Codes and Descriptions for Clinical Measures

Measure	G-Code/Descriptions
Aspirin at arrival for acute myocardial infarction	G8006: Acute myocardial infarction: patient documented to have received aspirin at arrival G8007: Acute myocardial infarction: patient not documented to have received aspirin at arrival G8008: Clinician documented that acute myocardial infarction patient was not an eligible candidate to receive aspirin at arrival measure
Beta blocker at time of arrival for acute myocardial infarction	G8009: Acute myocardial infarction: patient documented to have received beta-blocker at arrival G8010: Acute myocardial infarction: patient not documented to have received beta-blocker at arrival G8011: Clinician documented that acute myocardial infarction patient was not an eligible candidate for beta-blocker at arrival measure
Antibiotic administration timing for patient hospitalized for pneumonia	G8012: Pneumonia: patient documented to have received antibiotic within 4 hours of presentation G8013: Pneumonia: patient not documented to have received antibiotic within 4 hours of presentation G8014: Clinician documented that pneumonia patient was not an eligible candidate for antibiotic within 4 hours of presentation measure
Hemoglobin A1c control in patient with Type I or Type II diabetes mellitus	G8016: Diabetic patient with most recent hemoglobin A1c level (within the last 6 months) documented as less than or equal to 9% G8015: Diabetic patient with most recent hemoglobin A1c level (within the last 6 months) documented as greater than 9% G8017: Clinician documented that diabetic patient was not eligible candidate for hemoglobin A1c measure G8018: Clinician has not provided care for the diabetic patient for the required time for hemoglobin A1c measure (6 months)
Low-density lipoprotein control in patient with Type I or Type II diabetes mellitus	G8020: Diabetic patient with most recent low-density lipoprotein (within the last 12 months) documented as less than 100 mg/dl G8019: Diabetic patient with most recent low-density lipoprotein (within the last 12 months) documented as greater than or equal to 100 mg/dl G8021: Clinician documented that diabetic patient was not an eligible candidate for low-density lipoprotein measure G8022: Clinician has not provided care for the diabetic patient for the required time for low-density lipoprotein measure (12 months)
High blood pressure control in patient with Type I or Type II diabetes mellitus	G8024: Diabetic patient with most recent blood pressure (within the last 6 months) documented less than 140 systolic and less than 80 diastolic G8023: Diabetic patient with most recent blood pressure (within the last 6 months) documented as equal to or greater than 140 systolic or equal to or greater than 80 mmHg diastolic G8025: Clinician documented that the diabetic patient was not an eligible candidate for blood pressure measure G8026: Clinician has not provided care for the diabetic patient for the required time for blood measure (within the last 6 months)
Angiotensin-converting enzyme inhibitor or angiotensin-receptor blocker therapy for left ventricular systolic dysfunction	G8027: Heart failure patient with left ventricular systolic dysfunction (LVSD) documented to be on either angiotensin-converting enzyme inhibitor or angiotensin-receptor blocker therapy G8028: Heart failure patient with left ventricular systolic dysfunction (LVSD) not documented to be on either angiotensin-converting enzyme inhibitor or angiotensin-receptor blocker therapy G8029: Clinician documented that heart failure patient was not an eligible candidate for either angiotensin-converting enzyme inhibitor or angiotensin-receptor blocker therapy
Beta-blocker therapy for left ventricular systolic dysfunction	G8030: Heart failure patient with left ventricular systolic dysfunction (LVSD) documented to be on beta-blocker therapy G8031: Heart failure patient with left ventricular systolic dysfunction (LVSD) not documented to be on beta-blocker therapy G8032: Clinician documented that heart failure patient was not an eligible candidate for beta-blocker therapy measure

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Measure	G-Code/Descriptions
Beta-blocker therapy for patient with prior myocardial infarction	G8033: Prior myocardial infarction – coronary artery disease patient documented to be on beta-blocker therapy G8034: Prior myocardial infarction – coronary artery disease patient not documented to be on beta-blocker therapy G8035: Clinician documented that prior myocardial infarction – coronary artery disease patient was not an eligible candidate for beta-blocker therapy measure
Antiplatelet therapy for patient with coronary artery disease	G8036: Coronary artery disease patient documented to be on antiplatelet therapy G8037: Coronary artery disease patient not documented to be on antiplatelet therapy G8038: Clinician documented that coronary artery disease patient was not an eligible candidate for antiplatelet therapy measure
Low-density lipoprotein control in patient with coronary artery disease	G8040: Coronary artery disease – patient with low-density lipoprotein documented to be less than or equal to 100mg/dl G8039: Coronary artery disease – patient with low-density lipoprotein documented to be greater than 100mg/dl G8041: Clinician documented that coronary artery disease patient was not an eligible candidate for low-density lipoprotein measure G8182: Clinician has not provided care for the cardiac patient for the required time for low-density lipoprotein measure (6 months)
Osteoporosis assessment in elderly female patient	G8051: Patient (female) documented to have been assessed for osteoporosis G8052: Patient (female) not documented to have been assessed for osteoporosis G8053: Clinician documented that (female) patient was not an eligible candidate for osteoporosis assessment measure
Assessment of elderly patients for falls	G8055: Patient documented for the assessment for falls within last 12 months G8054: Patient not documented for the assessment for falls within last 12 months G8056: Clinician documented that patient was not an eligible candidate for the falls assessment measure within the last 12 months
Assessment of hearing acuity in elderly patient	G8057: Patient documented to have received hearing assessment G8058: Patient not documented to have received hearing assessment G8059: Clinician documented that patient was not an eligible candidate for hearing assessment measure
Assessment for urinary incontinence in elderly patients	G8060: Patient documented for the assessment of urinary incontinence G8061: Patient not documented for the assessment of urinary incontinence G8062: Clinician documented that patient was not an eligible candidate for urinary incontinence assessment measure
Dialysis dose in end stage renal disease patient	G8075: End-stage renal disease patient with documented dialysis dose of URR greater than or equal to 65% (or Kt/V greater than or equal to 1.2) G8076: End-stage renal disease patient with documented dialysis dose of URR less than 65% (or Kt/V less than 1.2) G8077: Clinician documented that end-stage renal disease patient was not an eligible candidate for URR or Kt/V measure
Hematocrit level in end stage renal disease patient	G8078: End-stage renal disease patient with documented hematocrit greater than or equal to 33 (or hemoglobin greater than or equal to 11) G8079: End-stage renal disease patient with documented hematocrit less than 33 (or hemoglobin less than 11) G8080: Clinician documented that end-stage renal disease patient was not an eligible candidate for hematocrit (hemoglobin) measure
Receipt of autogenous arteriovenous fistula in end-stage renal disease patient requiring hemodialysis	G8081: End-stage renal disease patient requiring hemodialysis vascular access documented to have received autogenous AV fistula G8082: End-stage renal disease patient requiring hemodialysis documented to have received vascular access other than autogenous AV fistula

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Measure	G-Code/Descriptions
Warfarin therapy in heart failure patient with atrial fibrillation	G8183: Patient with heart failure and atrial fibrillation documented to be on warfarin therapy G8184: Clinician documented that patient with heart failure and atrial fibrillation was not an eligible candidate for warfarin therapy measure
Smoking cessation intervention in newly diagnosed chronic obstructive pulmonary disease	G8093: Newly diagnosed chronic obstructive pulmonary disease (COPD) patient documented to have received smoking cessation intervention, within 3 months of diagnosis G8094: Newly diagnosed chronic obstructive pulmonary disease (COPD) patient not documented to have received smoking cessation intervention, within 3 months of diagnosis
Prescription of calcium and vitamin D supplements in osteoporosis	G8099: Osteoporosis patient documented to have been prescribed calcium and vitamin D supplements G8100: Clinician documented that osteoporosis patient was not an eligible candidate for calcium and vitamin D supplement measure
Antiresorptive therapy and/or parathyroid hormone treatment in newly diagnosed osteoporosis	G8103: Newly diagnosed osteoporosis patients documented to have been treated with antiresorptive therapy and/or parathyroid hormone treatment within 3 months of diagnosis G8104: Clinician documented that newly diagnosed osteoporosis patient was not an eligible candidate for antiresorptive therapy and/or parathyroid hormone treatment measure within 3 months of diagnosis
Bone mineral density testing and osteoporosis treatment and prevention following osteoporosis associated nontraumatic fracture	G8106: Within 6 months of suffering a nontraumatic fracture, female patient 65 years of age or older documented to have undergone bone mineral density testing or to have been prescribed a drug to treat or prevent osteoporosis G8107: Clinician documented that female patient 65 years of age or older who suffered a nontraumatic fracture within the last 6 months was not an eligible candidate for measure to test bone mineral density or drug to treat or prevent osteoporosis
Annual assessment of function and pain in symptomatic osteoarthritis	G8185: Patients diagnosed with symptomatic osteoarthritis with documented annual assessment of function and pain G8186: Clinician documented that symptomatic osteoarthritis patient was not an eligible candidate for annual assessment of function and pain measure
Influenza vaccination	G8108: Patient documented to have received influenza vaccination during influenza season G8109: Patient not documented to have received influenza vaccination during influenza season G8110: Clinician documented that patient was not an eligible candidate for influenza vaccination measure
Mammography	G8111: Patient (female) documented to have received a mammogram during the measurement year or prior year to the measurement year G8112: Patient (female) not documented to have received a mammogram during the measurement year or prior year to the measurement year G8113: Clinician documented that female patient was not an eligible candidate for mammography measure G8114: Clinician did not provide care to patient for the required time of mammography measure (i.e., measurement year or prior year)
Pneumococcal vaccination	G8115: Patient documented to have received pneumococcal vaccination G8116: Patient not documented to have received pneumococcal vaccination G8117: Clinician documented that patient was not an eligible candidate for pneumococcal vaccination measure
Antidepressant medication during acute phase for patient diagnosed with new episode of major depression	G8126: Patient documented as being treated with antidepressant medication during the entire 12 week acute treatment phase G8127: Patient not documented as being treated with antidepressant medication during the entire 12 week acute treatment phase G8128: Clinician documented that patient was not an eligible candidate for antidepressant medication during the entire 12 week acute treatment phase measure
Antidepressant medication duration for patient diagnosed with new episode of major depression	G8129: Patient documented as being treated with antidepressant medication for at least 6 months continuous treatment phase G8130: Patient not documented as being treated with antidepressant medication for at least 6 months continuous treatment phase G8131: Clinician documented that patient was not an eligible candidate for antidepressant medication for

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Measure	G-Code/Descriptions
	continuous treatment phase
Antibiotic prophylaxis in surgical patient	<p>G8152: Patient documented to have received antibiotic prophylaxis one hour prior to incision time (two hours for vancomycin)</p> <p>G8153: Patient not documented to have received antibiotic prophylaxis one hour prior to incision time (two hours for vancomycin)</p> <p>G8154: Clinician documented that patient was not an eligible candidate for antibiotic prophylaxis one hour prior to incision time (two hours for vancomycin) measure</p>
Thromboembolism prophylaxis in surgical patient	<p>G8155: Patient with documented receipt of thromboembolism prophylaxis</p> <p>G8156: Patient without documented receipt of thromboembolism prophylaxis</p> <p>G8157: Clinician documented that patient was not an eligible candidate for thromboembolism prophylaxis measure</p>
Use of internal mammary artery in coronary artery bypass graft surgery	<p>G8158: Patient documented to have received coronary artery bypass graft with use of internal mammary artery</p> <p>G8159: Patient documented to have received coronary artery bypass graft without use of internal mammary artery</p> <p>G8160: Clinician documented that patient was not an eligible candidate for coronary artery bypass graft with use of internal mammary artery measure</p>
Pre-operative beta blocker for patient with isolated coronary artery bypass graft	<p>G8161: Patient with isolated coronary artery bypass graft documented to have received pre-operative beta-blockade</p> <p>G8162: Patient with isolated coronary artery bypass graft not documented to have received pre-operative beta-blockade</p> <p>G8163: Clinician documented that patient with isolated coronary artery bypass graft was not an eligible candidate for pre-operative beta-blockade measure</p>
Prolonged intubation in isolated coronary artery bypass graft surgery	<p>G8164: Patient with isolated coronary artery bypass graft documented to have prolonged intubation</p> <p>G8165: Patient with isolated coronary artery bypass graft not documented to have prolonged intubation</p>
Surgical re-exploration in coronary artery bypass graft surgery	<p>G8166: Patient with isolated coronary artery bypass graft documented to have required surgical re-exploration</p> <p>G8167: Patient with isolated coronary artery bypass graft did not require surgical re-exploration</p>
Aspirin or clopidogrel on discharge for patient undergoing isolated coronary artery bypass graft	<p>G8170: Patient with isolated coronary artery bypass graft documented to have been discharged on aspirin or clopidogrel</p> <p>G8171: Patient with isolated coronary artery bypass graft not documented to have been discharged on aspirin or clopidogrel</p> <p>G8172: Clinician documented that patient with isolated coronary artery bypass graft was not an eligible candidate for antiplatelet therapy at discharge measure</p>

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