

## Quick reference guide for PQRS measures, procedure codes and G-codes

By Government Relations staff

Formerly known as the Physician Quality Reporting Initiative (PQRI), the Physician Quality Reporting System is a voluntary reporting program that provides a financial incentive for certain health care professionals, including psychologists, who participate in Medicare to submit data on specified quality measures to the Centers for Medicare and Medicaid Services (CMS). In 2015, the reporting program will shift from an incentive program that offers bonuses for successful reporting to one in which penalties will be assessed for failure to participate.

Reporting in PQRS consists of selecting measures that match your Medicare population and identifying the types of services you provide to those patients. Medicare asks that you indicate whether or not the action described by the measures was taken through the use of a code (known as a “G” code) specific to each measure.

This chart provides a quick summary of Physician Quality Reporting System (PQRS) measures (in orange) and the procedure codes and G-codes available for each measure, based upon action taken. Prior to using this chart, providers will need to determine which measure is applicable by examining their Medicare patient population and identifying those who have a diagnosis covered by an eligible measure.

For more information on identifying eligible patients and measures, view the video on [How to Report in the Physician Quality Reporting System](#). For additional materials and resources related to PQRS, visit the [Quality Improvement Programs section](#) at the APA Practice Organization’s Practice Central website.

Applicable procedure codes	Action taken	G-code (or F-code where applicable)
<b>Measure #9: Major depressive disorder: antidepressant medication during acute phase for patients with MDD</b>		
90791, 90832, 90834, 90837, 90845, 90849, 90853	<b>Acute treatment with antidepressant medication</b>	<b>G8126:</b> Patient with new episode of MDD documented as being treated with antidepressant medication during the entire 12 week acute treatment phase
	<b>Acute treatment with antidepressant medication not completed for documented reasons</b>	<b>G8128:</b> Clinician documented that patient with a new episode of MDD was not an eligible candidate for antidepressant medication treatment or patient did not have a new episode of MDD
	<b>Acute treatment with antidepressant medication not completed, reason not given</b>	<b>G8127:</b> Patient with new episode of MDD <b>not</b> documented as being treated with antidepressant medication during the entire 12 week acute treatment phase
<b>#106: Major depressive disorder: diagnostic evaluation</b>		
90791, 90832, 90834, 90837, 90845	<b>DSM-IV-TR criteria for Major Depressive Disorder documented*</b> <i>(One CPT II code &amp; one G-code [1040F &amp; G8930] are required on the claim form to submit this numerator option)</i>	<b>CPT II 1040F:</b> DSM-IV-TR criteria for major depressive disorder documented <b>at the initial evaluation</b> <b>AND</b> <b>G8930:</b> Assessment of depression severity at the initial evaluation
	<b>DSM-IV-TR criteria for Major Depressive Disorder not documented, reason not otherwise specified</b> <i>(One CPT II code [1040-8P] or one G-code [G8931] are required on the claim form to submit this numerator option)</i>	<b>1040F with 8P:</b> DSM-IV-TR criteria for major depressive disorder <b>not</b> documented at the initial evaluation, reason not otherwise specified <b>OR</b> <b>G8931:</b> Assessment of depression severity not documented, reason not given

#107: Major depressive disorder: suicide risk assessment		
90791, 90832, 90834, 90837, 90845	<b>Suicide risk assessed</b>	<b>G8932:</b> Suicide risk assessed at the initial evaluation
	<b>Patient is not eligible for this measure because MDD is in remission</b>	<b>CPT II 3092F:</b> Major depressive disorder, in remission
	<b>Suicide risk not assessed, reason not given</b>	<b>G8933:</b> Suicide risk <b>not</b> assessed at the initial evaluation, reason not given
#128: Preventive care and screening: Body mass index screening and follow-up		
90791, 90832, 90834, 90837,	<b>BMI calculated as normal, no follow-up plan required</b>	<b>G8420:</b> Calculated BMI within normal parameters and documented
	<b>BMI calculated above normal parameters, follow-up documented</b>	<b>G8417:</b> Calculated BMI above normal parameters and a follow-up plan was documented
	<b>BMI calculated below normal parameters, follow-up documented</b>	<b>G8418:</b> Calculated BMI below normal parameters and a follow-up plan was documented
	<b>BMI not calculated, patient not eligible/not appropriate</b>	<b>G8422:</b> Patient not eligible for BMI calculation
	<b>BMI calculated, patient not eligible/not appropriate for follow-up plan</b>	<b>G8938:</b> BMI is calculated, but patient not eligible for follow-up plan
	<b>BMI not calculated, reason not given</b>	<b>G8421:</b> BMI <b>not</b> calculated
	<b>BMI calculated outside normal parameters, follow-up plan not documented, reason not given</b>	<b>G8419:</b> Calculated BMI outside normal parameters, <b>no</b> follow-up plan documented
#130: Documentation and verification of current medications in the medical record		
90791, 90832, 90834, 90837, 90839, 96116, 96150, 96152	<b>Current medications documented</b>	<b>G8427:</b> Eligible professional attests to documenting the patient's current medications to the best of his/her knowledge and ability
	<b>Current medications not documented, patient not eligible</b>	<b>G8430:</b> Eligible professional attests the patient is not eligible for medication documentation
	<b>Current medications with name, dosage, frequency, route not documented, reason not given</b>	<b>G8428:</b> Current medications <b>not</b> documented by the eligible professional, reason not given]
#131: Pain assessment prior to initiation of patient therapy and follow-up		
90791, 96116, 96150	Pain assessment documented as positive	<b>G8730:</b> Pain assessment documented as positive utilizing a standardized tool AND a follow-up plan is documented
	<b>Pain assessment documented as negative, no follow-up plan required</b>	<b>G8731:</b> Pain assessment documented as negative, no follow-up plan required
	<b>Patient not eligible for pain assessment for documented reasons</b>	<b>G8442:</b> Documentation that patient is not eligible for a pain assessment
	<b>Pain assessment documented, follow-up plan not documented, patient not eligible/appropriate</b>	<b>G8939:</b> Pain assessment documented, follow-up plan not documented, patient not eligible/appropriate
	<b>Pain assessment not documented, reason not given</b>	<b>G8732:</b> <b>No</b> documentation of pain assessment, reason not given
	<b>Pain assessment documented as positive, follow-up plan not documented, reason not given</b>	<b>G8509:</b> Documentation of positive pain assessment; <b>no</b> documentation of a follow-up plan, reason not given
#134: Screening for clinical depression and follow-up plan		
90791, 90832, 90834, 90837, 96150, 96151	<b>Positive screen for clinical depression documented, follow-up plan documented</b>	<b>G8431:</b> Positive screen for clinical depression with a documented follow-up plan
	<b>Negative screen for clinical depression documented, follow-up plan not required</b>	<b>G8510:</b> Negative screen for clinical depression, follow-up not required
	<b>Screening for clinical depression not</b>	<b>G8433:</b> Screening for clinical depression not

	<b>documented, patient not eligible/appropriate</b>	documented, patient not eligible/appropriate
	<b>Screening for clinical depression documented, follow-up plan not documented, patient not eligible/appropriate</b>	<b>G8940:</b> Screening for clinical depression documented, follow-up plan not documented, patient not eligible/appropriate
	<b>Screening for clinical depression not documented, reason not given</b>	<b>G8432:</b> Clinical depression screening <b>not</b> documented, reason not given
<b>#173: Preventive care and screening: Unhealthy alcohol use—screening</b>		
90791, 90832, 90834, 90837, 90845, 96150, 96152	<b>Patient screened for unhealthy alcohol use using a systematic screening method</b>	<b>CPT II 3016F</b>
	<b>Unhealthy alcohol use screening not performed, for medical reasons</b>	<b>3016F with 1P:</b> Documentation of medical reason(s) for not screening for unhealthy alcohol use (eg, limited life expectancy, other medical reasons)
	<b>Unhealthy alcohol use screening not performed, reason not otherwise specified</b>	<b>3016F with 8P:</b> Unhealthy alcohol use screening <b>not</b> performed, reason not otherwise specified
<b>#181: Elder maltreatment screen and follow-up plan</b>		
90791, 96116, 96150	<b>Elder maltreatment screen documented as positive and follow-up plan documented</b>	<b>G8733:</b> Documentation of a positive elder maltreatment screen and documented follow-up plan at the time of the positive screen
	<b>Elder maltreatment screen documented as negative, follow-up plan not required</b>	<b>G8734:</b> Elder maltreatment screen documented as negative, no follow-up required
	<b>Elder maltreatment screen not documented, patient not eligible</b>	<b>G8535:</b> No documentation of an elder maltreatment screen, patient not eligible
	<b>Elder maltreatment screen documented, patient not eligible for follow-up</b>	<b>G8941:</b> Elder Maltreatment Screen Documented, Patient not Eligible for Follow-Up
	<b>Elder maltreatment screen not documented, reason not given</b>	<b>G8536:</b> No documentation of an elder maltreatment screen, reason not given
	<b>Elder maltreatment screen documented as positive, follow-up plan not documented, reason not given</b>	<b>G8735:</b> No documentation of an elder maltreatment screen, patient not eligible
<b>#226: Preventive care and screening: Tobacco use assessment and tobacco cessation intervention</b>		
90791, 90832, 90834, 90837, 90845, 96150, 96151, 96152	<b>Patient screened for tobacco use</b>	<b>CPT II 4004F:</b> Patient screened for tobacco use AND received tobacco cessation intervention (counseling, pharmacotherapy, or both), if identified as a tobacco user
	<b>Patient screened for tobacco use and identified as a non-user of tobacco</b>	<b>CPT II 1036F:</b> Current tobacco non-user
	<b>Tobacco screening not performed for medical reasons</b>	<b>4004F with 1P:</b> Documentation of medical reason(s) for not screening for tobacco use (eg, limited life expectancy, other medical reason)
	<b>Tobacco screening OR tobacco cessation intervention not performed reason not otherwise specified</b>	<b>4004F with 8P:</b> Tobacco screening OR tobacco cessation intervention <b>not</b> performed, reason not otherwise specified
<b>#247: Substance use disorders – counseling</b>		
90791, 90832, 90834, 90837, 90845, 96150, 96152	<b>Patient counseled regarding psychosocial AND pharmacologic treatment options for alcohol dependence</b>	<b>CPT II 4320F:</b> Patient counseled regarding psychosocial AND pharmacologic treatment options for alcohol dependence
	<b>Patient not counseled regarding</b>	<b>4320F with 8P:</b> Patient was <b>not</b> counseled



	<b>psychosocial AND pharmacologic treatment options for alcohol dependence, reason not otherwise specified</b>	regarding psychosocial AND pharmacologic treatment options for alcohol dependence, reason not otherwise specified
<b>#248: Substance use disorders – Screening for depression</b>		
90791, 90832, 90834, 90837, 90845, 96150, 96152	<b>Patient screened for depression</b>	<b>CPT II 1220F:</b> Patient screened for depression
	<b>Patient not screened for depression for medical reasons</b>	<b>1220F with 1P:</b> Documentation of medical reason(s) for not screening for depression
	<b>Patient not screened for depression, reason not otherwise specified</b>	<b>1220F with 8P:</b> Patient was <b>not</b> screened for depression, reason not otherwise specified
<b>#325: Adult Major Depressive Disorder (MDD): Coordination of Care of Patients with Specific Comorbid Conditions Note: Registry Reporting Only</b>		
90791, 90832, 90834, 90837, 90845	<b>Clinician treating Major Depressive Disorder communicates to clinician treating comorbid condition</b>	<b>G8959:</b> Clinician treating MDD communicates to clinician treating comorbid condition
	<b>Clinician treating Major Depressive Disorder did not communicate to clinician treating comorbid condition, reason not given</b>	<b>G8960:</b> Clinician treating MDD did <b>not</b> communicate to clinician treating comorbid condition, reason not given

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