

**2011 AAOS PQRS WORKSHEET, No. 5**  
**Back Pain Measures Group**

Indicate your intention to report the Back Pain Measures Group by submitting the measures group-specific intent G-code [**G8493: I intend to report the Back Pain Measures Group**] at least once during the reporting period when billing a patient claim for both the 30 Patient Sample and the 50% Patient Sample Methods. It is not necessary to submit the measures group-specific intent G-code on more than one claim. It is not necessary to submit the measures group-specific intent G-code for registry-based submissions.

Select patient sample method:

**30 Patient Sample Method:** 30 unique Medicare Part B FFS (fee for service) patients meeting patient sample criteria for the measures group.

**OR**

**50% Patient Sample Method via Claims or 80% Patient Sample Method via Registry:** All patients meeting patient sample criteria for the measure group during the entire reporting period (January 1 through December 31, 2011 **OR** July 1 through December 31, 2011). For the 12-month reporting period, a minimum of 15 patients must meet the measures group patient sample criteria to report satisfactory. For the 6-month reporting period, a minimum of 8 patients must meet the measures group patient sample criteria to report satisfactory.

Report quality-data codes on **all** measures within the Back Pain Measures Group for each patient within the eligible professional's patient sample.

Instructions for quality-data code reporting for each of the measures within the Back Pain Measures Group are displayed on the next several pages. If all quality actions for the patient have been performed for all the measures within the group, the following composite G-code may be reported in lieu of the individual quality-data codes for each of the measures within the group. It is not necessary to submit the following composite G-code for registry-based submissions.

**Composite G-code G8502:** All quality actions for the applicable measures in the Back Pain Measures Group have been performed for this patient.

**2011 PQRS MEASURES IN BACK PAIN MEASURES GROUP:**

#148. Back Pain: Initial Visit

#149. Back Pain: Physical Exam

#150. Back Pain: Advice for Normal Activities

#151. Back Pain: Advice Against Bed Rest

**Note:** Measures 148, 149, 150, and 151 are reportable as a Measure Group **only**, not as individual measures. Refer to the 2011 PQRS Measures Group Specifications Manual ([http://www.aaos.org/research/committee/evidence/pqri\\_addinfo.asp](http://www.aaos.org/research/committee/evidence/pqri_addinfo.asp)) for additional information.

**\*Measure #148: Back Pain: Initial Visit – MEASURE GROUP REPORTING OPTION ONLY**

**[Reporting Key: MG: This measure is reportable ONLY as part of the Back Pain Measure Group which includes Measure #149: Back Pain: Physical Exam; Measure, #150: Back Pain: Advice for Normal Activities; and Measure #151: Back Pain: Advice Against Bed Rest]**

**DESCRIPTION:** The percentage of patients aged 18 through 79 years with a diagnosis of back pain or undergoing back surgery who had back pain and function assessed during the initial visit to the clinician for the episode of back pain.

**NUMERATOR:** Patients who had all five of the following components assessed at the initial visit to the clinician for an episode of back pain: pain assessment, functional status, patient history (including notation of presence or absence of warning signs), assessment of prior treatment and response, and employment status.

**Numerator Coding:**

**Back Pain and Function Assessed**

**CPT II 1130F:** Back pain and function assessed, including all of the following: Pain assessment AND functional status AND patient history, including notation of presence or absence of “red flags” (warning signs) AND assessment of prior treatment and response, AND employment status.

**OR**

**If patient is not eligible for this measure because back pain episode began prior to the reporting period, report:**

**CPT II 0526F:** Subsequent visit for episode.

**OR**

**Back Pain and Function not Assessed, Reason not Specified**

Append a reporting modifier (**8P**) to CPT Category II code **1130F** to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

**1130F with 8P:** Back pain and function was not assessed during the initial visit, reason not otherwise specified.

**DENOMINATOR:** Patients aged 18-79 years with a specific diagnosis for back pain accompanied by a specific patient encounter **OR** patients aged 18-79 years that have a specific back surgical procedure performed:

**ICD-9 diagnosis codes:** 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**

**CPT service codes:** 97001, 97002, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215

**OR**

**CPT procedure codes:** 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

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**\*Measure #149: Back Pain: Physical Exam - MEASURE GROUP REPORTING OPTION ONLY**

[Reporting Key: **MG**: This measure is reportable ONLY as part of the **Back Pain Measure Group** which includes **Measure #148: Back Pain: Initial Visit**; **Measure #150: Back Pain: Advice for Normal Activities**; and **Measure #151: Back Pain: Advice Against Bed Rest**]

**DESCRIPTION:** Percentage of patients aged 18 through 79 years with a diagnosis of back pain or undergoing back surgery who received a physical examination at the initial visit to the clinician for the episode of back pain.

**NUMERATOR:** Patients who had a physical examination at the initial visit to the clinician for a new episode of back pain.

**Numerator Coding:**

**Physical Exam Performed**

**CPT II 2040F:** Physical examination on the date of the initial visit for low back pain performed, in accordance with specifications.

**OR**

**If patient is not eligible for this measure because back pain episode began prior to the reporting period, report:**

**CPT II 0526F:** Subsequent visit for episode

**OR**

**Physical Exam not Performed, Reason not Specified**

Append a reporting modifier (**8P**) to CPT Category II code **2040F** to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

**2040F with 8P:** Physical exam was not performed during the initial visit, reason not otherwise specified.

**DENOMINATOR:** Patients aged 18-79 years with a specific diagnosis for back pain accompanied by a specific patient encounter **OR** patients aged 18-79 years that have a specific back surgical procedure performed:

**ICD-9 diagnosis codes:** 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**

**CPT service codes:** 97001, 97002, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215

**OR**

**CPT procedure codes:** 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

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**\* Measure #150: Back Pain: Advice for Normal Activities - MEASURE GROUP REPORTING OPTION ONLY**

**[Reporting Key: MG: This measure is reportable ONLY as part of the Back Pain Measure Group which includes Measure #148: Back Pain: Initial Visit; Measure #149: Back Pain: Physical Exam; and Measure #151: Back Pain: Advice Against Bed Rest]**

**DESCRIPTION:** The percentage of patients aged 18 through 79 years with a diagnosis of back pain or undergoing back surgery who received advice for normal activities at the initial visit to the clinician for the episode of back pain.

**NUMERATOR:** Patients with documentation of advice to maintain or resume normal activities at the initial visit to the clinician for a new episode of back pain.

**Numerator Coding:**

**Advice for Normal Activities Performed**

**CPT II 4245F:** Patient counseled during the initial visit to maintain or resume normal activities  
**OR**

**If patient is not eligible for this measure because back pain episode began prior to the reporting period, report:**

**CPT II 0526F:** Subsequent visit for the episode  
**OR**

**Advice for Normal Activities not Performed, Reason not Specified**

Append a reporting modifier (**8P**) to CPT Category II code **4245F** to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.  
**4245F with 8P:** Advice for normal activities was not performed during the initial visit, reason not otherwise specified.

**DENOMINATOR:** Patients aged 18-79 years with a specific diagnosis for back pain accompanied by a specific patient encounter **OR** patients aged 18-79 years that have a specific back surgical procedure performed:

**ICD-9 diagnosis codes:** 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**

**CPT service codes:** 97001, 97002, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215

**OR**

**CPT procedure codes:** 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

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**\* Measure #151: Back Pain: Advice Against Bed Rest - MEASURE GROUP REPORTING OPTION ONLY**

**[Reporting Key: MG: This measure is reportable ONLY as part of the Back Pain Measure Group which includes Measure #148: Back Pain: Initial Visit; Measure #149: Back Pain: Physical Exam; and Measure #150: Back Pain: Advice for Normal Activities]**

**DESCRIPTION:** The percentage of patients aged 18 through 79 years with a diagnosis of back pain or undergoing back surgery who received advice against bed rest lasting four days or longer at the initial visit to the clinician for the episode of back pain.

**NUMERATOR:** Patients with documentation of advice against bed rest lasting four days or longer at the initial visit to the clinician for an episode of back pain.

**Numerator Coding:**

**Advice Against Bed Rest Performed**

**CPT II 4248F:** Patient counseled during the initial visit for an episode of back pain against bed rest lasting 4 days or longer

**OR**

**If patient is not eligible for this measure because back pain episode began prior to the reporting period, report:**

**CPT II 0526F:** Subsequent visit for episode

**OR**

**Advice Against Bed Rest not Performed, Reason not Specified**

Append a reporting modifier (**8P**) to CPT Category II code **4248F** to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

**4248F with 8P:** Advice against bed rest was not performed during the initial visit, reason not otherwise specified

**DENOMINATOR:** Patients aged 18-79 years with a specific diagnosis for back pain accompanied by a specific patient encounter **OR** patients aged 18-79 years that have a specific back surgical procedure performed:

**ICD-9 diagnosis codes:** 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**

**CPT service codes:** 97001, 97002, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215

**OR**

**CPT procedure codes:** 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

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