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 80% 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. If the G-code for a given group is submitted multiple times during the reporting period, only the submission with the earliest date of service will be included in the PQRI analyses; subsequent submissions of that code will be ignored.

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.

**2010 PQRI 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 2010 PQRI Measures Group Specifications Manual (http://www.aaos.org/research/committee/evidence/pqri_addinfo.asp) for additional information.
Measure #148: Back Pain: Initial Visit

**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 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:

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
Measure #149: Back Pain: Physical Exam

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 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

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:

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, 22565, 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, 63086, 63087, 63088, 63090, 63091, 63101, 63102, 63103, 63170, 63172, 63173, 63180, 63182, 63185, 63190, 63191, 63194, 63195, 63196, 63197, 63198, 63199, 63200
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 for normal activities at the initial visit to the clinician for the 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:
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
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 against bed rest lasting four days or longer at the initial visit to the clinician for the 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:
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