INFLAMMATORY BOWEL DISEASE (IBD) MEASURES GROUP OVERVIEW

2012 PHYSICIAN QUALITY REPORTING OPTIONS FOR MEASURES GROUPS: REGISTRY ONLY

2012 PHYSICIAN QUALITY REPORTING MEASURES IN INFLAMMATORY BOWEL DISEASE (IBD) MEASURES GROUP:

#269. Inflammatory Bowel Disease (IBD): Type, Anatomic Location and Activity all Documented
#270. Inflammatory Bowel Disease (IBD): Preventive Care: Corticosteroid Sparing Therapy
#271. Inflammatory Bowel Disease (IBD): Preventive Care: Corticosteroid Related Iatrogenic Injury – Bone Loss Assessment
#272. Inflammatory Bowel Disease (IBD): Preventive Care: Influenza Immunization
#273. Inflammatory Bowel Disease (IBD): Preventive Care: Pneumococcal Immunization
#274. Inflammatory Bowel Disease (IBD): Testing for Latent Tuberculosis (TB) Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy
#275. Inflammatory Bowel Disease (IBD): Assessment of Hepatitis B Virus (HBV) Status Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy
#226. Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

INSTRUCTIONS FOR REPORTING: (These instructions apply to registry reporting. Do not report this measures group via claims.)

- It is not necessary to submit the measures group-specific intent G-code for registry-based submissions. However, the measures group-specific intent G-code has been created for registry only measures groups for use by registries that utilize claims data.

G8899: I intend to report the Inflammatory Bowel Disease (IBD) Measures Group

- 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
  80% Patient Sample Method: All patients meeting patient sample criteria for the measure group during the entire reporting period (January 1 through December 31, 2012 OR July 1 through December 31, 2012). For the 12-month reporting period, a minimum of 15 Medicare Part B FFS patients must meet the measures group patient sample criteria to report satisfactory. For the 6-month reporting period, a minimum of 8 Medicare Part B FFS patients must meet the measures group patient sample criteria to report satisfactory.

- Patient sample criteria for the IBD Measures Group are patients aged 18 years and older with a specific diagnosis of IBD accompanied by a specific patient encounter:

  One of the following diagnosis codes indicating IBD: 555.0, 555.1, 555.2, 555.9, 556.0, 556.1, 556.2, 556.3, 556.4, 556.5, 556.6, 556.8, 556.9

  Accompanied by

  One of the following patient encounter codes: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99401, 99402, 99403, 99404, 99406, 99407
• Report a numerator option on all measures within the IBD Measures Group for each patient within the eligible professional's patient sample.

• Instructions for qualifying numerator option reporting for each of the measures within the IBD Measures Group are displayed on the next several pages. The following composite G-code has been created for registry only measures groups for use by registries that utilize claims data. This composite G-code may be reported in lieu of the individual quality-data codes for each of the measures within the group, if all quality actions for the patient have been performed for all the measures within the group. However, it is not necessary to submit the following composite G-code for registry-based submissions.

**Composite G-code G8758:** All quality actions for the applicable measures in the Inflammatory Bowel Disease (IBD) Measures Group have been performed for this patient

• To report satisfactorily the IBD Measures Group it requires all measures for each patient within the eligible professional's patient sample to be reported a minimum of once during the reporting period.

• Measures groups containing a measure with a 0% performance rate will not be counted as satisfactorily reporting the measures group. The recommended clinical quality action must be performed on at least one patient for each measure within the measures group reported by the eligible professional. Performance exclusion quality data codes are not counted in the performance denominator. If the eligible professional submits all performance exclusion quality data codes, the performance rate would be 0/0 and would be considered satisfactorily reporting.

• When using the 30 Patient Sample Method, report all applicable measures for the 30 unique Medicare Part B FFS patients seen. When using the 80% Patient Sample Method, report all applicable measures on at least 80% of the patient sample for the eligible professional for the 12-month or 6-month reporting period.

NOTE: The detailed instructions in this specification apply exclusively to the reporting and analysis of the included measures under the measures groups option. For all other claims-based or registry-based reporting options, please see the measures' full specifications in the document “2012 Physician Quality Reporting Measure Specifications Manual for Claims and Registry Reporting for Individual Measures” available for download from the CMS Physician Quality Reporting website.
Measure #269: Inflammatory Bowel Disease (IBD): Type, Anatomic Location and Activity
All Documented

DESCRIPTION:
Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease who have documented the disease type, anatomic location and activity, at least once during the reporting year.

NUMERATOR:
Patients who were assessed for disease type and anatomic location and activity

**Numerator Instructions:** Patients are considered to have appropriate documentation of inflammatory bowel disease type, anatomic location, and activity if all of the following are documented:

a. Type of inflammatory bowel disease (Crohn's, ulcerative colitis or IBD-unclassified)
b. Anatomic location of disease based on current or historic endoscopic and/or radiologic data (Note: this element does not prescribe frequency of studies).
c. Luminal disease activity (quiescent, mild, moderate, severe) and presence of extraintestinal manifestations

**Numerator Options:**
- Type, anatomic location, and activity all documented (G0920)
- Documentation of patient reason(s) for not being able to assess (e.g., patient refuses endoscopic and/or radiologic assessment) (G0921)
- No documentation of disease type, anatomic location and activity, reason not otherwise specified (G0922)

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Measure #270: Inflammatory Bowel Disease (IBD): Preventive Care: Corticosteroid Sparing Therapy

DESCRIPTION:
Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease who have been managed by corticosteroids greater than or equal to 10 mg/day for 60 or greater consecutive days that have been prescribed corticosteroid sparing therapy in the last reporting year

NUMERATOR:
Patients managed with corticosteroids greater than or equal to 10 mg/day for 60 or greater consecutive days AND prescribed a corticosteroid sparing therapy (e.g., thiopurines, methotrexate, or anti-TNF agents)

Definition:
Corticosteroids - Prednisone equivalents used expressly for the treatment of IBD and not for other indications (including premedication before anti-TNF therapy, non-IBD indications) can be determined using the following: 1 mg of prednisone = 1 mg of prednisolone; 5 mg of cortisone; 4 mg of hydrocortisone; 0.8 mg of triamcinolone; 0.8 mg of methylprednisolone; 0.15 mg of dexamethasone; 0.15 mg of betamethasone.

Numerator Options:
Patient receiving corticosteroids greater than or equal to 10 mg/day for 60 or greater consecutive days (G8859)
AND Corticosteroid sparing therapy prescribed (4142F)
OR Patient not receiving corticosteroids greater than or equal to 10 mg/day for 60 or greater consecutive days (3750F)
OR Patient receiving corticosteroids greater than or equal to 10 mg/day for 60 or greater consecutive days (G8859)
AND Documentation of medical reason(s) for not treating with corticosteroid sparing therapy (e.g., benefits of continuing steroid therapy outweigh the risk of weaning patient off steroids, initiating steroid sparing therapy or patient refuses to initiate steroid sparing therapy) (4142F with 1P)
OR Patient receiving corticosteroids greater than or equal to 10 mg/day for 60 or greater consecutive days (G8859)
AND Corticosteroid sparing therapy not prescribed, reason not otherwise specified (4142F with 8P)

NOTE: The detailed instructions in this specification apply exclusively to the reporting and analysis of the included measures under the measures groups option. For all other claims-based or registry-based reporting options, please see the measures’ full specifications in the document “2012 Physician Quality Reporting Measure Specifications Manual for Claims and Registry Reporting for Individual Measures” available for download from the CMS Physician Quality Reporting website.

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Measure #271: Inflammatory Bowel Disease (IBD): Preventive Care: Corticosteroid Related Iatrogenic Injury – Bone Loss Assessment

DESCRIPTION:
Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease who have received dose of corticosteroids greater than or equal to 10 mg/day for 60 or greater consecutive days and were assessed for risk of bone loss once per the reporting year.

NUMERATOR:
Patients who have received dose of corticosteroids greater than or equal to 10 mg/day for 60 or greater consecutive days and who were assessed for risk of bone loss.

Definitions:
Corticosteroids - Prednisone equivalents used expressly for the treatment of IBD and not for other indications (including premedication before anti-TNF therapy, non-IBD indications) can be determined using the following: 1 mg of prednisone = 1 mg of prednisolone; 5 mg of cortisone; 4 mg of hydrocortisone; 0.8 mg of triamcinolone; 0.8 mg of methylprednisolone; 0.15 mg of dexamethasone; 0.15 mg of betamethasone.
Assessed - Documentation that an assessment for risk of bone loss has been performed or ordered. This includes, but is not limited to, review of systems and medication history, and ordering of Central Dual-energy X-Ray Absorptiometry (DXA) scan.

Numerator Options:
Patients who have received dose of corticosteroids greater than or equal to 10 mg/day for 60 or greater consecutive days (G8860)
AND
Central Dual-energy X-Ray Absorptiometry (DXA) ordered or documented, review of systems and medication history or pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed (G8861)
OR
Patients not receiving corticosteroids greater than or equal to 10 mg/day for 60 or greater consecutive days (G8862)
OR
Patients who have received dose of corticosteroids greater than or equal to 10 mg/day for 60 or greater consecutive days (G8860)
AND
Patients not assessed for risk of bone loss, reason not otherwise specified (G8863)
Measure #272: Inflammatory Bowel Disease (IBD): Preventive Care: Influenza Immunization

DESCRIPTION:
Percentage of patients aged 18 years and older with inflammatory bowel disease for whom influenza immunization was recommended, administered or previously received during the reporting year

NUMERATOR:
Patients for whom influenza immunization was recommended, administered, or previously received

Numerator Options:
Influenza immunization recommended (4035F)
OR
Influenza immunization ordered or administered (4037F)
OR
Documentation of medical reason(s) for not recommending influenza immunization (e.g., patient allergic reaction, potential adverse drug reaction) (4035F with 1P)
OR
Documentation of medical reason(s) for not ordering or administering or having previously received influenza immunization (e.g., patient allergic reaction, potential adverse drug reaction) (4037F with 1P)
OR
Documentation of patient reason(s) for not recommending influenza immunization (e.g., patient refusal) (4035F with 2P)
OR
Documentation of patient reason(s) for not administering or having previously received influenza immunization (e.g., patient refusal) (4037F with 2P)
OR
Documentation of system reason(s) for not recommending influenza immunization (e.g., vaccine not available) (4035F with 3P)
OR
Documentation of system reason(s) for not administering or having previously received influenza immunization (e.g., vaccine not available) (4037F with 3P)
OR
Influenza immunization not recommended, reason not otherwise specified (4035F with 8P)
OR
Influenza immunization not ordered or administered, reason not otherwise specified (4037F with 8P)

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Measure #273: Inflammatory Bowel Disease (IBD): Preventive Care: Pneumococcal Immunization

DESCRIPTION:
Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease that had pneumococcal vaccination administered or previously received

NUMERATOR:
Patients for whom pneumococcal vaccine administered or previously received

Numerator Options:
- Pneumococcal vaccine administered or previously received (G8864)
- Documentation of medical reason(s) for not administering or previously receiving pneumococcal vaccine (e.g., patient allergic reaction, potential adverse drug reaction) (G8865)
- Documentation of patient reason(s) for not administering or previously receiving pneumococcal vaccine (e.g., patient refusal) (G8866)
- Pneumococcal vaccine not administered or previously received, reason not otherwise specified (G8867)

NOTE: The detailed instructions in this specification apply exclusively to the reporting and analysis of the included measures under the measures groups option. For all other claims-based or registry-based reporting options, please see the measures' full specifications in the document “2012 Physician Quality Reporting Measure Specifications Manual for Claims and Registry Reporting for Individual Measures” available for download from the CMS Physician Quality Reporting website.
Measure #274: Inflammatory Bowel Disease (IBD): Testing for Latent Tuberculosis (TB) Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy

DESCRIPTION:
Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease (IBD) for whom a tuberculosis (TB) screening was performed and results interpreted within six months prior to receiving a first course of anti-TNF (tumor necrosis factor) therapy

NUMERATOR:
Patients who had TB screening performed and results interpreted, within 6 months prior to receiving a first course of anti-TNF therapy

Definition:
First Course of anti-TNF therapy: the first (ever) course of anti-TNF therapy

Numerator Options:
Documentation that tuberculosis (TB) screening test performed and results interpreted (3510F)
AND
Patients receiving a first course of anti-TNF therapy (G8868)

OR
Patient not receiving a first course of anti-TNF (tumor necrosis factor) therapy (6150F)

OR
Documentation of medical reason(s) for not performing TB screening test within 6 months prior to receiving a first course of anti-TNF therapy (e.g., patient positive for TB and documentation of past treatment; patient recently completed course of anti-TB therapy) (3510F with 1P)
OR
Documentation of patient reason(s) for not performing TB screening test within 6 months prior to receiving a first course of anti-TNF therapy (e.g., patient declined) (3510F with 2P)

AND
Patients receiving a first course of anti-TNF therapy (G8868)

OR
TB screening test not performed within 6 months prior to receiving a first course of anti-TNF therapy, reason not otherwise specified (3510F with 8P)
AND
Patients receiving a first course of anti-TNF therapy (G8868)
Measure #275: Inflammatory Bowel Disease (IBD): Assessment of Hepatitis B Virus (HBV) Status Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy

DESCRIPTION:
Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease (IBD) who had Hepatitis B Virus (HBV) status assessed and results interpreted within one year prior to receiving a first course of anti-TNF (tumor necrosis factor) therapy

NUMERATOR:
Patients who had HBV status assessed and results interpreted within one year prior to receiving a first course of anti-TNF therapy

Numerator Instructions: HBV status must be assessed by one of the following: HBsAG, HBsAG neutralization, HBC total, HBcAB IgM, HBsAB

Definition:
First Course of anti-TNF therapy: the first (ever) course of anti-TNF therapy

Numerator Options:
Hepatitis B Virus (HBV) status assessed and results interpreted within one year prior to receiving a first course of anti-TNF (tumor necrosis factor) therapy (3517F)
OR
Patient has documented immunity to hepatitis B and is receiving a first course of anti-TNF therapy (G8869)
OR
Hepatitis B vaccine injection administered or previously received and is receiving a first course of anti-TNF therapy (G8870)
OR
Patient not receiving a first course of anti-TNF therapy (G8871)
OR
Documentation of medical reason(s) for not assessing Hepatitis B Virus (HBV) (e.g., potential drug interaction, potential for allergic reaction) status within one year prior to receiving first course of anti-TNF therapy (3517F with 1P)
OR
Documentation of patient reason(s) for not assessing Hepatitis B Virus (HBV) status (e.g., patient declined) within one year prior to receiving first course of anti-TNF therapy (3517F with 2P)
OR
Hepatitis B Virus (HBV) status not assessed and results interpreted within one year prior to receiving a first course of anti-TNF (tumor necrosis factor) therapy, reason not otherwise specified (3517F with 8P)

NOTE: The detailed instructions in this specification apply exclusively to the reporting and analysis of the included measures under the measures groups option. For all other claims-based or registry-based reporting options, please see the measures’ full specifications in the document “2012 Physician Quality Reporting Measure Specifications Manual for Claims and Registry Reporting for Individual Measures” available for download from the CMS Physician Quality Reporting website.
Measure #226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

DESCRIPTION:
Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user

NUMERATOR:
Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation counseling intervention if identified as a tobacco user

Definitions:
Tobacco Use – Includes any type of tobacco
Cessation Counseling Intervention – Includes counseling or pharmacotherapy

NUMERATOR NOTE: In the event that a patient is screened for tobacco use and identified as a user but did not receive tobacco cessation counseling report 4004F with 8P.

Numerator Quality-Data Coding Options for Reporting Satisfactorily:
Patient Screened for Tobacco Use
CPT II 4004F: Patient screened for tobacco use AND received tobacco cessation (intervention, counseling, pharmacotherapy, or both), if identified as a tobacco user
OR
Patient Screened for Tobacco Use and Identified as a Non-User of Tobacco
CPT II 1036F: Current tobacco non-user

OR
Tobacco Screening not Performed for Medical Reasons
Append a modifier (1P) to CPT Category II code 4004F to report documented circumstances that appropriately exclude patients from the denominator
4004F with 1P: Documentation of medical reason(s) for not screening for tobacco use (e.g., limited life expectancy)

OR
Tobacco Screening not Performed Reason Not Specified
Append a reporting modifier (8P) to CPT Category II code 4004F to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.
4004F with 8P: Tobacco Screening not performed, reason not otherwise specified