Measure #110 (NQF 0041): Preventive Care and Screening: Influenza Immunization – National Quality Strategy Domain: Community/Population Health

2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES: CLAIMS, REGISTRY

DESCRIPTION:
Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization

INSTRUCTIONS:
This measure is to be reported a minimum of once for visits for patients seen between January and March for the 2015-2016 influenza season AND a minimum of once for visits for patients seen between October and December for the 2016-2017 influenza season. This measure is intended to determine whether or not all patients aged 6 months and older received (either from the reporting physician or from an alternate care provider) the influenza immunization during the flu season. There is no diagnosis associated with this measure. This measure may be reported by clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

If reporting this measure between January 1, 2016 and March 31, 2016, quality-data code G8482 should be reported when the influenza immunization is administered to the patient during the months of August, September, October, November, and December of 2015 or January, February, and March of 2016 for the flu season ending March 31, 2016.

- If reporting this measure between October 1, 2016 and December 31, 2016, quality-data code G8482 should be reported when the influenza immunization is administered to the patient during the months of August, September, October, November, and December of 2016 for the flu season ending March 31, 2017.
- Influenza immunizations administered during the month of August or September of a given flu season (either 2015-2016 flu season OR 2016-2017 flu season) can be reported when a visit occurs during the flu season (October 1 - March 31). In these cases, G8482 should be reported.

Measure Reporting via Claims:
CPT or HCPCS codes and patient demographics are used to identify patients who are included in the measure’s denominator. Quality-data codes are used to report the numerator of the measure.

When reporting the measure via claims, submit the listed CPT or HCPCS codes, and the appropriate numerator quality-data code. All measure-specific coding should be reported on the claim(s) representing the eligible encounter.

Measure Reporting via Registry:
CPT or HCPCS codes and patient demographics are used to identify patients who are included in the measure’s denominator. The listed numerator options are used to report the numerator of the measure.

The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

DENOMINATOR:
All patients aged 6 months and older seen for a visit between October 1 and March 31

Denominator Criteria (Eligible Cases):
Patients aged ≥ 6 months seen for a visit between October 1 and March 31
AND

Patient encounter during the reporting period (CPT or HCPCS): 90945, 90947, 90951, 90952, 90953, 90954, 90955, 90956, 90957, 90958, 90959, 90960, 90961, 90962, 90963, 90964, 90965, 90966, 90967, 90968, 90969, 90970, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, G0438, G0439

NUMERATOR:

Patients who received an influenza immunization OR who reported previous receipt of an influenza immunization

Numerator Instructions:
The numerator for this measure can be met by reporting either administration of an influenza vaccination or that the patient reported previous receipt of the current season's influenza immunization. If the performance of the numerator is not met, a clinician can report a valid performance exclusion for having not administered an influenza vaccination. For clinicians reporting a performance exclusion for this measure, there should be a clear rationale and documented reason for not administering an influenza immunization if the patient did not indicate previous receipt, which could include a medical reason (e.g., patient allergy), patient reason (e.g., patient declined), or system reason (e.g., vaccination not available). The system reason should be indicated only for cases of disruption or shortage of influenza vaccination supply.

Definition:

Previous Receipt – Receipt of the current season’s influenza immunization from another provider OR from same provider prior to the visit to which the measure is applied (typically, prior vaccination would include influenza vaccine given since August 1st).

Numerator Quality-Data Coding Options for Reporting Satisfactorily:

Influenza Immunization Administered

Performance Met: G8482: Influenza immunization administered or previously received

OR

Influenza Immunization not Administered for Documented Reasons

Other Performance Exclusion: G8483: Influenza immunization was not administered for reasons documented by clinician (e.g., patient allergy or other medical reasons, patient declined or other patient reasons, vaccine not available or other system reasons)

OR

Influenza Immunization not Administered, Reason not Given

Performance Not Met: G8484: Influenza immunization was not administered, reason not given

RATIONALE:

Annual influenza vaccination is the most effective method for preventing influenza virus infection and its complications. Influenza vaccine is recommended for all persons aged ≥ 6 months who do not have contraindications to vaccination.

CLINICAL RECOMMENDATION STATEMENTS:
The following evidence statements are quoted verbatim from the referenced clinical guidelines.

Routine annual influenza vaccination is recommended for all persons aged >=6 months who do not have contraindications. Vaccination optimally should occur before onset of influenza activity in the community. Health care providers should offer vaccination soon after vaccine becomes available (by October, if possible). Vaccination should be offered as long as influenza viruses are circulating. (CDC/ACIP, 2014)
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2016 Claims/Registry Individual Measure Flow
PQRS #110 NQF #0041: Preventive Care and Screening: Influenza Immunization

**SAMPLE CALCULATIONS:**

**Reporting Rate**
\[
\text{Performance Met (a=3 patients) + Performance Exclusion (b=1 patient) + Performance Not Met (c=3 patients) = 7 patients} = \frac{7}{8} \times 100 = 87.50\%
\]

**Performance Rate**
\[
\text{Reporting Numerator (7 patients) – Performance Exclusion (b=1 patient)} = \frac{6}{8} = 50.00\%
\]

* See the posted Measure Specification for specific coding and instructions to report this measure.
** This measure is only to be reported a minimum of once for visits occurring between January 1, 2016 and March 31, 2016 for the 2015-2016 influenza season AND a minimum of once for visits occurring between October 1, 2016 and December 31, 2016 for the 2016-2017 influenza season for patients seen during the reporting period.

**NOTE:** Reporting Frequency: Patient-Periodic
2016 Claims/Registry Individual Measure Flow
PQRS #110 NQF #0041: Preventive Care and Screening: Influenza Immunization

Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in reporting this Individual Measure.

1. Start with Denominator

2. Check Patient Age:
   a. If the Age is greater than or equal to 6 months of age on Date of Service and equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.
   b. If the Age is greater than or equal to 6 months of age on Date of Service and equals Yes during the measurement period, proceed to check Patient Encounter.

3. Check Encounter Performed:
   a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
   b. If Encounter as Listed in the Denominator equals Yes, include in the Eligible population.

4. Denominator Population:
   a. Denominator population is all Eligible Patients in the denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 8 patients in the sample calculation.

5. Start Numerator

6. Check Influenza Immunization Administered or Previously Received:
   a. If Influenza Immunization Administered or Previously Received equals Yes, include in Reporting Met and Performance Met.
   b. Reporting Met and Performance Met letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 3 patients in Sample Calculation.
   c. If Influenza Immunization Administered or Previously Received equals No, proceed to Influenza Immunization Not Administered for Documented Reasons.

7. Check Influenza Immunization was not administered for Reasons Documented by Clinician:
   a. If Influenza Immunization was not administered for Reasons Documented by Clinician equals Yes, include in Reporting Met and Performance Exclusion.
   b. Reporting Met and Performance Exclusion letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 1 patient in the Sample Calculation.
   c. If Influenza Immunization was not Administered for Reasons Documented by Clinician equals No, proceed to Influenza Immunization was Not Administered, Reason Not Given.
8.  Check Influenza Immunization Not Administered, Reason Not Given:
   a.  If Influenza Immunization Not Administered, Reason Not Given equals Yes, include in the Reporting Met and Performance Not Met.
   b.  Reporting Met and Performance Not Met letter is represented in the Reporting Rate in the Sample Calculation listed at the end of this document. Letter c equals 3 patients in the Sample Calculation.
   c.  If Influenza Immunization Not Administered, Reason Not Given equals No, proceed to Reporting Not Met.

9.  Check Reporting Not Met:
   a.  If Reporting Not Met equals No, Quality Data Code or equivalent not reported. 1 patient has been subtracted from the reporting numerator in the sample calculation.

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**SAMPLE CALCULATIONS:**

<table>
<thead>
<tr>
<th>Formula</th>
<th>Description</th>
<th>Calculation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting Rate=</td>
<td>Performance Met (a=3 patients) + Performance Exclusion (b=1 patients) + Performance Not Met (c=3 patients) = 7 patients</td>
<td>= 87.50%</td>
</tr>
<tr>
<td>Performance Rate=</td>
<td>Eligible Population / Denominator (d=8 patients)</td>
<td>= 8 patients</td>
</tr>
<tr>
<td>Reporting Numerator (7 patients) – Performance Exclusion (b=1 patients)</td>
<td>= 6 patients</td>
<td></td>
</tr>
</tbody>
</table>

| Performance Rate= | Reporting Numerator (7 patients) / Performance Met (a=3 patients) | = 50.00% |