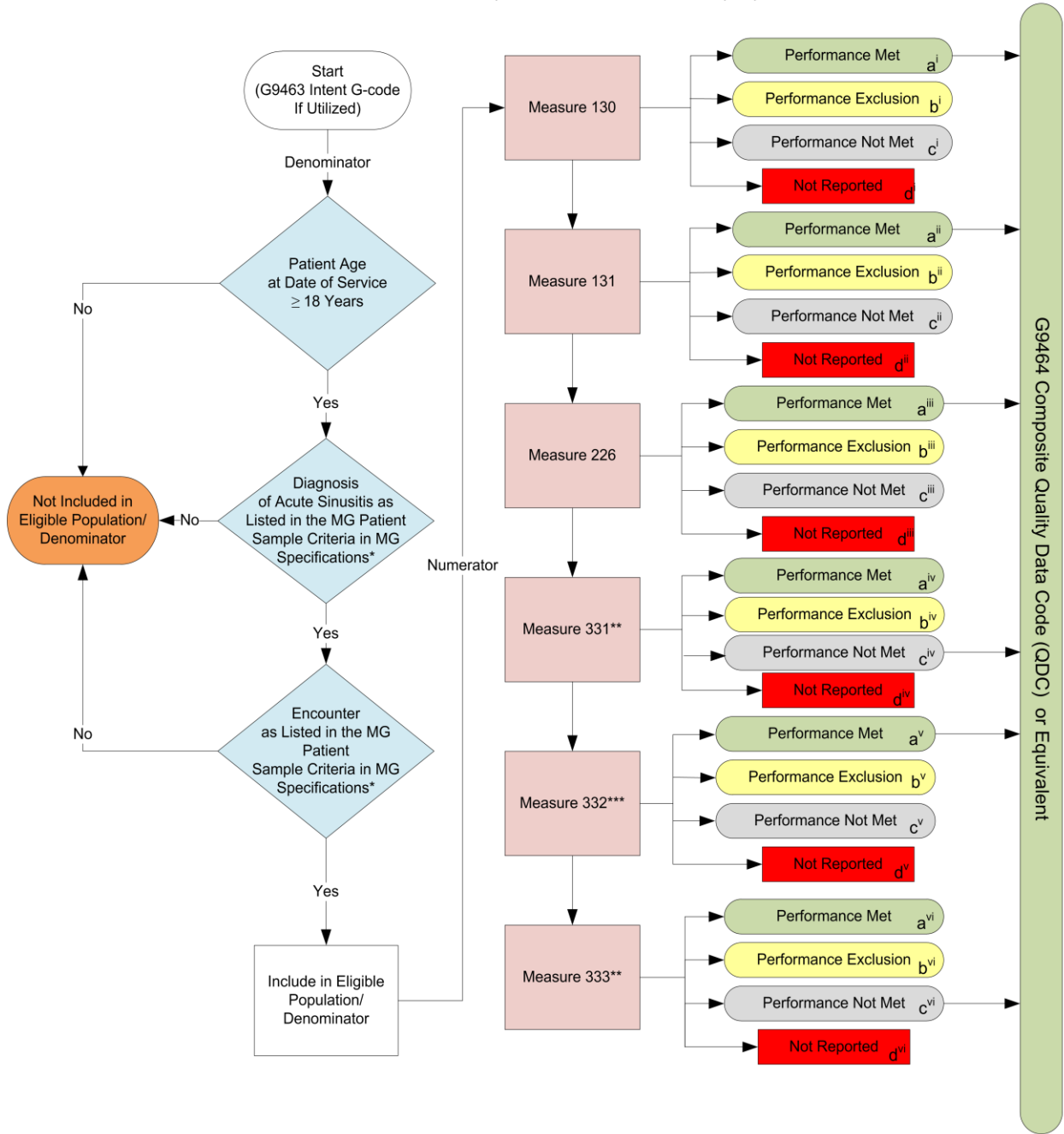


2016 Measures Group (MG) Flow Sinusitis

Note: For Measure numerator details, please refer to the Measures Groups Specification Manual



The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.

*See the posted 2016 Measures Groups Specification Manual for Patient Sample Criteria, specific coding and instructions to report this Measures Group.

**For performance on Measure #331 and #333, a lower rate indicates better clinical care or control.

***Measure #332 need only be reported if sinusitis caused by, or presumed to be caused by, bacterial infection (G9364) and antibiotic regimen prescribed within 7 days of diagnosis or within 10 days after onset of symptoms (G9286 or equivalent).

2016 Measures Group (MG) Flow Sinusitis

Scenarios for Reporting (Patient) and Performance (Measure) Algorithms:

a= Performance Met; b=Performance Exclusion; c=Performance Not Met; d=Not Reported; e= Not Applicable

	Measure 130 (i)	Measure 131 (ii)	Measure 226 (iii)	Measure 331** (iv)	Measure 332*** (v)	Measure 333** (vi)
Patient X G9364 or Equivalent	Met (a ⁱ)	Met (a ⁱⁱ)	Met (a ⁱⁱⁱ)	Met (a ^{iv})	Met (a ^v)	Not Met (c ^{vi})
Patient Y Not G9364 or Equivalent	Met (a ⁱ)	Not Met (c ⁱⁱ)	Met (a ⁱⁱⁱ)	Not Met (c ^{iv})	Not Applicable (e ^v)	Exclusion (b ^{vi})
Patient Z G9364 or Equivalent	Met (a ⁱ)	Met (a ⁱⁱ)	Met (a ⁱⁱⁱ)	Met (a ^{iv})	Not Reported (d ^v)	Not Met (c ^{vi})

Reporting Algorithm****

Patient X [aⁱ,aⁱⁱ,aⁱⁱⁱ,a^{iv},a^v,c^{vi}] + Patient Y [aⁱ,cⁱⁱ,aⁱⁱⁱ,c^{iv},e^v,b^{vi}]+ Patient Z [aⁱ,aⁱⁱ,aⁱⁱⁱ,a^{iv},d^v,c^{vi}] = 1+1+0 =
2 of the Required 20 Patient Sample Reported

Performance Algorithms

Measure 130

Performance Met (3) = 3 = 100.00%
Reported QDC for eligible patient (3) – Performance Exclusion (0) 3

Measure 131

Performance Met (2) = 2 = 66.67%
Reported QDC for eligible patient (3) – Performance Exclusion (0) 3

Measure 226

Performance Met (3) = 3 = 100.00%
Reported QDC for eligible patient (3) – Performance Exclusion (0) 3

Measure 331

Performance Met (2) = 2 = 66.67%
Reported QDC for eligible patient (3) – Performance Exclusion (0) 3

Measure 332

Performance Met (1) = 1 = 100.00%
Reported QDC for eligible patient (1) – Performance Exclusion (0) 1

Measure 333

Performance Met (0) = 0 = 0%
Reported QDC for eligible patient (3) – Performance Exclusion (1) 2

**For performance on Measure #331 and #333, a lower rate indicates better clinical care or control.

***Measure #332 need only be reported if sinusitis caused by, or presumed to be caused by, bacterial infection (G9364) and antibiotic regimen prescribed within 7 days of diagnosis or within 10 days after onset of symptoms (G9286 or equivalent).

****Reporting of all applicable measures contained in measures group, per patient, equals one.

2016 Measures Group (MG) Flow Sinusitis

Please refer to the specific section of the 2016 PQRS Measures Groups Specifications Manual to identify the specific coding and instructions to report the Sinusitis Measures Group Patient Sample Criteria (denominator), individual measures, and numerator options information for use in reporting this Measures Group.

1. Start with G9463 Intent G-code if Utilized
2. Check Patient Age:
 - a. If the Age is greater than or equal to 18 years of age at Date of Service equals No, do not include in Eligible Population/Denominator. Stop Processing.
 - b. If the Age is greater than or equal to 18 years of age at Date of Service equals Yes, proceed to check Patient Diagnosis.
3. Check Patient Diagnosis:
 - a. Diagnosis indicating Acute Sinusitis as listed in the Measures Group Patient Sample Criteria equals No, do not include in Eligible Population/Denominator. Stop Processing.
 - b. If Diagnosis indicating Acute Sinusitis as listed in the Measures Group Patient Sample Criteria equals Yes, proceed to check Encounter Performed.
4. Check Encounter Performed:
 - a. If Encounter as Listed in the Measures Group Patient Sample Criteria equals No, do not include in Eligible Population/Denominator. Stop Processing.
 - b. If Encounter as Listed in the Measures Group Patient Sample Criteria equals Yes, include in the Eligible Population/Denominator.
5. Denominator Population
 - a. Include in Eligible Population/Denominator all eligible patients who meet the Patient Sample Criteria (denominator) for the Measures Group. For each measure within the measures group each numerator option is represented by a letter which is used in the Scenarios for Reporting and Performance Algorithms at the end of this document.
6. Start Numerator Options for Measures within the Measures Group
7. Composite Quality Data Code (QDC) G9464 has been created for registries that utilize claims data. This QDC may be reported in lieu of individual QDCs when all quality clinical actions for all applicable measures within the group have been performed for this patient.
8. Measure 130
 - a. Numerator option Performance Met has an arrow pointing to G9464 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter aⁱ.
 - b. Numerator option Performance Exclusion is represented by letter bⁱ.
 - c. Numerator option Performance Not Met is represented by letter cⁱ.

d. Numerator option Not Reported is represented by letter dⁱ.

9. Measure 131

a. Numerator option Performance Met has an arrow pointing to G9464 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter aⁱⁱ.

b. Numerator option Performance Exclusion is represented by letter bⁱⁱ.

c. Numerator option Performance Not Met is represented by letter cⁱⁱ.

d. Numerator option Not Reported is represented by letter dⁱⁱ.

10. Measure 226

a. Numerator option Performance Met has an arrow pointing to G9464 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter aⁱⁱⁱ.

b. Numerator option Performance Exclusion is represented by letter bⁱⁱⁱ.

c. Numerator option Performance Not Met is represented by letter cⁱⁱⁱ.

d. Numerator option Not Reported is represented by letter dⁱⁱⁱ.

11. Measure 331

a. Measure #331 is an inverse measure. A lower calculated performance rate for this measure indicates better clinical control and care.

b. Numerator option Performance Met is represented by letter a^{iv}.

c. Numerator option Performance Exclusion is represented by letter b^{iv}.

d. Numerator option Performance Not Met has an arrow pointing to G9464 Composite Quality Data Code (QDC) or Equivalent. Performance Not Met is represented by letter c^{iv}.

e. Numerator option Not Reported is represented by letter d^{iv}.

12. Measure 332

a. Measure #332 need only be reported if sinusitis is caused by, or presumed to be caused by, bacterial infection (G9364 or equivalent) and antibiotic regimen prescribed within 7 days of diagnosis or within 10 days after onset of symptoms (G9286 or equivalent). When measure #332 is Not Applicable it is represented by letter e^v in the Scenarios for Reporting Algorithms.

b. Numerator option Performance Met has an arrow pointing to G9464 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter a^v.

c. Numerator option Performance Exclusion is represented by letter b^v.

d. Numerator option Performance Not Met is represented by letter c^v.

e. Numerator option Not Reported is represented by letter d^v.

13. Measure 333

- a. Measure #333 is an inverse measure. A lower calculated performance rate for this measure indicates better clinical control and care.
- b. Performance Met is represented by letter a^{vi}.
- c. Numerator option Performance Exclusion is represented by letter b^{vi}.
- d. Numerator option Performance Not Met has an arrow pointing to G9464 Composite Quality Data Code (QDC) or Equivalent. Numerator option Performance Not Met is represented by letter c^{vi}.
- e. Numerator option Not Reported is represented by letter d^{vi}.

14. Scenarios for Reporting and Performance Algorithms

15. Patient X with G9364 or equivalent

- a. Patient X Met Measure 130 (represented by aⁱ)
- b. Patient X Met Measure 131 (represented by aⁱ)
- c. Patient X Met Measure 226 (represented by aⁱⁱⁱ)
- d. Patient X Met Measure 331 (represented by a^{iv})
- e. Patient X Met Measure 332 (represented by a^v)
- f. Patient X Not Met but Reported Measure 333 (represented by c^{vi})

16. Patient Y without G9364 or equivalent

- a. Patient Y Met Measure 130 (represented by aⁱ)
- b. Patient Y Not Met but Reported Measure 131 (represented by cⁱⁱ)
- c. Patient Y Met Measure 226 (represented by aⁱⁱⁱ)
- d. Patient Y Not Met but Reported Measure 331 (represented by c^{iv})
- e. Patient Y Not Applicable for Measure 332 (represented by e^v)
- f. Patient Y Exclusion Reported for Measure 333 (represented by b^{vi})

17. Patient Z with G9364 or equivalent

- a. Patient Z Met Measure 130 (represented by aⁱ)
- b. Patient Z Met Measure 131 (represented by aⁱⁱ)
- c. Patient Z Met Measure 226 (represented by aⁱⁱⁱ)
- d. Patient Z Met Measure 331 (represented by a^{iv})
- e. Patient Z did Not Report Measure 332 (represented by d^v)

f. Patient Z Not Met but Reported Measure 333 (represented by c^{vi})

18. Reporting Algorithm

- a. Reporting of all applicable measures contained in the measures group, per eligible patient, equals one
- b. Patient X Reporting equals 1 Plus Patient Y Reporting equals 1 Plus Patient Z Reporting equals 0 for a total of 2 of the Required 20 Patient Sample Reported

19. Performance Algorithms

20. Measure 130

- a. Performance Met equals 3 divided by Reported QDC for 3 eligible patients minus 0 Performance Exclusions equals 100% Performance Rate

21. Measure 131

- a. Performance Met equals 2 divided by Reported QDC for 3 eligible patients minus 0 Performance Exclusions equals 66.67% Performance Rate

22. Measure 226

- a. Performance Met equals 3 divided by Reported QDC for 3 eligible patients minus 0 Performance Exclusions equals 100% Performance Rate

23. Measure 331

- a. Performance Met equals 2 divided by Reported QDC for 3 eligible patients minus 0 Performance Exclusions equals 66.67% Performance Rate

24. Measure 332

- a. Performance Met equals 1 divided by Reported QDC for 1 eligible patients minus 0 Performance Exclusions equals 100% Performance Rate

25. Measure 333

- a. Performance Met equals 0 divided by Reported QDC for 3 eligible patients minus 1 Performance Exclusion equals 0% Performance Rate