

CMS Pay-for-Reporting

Implementing the Physician Quality Reporting Initiative

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PQRI Overview

- First voluntary, national program linking reporting of performance data to physician payment.
- Physicians and many non-physicians, including nurse practitioners, physician assistants, and nurse anesthetists are eligible for the program.
- Clinicians meeting the established reporting criteria will be eligible for a bonus payment of up to 1.5 percent of allowed charges on all Medicare claims from July 1, 2007 through December 31, 2007.
- Practices interested in participating will select performance measures on which they must capture quality data for 80 percent of the procedures included in their selected measures.
- The bonus payment for the specified six-month period will be paid as a lump sum in mid-2008.



PQRI Performance Measures

- 74 performance measures are available
- Developed by physicians, many with the AMA Physician Consortium for Performance Improvement
- Endorsed/Approved by the AQA or National Quality Forum
- Surgical Measures
 - Perioperative Care
 - Stroke/Stroke Prevention
 - CABG
 - Cataract
 - Osteoporosis
 - Oncology



AMA Physician Consortium Perioperative Care Workgroup

Lead Organization: ACS

Perioperative Care Measure Set

- ❑ Surgeon ordered prophylactic antibiotics to be delivered within one hour prior to incision.
- ❑ Anesthesiologist administered prophylactic antibiotics within one hour prior to incision.
- ❑ Surgeon ordered appropriate cephalosporin for antibiotic prophylaxis.
- ❑ Surgeon ordered prophylactic antibiotics to be discontinued within 24 hours of surgery end-time (non-cardiac patients).
- ❑ Surgeon ordered prophylactic antibiotics to be discontinued within 48 hours of surgery end-time (cardiac patients).
- ❑ Surgeon ordered appropriate venous thromboembolism prophylaxis.



Surgical Quality Alliance

Chair: Frank Opelka, MD FACS

Vice Chairs: Bob Haralson, MD FACS & Fred Edwards, MD FACS

Member Organizations:

- American Academy of Ophthalmology
- American Academy of Otolaryngology
- American Association of Neurological Surgeons
- American College of Obstetricians and Gynecologists
- American Association of Orthopaedic Surgeons
- American College of Osteopathic Surgeons
- American College of Surgeons
- American Society of Anesthesiologists
- American Society of Breast Surgeons
- American Society of Cataract and Refractive Surgery
- American Society of Colon and Rectal Surgeons
- American Society of General Surgeons
- American Society of Plastic Surgeons
- American Urological Association
- Congress of Neurological Surgeons
- Society for Vascular Surgery
- Society of American Gastrointestinal Endoscopic Surgeons
- Society of Gynecologic Oncologists
- Society of Surgical Oncology
- Society of Thoracic Surgeons

Julie Lewis, ACS Division of Advocacy & Health Policy



Reporting Measures for PQRI

- PQRI participants will select three performance measures to report to CMS.
 - If less than three are relevant to a practice, the participant should report on the 1-2 relevant.
 - If more than three are selected, only the “top” three will be considered for payment.



Reporting Measures for PQRI

- In 2007, measures will be reported using administrative data to capture clinical information.
- Participants will report performance measure data using Current Procedural Terminology (CPT) Category II codes.
 - CPT Category II codes should be reported after the CPT procedure code.
- CPT II codes can be reported on claim form CMS 1500 or electronic form ASC X12N 837.



Getting Started – Step by Step

- Step 1: Research your Medicare procedures by volume for the previous year.
- Step 2: Using your top procedures as a guide, choose 3-4 PQRI measures to report to CMS.
- Step 3: In the measures you have selected, review the list of included procedures.
 - You are responsible for reporting on ALL procedures you perform which are included in the measures.
- Step 4: Adopt PQRI measure collection into your practice workflow (flow-sheets).



Example Claim Form – CMS 1500

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/06

1. MEDICARE <small>(Medicare #)</small>		MEDICAID <small>(Medicaid #)</small>		TRICARE CHAMPUS <small>(Sponsor's SSN)</small>		CHAMPVA <small>(Member ID#)</small>		GROUP HEALTH PLAN <small>(SSN or ID)</small>		FECA BLK LUNG <small>(SSN)</small>		OTHER <small>(ID)</small>		1a. INSURED'S I.D. NUMBER <small>(For Program in Item 1)</small>			
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)						3. PATIENT'S BIRTH DATE MM DD YY			SEX M <input type="checkbox"/> F <input type="checkbox"/>			4. INSURED'S NAME (Last Name, First Name, Middle Initial)					
5. PATIENT'S ADDRESS (No., Street)						6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>						7. INSURED'S ADDRESS (No., Street)					

CARRIER

Procedure
CPT Code: 44120

Description:
Enterectomy,
resection of
small intestine;
single
resection and
anastomosis

1.	2.	3.	4.	23. PRIOR AUTHORIZATION NUMBER
1	07 10 07	21	44120	1 1100.00
2	07 10 07	21	4047F	1 0.00
3	07 10 07	21	4041F 1P	1 0.00
4	07 10 07	21	4049F	1 0.00
5	07 10 07	21	4046F	1 0.00
6	07 10 07	21	4044F	1 0.00

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES <small>(Explain Unusual Circumstances)</small>	E. DIAGNOSIS POINTERS	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSOT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
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25. FEDERAL TAX I.D. NUMBER SSN EIN	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT? <small>(For govt. claims, see back)</small> YES <input type="checkbox"/> NO <input type="checkbox"/>	28. TOTAL CHARGE \$	29. AMOUNT PAID \$	30. BALANCE DUE \$
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31. SIGNATURE OF PHYSICIAN OR SUPPLIER <small>(I certify that the statements on the reverse apply to this bill and are made a part thereof.)</small>	32. SERVICE FACILITY LOCATION INFORMATION	33. BILLING PROVIDER INFO & PH # ()
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PHYSICIAN OR SUPPLIER INFORMATION



Example Claim Form – CMS 1500

- Applicable Measures for 44120
 - PQRI Measure 20: Timing of Prophylactic Antibiotics – Ordering Physician
 - PQRI Measure 21: Selection of Prophylactic Antibiotics (First or Second Generation Cephalosporin)
 - PQRI Measure 22: Discontinuation of Prophylactic Antibiotics (Non-Cardiac)
 - PQRI Measure 23: VTE Prophylaxis



Example – Antibiotic Prophylaxis Orders

Example – Antibiotic Timing, Selection, Discontinuation

- Orders in the Medical Record
 - Pre-op Order:
 - Gentamicin 100mg IVPB within 60 minutes prior to incision.
 - Patient allergic to cephalosporins.
 - Post-op Order:
 - Gentamicin 100mg IVPB q8 x 2 doses



Example – Antibiotic Prophylaxis Orders

Example – Antibiotic Timing, Selection, Discontinuation

- Orders in the Medical Record
 - Pre-op Order:
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 - Patient allergic to cephalosporins.
 - Post-op Order:
 - Gentamicin 100mg IVPB q8 x 2 doses



Example – Antibiotic Prophylaxis Orders

Example – Antibiotic Timing, Selection, Discontinuation

- Orders in the Medical Record
 - Pre-op Order:
 - **Gentamicin** 100mg IVPB within 60 minutes prior to incision.
 - **Exclusion: Patient allergic to cephalosporins.**
 - Post-op Order:
 - Gentamicin 100mg IVPB q8 x 2 doses



Example – Antibiotic Prophylaxis Orders

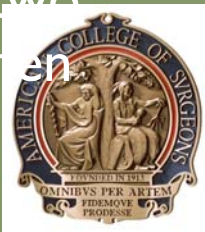
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 - Post-op Order:
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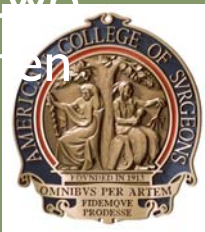
Coding Options – Antibiotic Timing

- CPT II 4047F: Documentation of order for prophylactic antibiotics to be given within one hour (if fluoroquinolone or vancomycin, two hours) prior to surgical incision (or start of procedure when no incision is required)
- CPT II 4047F **AND** IP: Prophylactic antibiotics NOT ordered to be given within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required) for documents medical reason
- CPT II 4047F **AND** 8P: Prophylactic antibiotics NOT ordered to be given within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required), no reason specified



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Proper Codes for Example Antibiotic Prophylaxis Orders

For PQRI Measure 20 – Antibiotic Timing

- CPT II 4047F: Documentation of order for prophylactic antibiotics to be given within one hour (if fluoroquinolone or vancomycin, two hours) prior to surgical incision (or start of procedure when no incision is required)

For PQRI Measure 21 – Antibiotic Selection

- CPT II 4041F: Documentation of order for cefazolin OR cefuroxime for antimicrobial prophylaxis
AND MODIFIER
- IP: Documentation of medical reason(s) for not ordering cefazolin OR cefuroxime for antimicrobial prophylaxis

For PQRI Measure 22 – Antibiotic Discontinuation

- CPT II 4049F: Documentation that order was given to discontinue prophylactic antibiotics within 24 hours of surgical end time, non-cardiac procedure
AND
- CPT II 4046F: Documentation that prophylactic antibiotics were given within 4 hours prior to surgical incision or given intraoperatively.



Examples – VTE Prophylaxis Orders

Gastrointestinal Surgery

Pre-operative Orders

- Option 1: Heparin 5000 Units S.C. prior to anesthesia induction (on call to OR)
- Option 2: Lovenox (R) (enoxaprin) 40 mg prior to anesthesia induction (on call to OR)
- Option 3: Compression stocking prior to anesthesia induction

Post-operative Orders

- Option 1: Heparin 5000 Units S.C. q 8 hours
- Option 2: Lovenox (R) (enoxaprin) 40 mg q 24 hours
- Option 3: Compression Stockings to lower extremities in recovery room and while patient in bed; remove during periods of ambulation.
- Option 4: Arixtra (R) (fondaparinux) 2.5 mg S.C. to begin at 4PM (minimum of 6 hours after surgery) then 2.5mg S.C. q daily (for 5-9 days).

Note: agents of choice and dosages vary according to patients and types of procedures. These examples are not meant to replace clinical judgment or more recent clinical recommendations. (June 2007)



Coding Options – VTE Prophylaxis

- CPT II 4044F: Documentation that an order was given for venous thromboembolism (VTE) prophylaxis to be given within 24 hours prior to incision time (start time) or 24 hours after surgery end time
- CPT II 4044F **AND** IP: VTE prophylaxis not ordered for (documented) medical reason
- CPT II 4044F **AND** 8P: VTE prophylaxis not ordered, no reason specified



Coding Options – VTE Prophylaxis

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- CPT II 4044F AND IP: VTE prophylaxis not ordered for (documented) medical reason
- CPT II 4044F AND 8P: VTE prophylaxis not ordered, no reason specified



Example Claim Form – CMS 1500

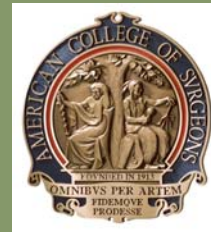
24. A.	DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. E/M G	D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #	PHYSICIAN OR SUPPLIER INFORMATION
	From	To							CPT/HCPCS	MODIFIER							
MM	DD	YY	MM	DD	YY												
1	07	10	07			21		44120		1	1100.00			NPI	9876543120		
2	07	10	07			21		4047F		1	0.00			NPI	9876543120		
3	07	10	07			21		4041F	1P	1	0.00			NPI	9876543120		
4	07	10	07			21		4049F		1	0.00			NPI	9876543120		
5	07	10	07			21		4046F		1	0.00			NPI	9876543120		
6	07	10	07			21		4044F		1	0.00			NPI	9876543120		
25. FEDERAL TAX I.D. NUMBER		SSN EIN		26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT? (For govt. claims, see book)		28. TOTAL CHARGE		29. AMOUNT PAID		30. BALANCE DUE					
						YES NO		\$		\$		\$					

CPT II Code for Antibiotic Timing Measure

CPT II Code for Antibiotic Selection Measure (with Modifier)

CPT II Code for VTE Prophylaxis

CPT II Codes for Antibiotic Discontinuation Measure



Testing Submission to CMS

- CMS has designated “G8300” as a test code for PQRI reporting prior to July 1, 2007
 - Add the G8300 test code as a line item on any claims for services.
 - Enter “\$0.00” as the line item charge for the test code. If your billing system will not accept this, enter “\$0.01”.

- Check your Remittance Advice (RA) for these claims to assure the test code has been passed through and processed by the carrier.
 - “This procedure code is not payable. It is for reporting/information purposes only.” The RA will serve as your feedback for the test. CMS will not issue any other feedback.



PQRI Bonus Payments

- To be eligible for the full 1.5 percent bonus payment, participants must report on their selected measures for at least 80 percent of relevant procedures.
- The 1.5 percent bonus includes allowed charges for all services performed under the Medicare Physician Fee Schedule in the last six months of 2007.
- A cap on the payment has been created to limit the bonus for physicians who report relatively little quality data.
- A single bonus payment will be paid in mid-2008 to the holder of the taxpayer identification number.



The Cap on Bonus Payments

- $\text{Payment Cap} = (I)[300 \text{ percent } (A/M)]$
 - $I = \#$ of measures an individual reports
 - $A =$ national allowed charges associated with measures
 - $M =$ national instances of measures reported



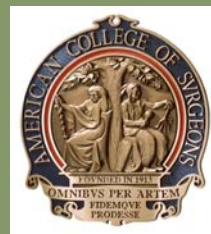
Feedback to Physicians

- Participating physicians will receive a confidential quality report in mid-2008.
- The report will contain the data necessary to compute the bonus payment.
- Information regarding physician performance in the 2007 PQRI will NOT be released to the public.



Future of the PQRI

- Collection of performance data through the use of registries will be examined by CMS for use in 2008.
 - SQA Data Registry Workgroup
- CMS is developing an inquiry process that would permit the correction of any obvious errors and an audit system to verify the accuracy of quality data submitted.
- The ACS is taking an active role in influencing the PQRI's future by recruiting a wide variety of practices to track their experiences. Information gathered from the tracking project will be reported to CMS and Congress.



Additional Information

- CMS Website: www.cms.hhs.gov/pqri
- ACS Website: www.facs.org/ahp/pqri
 - COMING SOON
 - Measure/Procedure-Specific Flowsheets
 - Excel Spreadsheet by CPT Codes for Applicable PQRI Measures



Contact Information



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