



Specialist Quality Measurement

January 1, 2011

IMPLEMENTING THE MEDICARE REIMBURSEMENT BONUS PROGRAM

THE PROGRAM:

PQRS (Physician Quality Reporting System) is a CMS/Medicare clinical quality measurement program that has been in place since July 2007. In 2011, physicians will get a 1% reimbursement bonus for reporting simple data on clinical care performed. Although the concept is similar to “pay for performance – P4P,” no physician performance judgment is being made yet in this program. CMS/Medicare simply wants to introduce the measures and encourage data submission.

CLINICAL CARE MEASURES:

CMS created CPT coding especially for the clinical care measures, which were developed by nationwide quality assessment and physician specialty organizations. Over 150 have now been established for PQRI use.

Examples include – A) **Oral antiplatelet therapy prescribed for patients with coronary artery disease.**
B) **Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis deployed.**

SURGICAL SPECIALTY PHYSICIAN MEASURES & CODES:

SCLLC physicians can submit coding for any of 35 clinical care measures that may apply to them. The 35 measures fall into these general categories: Surgical Care (perioperative antibiotic and VTE prophylaxis), Urinary Incontinence Assessment/Care, Prostate Cancer Care, Hepatitis C Testing/Care, Orthopedics (Osteoporosis & Fractures), Back Pain Care, Thoracic Surgery (Lung & Esophageal Cancer), and Vascular Surgery. For example, one of the three perioperative antibiotic prophylaxis measures captures whether the antibiotic was ordered and given within a specified 1-2 hour pre-op period. A CPT II code was developed for this measure. Generally there is one code for each measure and the code is submitted on the patient bill with a modifier that provides CMS with more detail about the care provided.

CODING CONCEPT:

CPT II codes should be submitted along with the surgical procedure or office visit codes when billing Medicare. The CPT II code modifiers basically differentiate whether the clinical care was provided according to national specialty guidelines, not provided, or not applicable to the patient. The choice of modifiers is similar for each measure or CPT II code.

BONUS REQUIREMENTS:

SCLLC physicians will need to focus on reporting just three to four measures to get the bonus. Each physician must submit a clinical care code (CPT II) for 80% of the Medicare patients he/she bills where the care could apply. For example, let's say you choose Measure #20, Perioperative Antibiotic Prophylaxis as one of the three measures. A CPT II clinical care code and modifier for that measure must be submitted for 50% of all of billed Medicare surgeries that apply. CMS has programmed algorithms to determine whether a billing code could have the clinical measure attached and whether data was submitted 50% of the time it was expected, on a minimum of 3 measures with any volume of patients. Alternatively, CMS awards the bonus for submission of 15 Medicare patients' using the “Measure Group” method, if all 4 perioperative measures are reported on each appropriate patient.

PROGRAM TIMETABLE:

The program runs from January 1 through December 31. The bonus will be paid in mid-2012 as a lump sum. Participate for the whole year or just Q3 & Q4 (the 1% bonus will apply to Q3 & Q4 allowable charges).

SCLLC RESOURCES:

SCLLC has been assisting its practices in implementing this program. Meetings, telephone consults, CDs, and printed materials are all available at no charge. Printed materials include:

- Detailed descriptions of various program aspects; PowerPoint slideshow of the program.
- Abbreviated list of all clinical care measures; detailed descriptions of each clinical care measure.
- CPT II coding specifications for each measure; a compact coding chart for SCLLC surgical measures.