

TWO QUALITY MEASURES FOR ANESTHESIA ADDED TO CMS REPORTING PROGRAM

ROXANN E. NEISNER

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PHYSICIAN BILLING — PRACTICE MANAGEMENT

The Physician Quality Reporting Initiative (PQRI), Medicare's two-year-old, quality-reporting program, continues to evolve for 2009 with the inclusion of two additional quality measures for anesthesia providers and an increase in the bonus paid to participating physicians from 1.5 percent to 2 percent.

PQRI was officially launched in 2007 as one of several quality reporting programs developed by the Centers for Medicare & Medicaid Services. The program reflects CMS' goal of gradually shifting the Medicare program toward a greater emphasis on pay-for-performance. Although involvement in PQRI currently is voluntary, most observers expect that participation eventually will become mandatory for Medicare providers.

BMI AND CURRENT MEDICATIONS

The addition of two more reporting measures this year brings to four the total number of anesthesia-specific measures in the PQRI program. The new reporting measures include:

- **#128 - Body Mass Index (BMI) Screening and Follow-up:** This measure is applicable if patients aged 18 years and older have had BMI calculated in the past six months or during the current visit; and if the most recent BMI is outside stated parameters. The parameters for those ages 18-64 are a BMI greater than or equal to 25 or less than 18.5. Parameters for individuals 65 and older are a BMI greater than or equal to 30 or less than 22. If this measure is selected, reporting should state that the BMI was calculated within the past six months and is documented in the medical record. If the BMI is outside the established parameters, a follow-up plan also is required to be documented.
- **#130 - Documentation and Verification of Current Medications in the Medical Record:** This measure is to be reported at each visit occurring during the reporting period for all patients aged 18 years and older. Documenting a list of the patient's current medications with dosages (including prescription, over-the-counter, herbals and nutritional supplements, such as vitamin, mineral or dietary) is the focus of this measure. Verification of the information by the patient or their authorized representative also must be documented by the provider. If this measure is selected, reporting requires that documentation of the patient's current medications with dosages and verification be completed and signified with the designated code on the billing claim. Instances in which this process is not appropriate for the patient also should be indicated on the billing claim form with codes representing valid reasons for exclusions.

The two previously established PQRI measures for anesthesiology include:

- **#30 - Timing of Prophylactic Antibiotic:** Selection of this measure is contingent on an order for prophylactic parenteral antibiotic being given within one hour prior to the surgical incision (or at the start of the procedure in instances where no incision is required.) The measure contains a list of drugs that are considered prophylactic antibiotics for the purposes of the measure. If there is an order for the antibiotic, specific codes need to be added to the billing claim to indicate that the patient was eligible for the measure and that the patient met the requirements for reporting the measure. The coding also needs to reflect whether the specifications were met or provide an indication of an acceptable reason for not meeting the measure requirements.
- **#76 - Prevention of Catheter-Related Bloodstream Infections (CRBSI):** This measure is to be reported each time a central venous catheter (CVC) insertion is performed for all patients -- regardless of age -- during the reporting period. The measure is used to report patients for whom CVC was inserted with all elements of maximal sterile barrier technique utilized. These elements include cap, mask, sterile gown, sterile gloves, a large sterile sheet, hand hygiene and two percent chlorhexidine for cutaneous antisepsis (or acceptable alternative antiseptics per current guidelines.) If this measure is accepted, reporting must include whether all elements of maximal sterile barrier technique were followed. There may be medical reasons for why it is not possible to follow all elements of maximal sterile barrier technique. These cases must have documented reasons in the medical record and an applicable code with a modifier representing the exclusions will be reported on the claim.

BONUS INCREASED

Documentation requirements for PQRI may require modifications of current anesthesia records or other medical record forms to accommodate the reporting requirements.

Eligible professionals who choose to participate and successfully report on a designated set of quality measures for services paid under the Medicare Physician Fee Schedule may earn a bonus payment of 2 percent of their total Medicare allowable charges during the reporting period for 2009. This represents a .5 percent increase from 2008. Eligible professionals include doctors of medicine, osteopathy, chiropractors and a variety of mid-level practitioners, including CRNAs, nurse practitioners and physician assistants.

Because claims processing times may vary, participating eligible professionals should submit claims from the end of 2009 promptly, so that those claims will reach the Medicare National Claims History (NCH) file by February 28, 2010. PQRI incentive payment will be made as a lump sum in mid-2010.

As in years past, thresholds for determining successful PQRI reporting will depend on the number of quality measures applicable to the services provided by the anesthesiologist. CMS recommends that professionals report on every quality measure that is applicable to their patient population in order to increase the likelihood that they will reach the requisite 80 percent reporting requirement for the appropriate measures and also to increase the likelihood that they will not be affected by the bonus payment cap.

Reporting criteria includes selecting at least three PQRI measures, or one-to-two measures if less than three apply. Eligible professionals must report the appropriate anesthesia-related codes for 80 percent of applicable Medicare Part B fee-for-service patients to qualify for the bonus payment.

The incentive payment will apply to allowed charges for all covered professional services, under the Medicare Physician Fee Schedule (MPFS) not just those charges associated with reported quality measures. The term "allowed charges" refers to total charges, including the beneficiary deductible and copayment, not just the 80% paid by Medicare or the portion covered by Medicare where Medicare is the secondary payor. Other Part B services and items that may be billed by eligible professionals but are not paid under or based upon the MPFS do not apply to the PQRI incentive payment.

Patients covered by traditional Medicare, Railroad Medicare and Medicare as the secondary payor are eligible for PQRI reporting. However, Medicare managed care programs are excluded from reporting under PQRI.

With this year's additional measures, some observers question the logic of including BMI measurement and follow-up within the reporting responsibilities of anesthesiologists. However, the rule has been finalized and is therefore not subject to further debate.

While the bonuses paid for PQRI participation may not exceed the costs associated with program participation, physicians should nonetheless take part in PQRI to familiarize themselves with what is likely to become a mandatory program in the future.

Roxann E. Neisner has over 30 years of overall experience in healthcare specializing in medical billing and practice management and has worked extensively in specialty practices including anesthesiology, radiology, pathology, vascular and general surgery. Ms. Neisner joined MMP in September 2000 and is currently an operations manager II for the Great Lakes Region working out of the Charleston, West Virginia office. Prior to joining MMP, Ms Neisner was a practice/operations manager for another national medical billing company. Ms Neisner is a member of MGMA and the West Virginia Medical Group Managers Association.

About MMP

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