



Advocacy ♦ Education ♦ Leadership

**AOA/ACOFP 114th Annual Convention
New Orleans, LA**

**Coding Compliance, PQRI, and
Pay-for-Performance**

Carol L. Henwood, DO, FACOFP

**Sunday, November 1, 2009
4:00–5:30 pm**

CME/CEU Information

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**AOA/ACOF 114th SCIENTIFIC SEMINAR
NOVEMBER 1-5, 2009
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Speaker Name: Carol L. Henwood, D.O., FACOF

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PQRI:

What You Need to Know How the CAP Can Help

Carol L. Henwood, DO, FACOFP
AOA/ACOFPP Annual Convention and Scientific Seminar
November 1, 2009

Evidence-based Medicine

Time-proven Chronic Care Guidelines

Cost ↔ Quality

Show Me the Money

2009 PQRI Measures

- **Published in 2009 Physicians Fee Schedule (PFS)**
- **134 measures**
 - 132 clinical measures
 - 2 structural measures
- **Clinical measures apply to specialties, accounting for over 95% of Medicare Part B spending**
- **Structural measures apply broadly across specialties and disciplines**
 - E-prescribing

2009 Reporting Options - Overview

- **Two Reporting Periods**
 - 12 months (January 1 – December 31, 2009)
 - 6 months (July 1 – December 31, 2009)
- **Total of 9 PQRI Reporting Methods**
 - 3 claims-based
 - 6 registry-based
- **Financial Incentive: 2% of total allowed PFS charges for Part B covered services which apply to reporting period.**

3 Claims-Based Options

- **Submit claims for PFS-covered services furnished during applicable reporting period**
- **Reporting Options (3):**
 - January 1, 2009 – December 31, 2009 (one-year)**
 - **Claims-Based reporting of individual PQRI Measures**
 - **Report each applicable measure:**
 - If < 3, report each for ≥ 80% of patients
 - If > 3, report at least 3 for ≥ 80% of patients
 - July 1, 2009 – December 31, 2009 (half-year)**
 - **Claims-Based Reporting of Measures Groups**
 - 15 Consecutive Patients
 - OR
 - **Claims-Based Reporting of Measures Groups**
 - For 80% of Eligible Patients

Note: claims-based reporting for 6-month reporting period only available for reporting of Measures Group

Claims-based: Individual PQRI Measures

Reporting Periods: Jan 1, 2009–Dec 31, 2009

References: 2009 PQRI Measures Specifications (12/31/08)

- < 3 quality measures report ≥ 80% of cases in which measure(s) was reportable
- > 3 measures report ≥ 80% of cases on 3 measures which were reportable

Claims-based: Measures Groups

Reporting Period: Jul 1, 2009 – Dec 31, 2009

15 Consecutive Patients

- Report one measures group by submitting group-specific G-code to indicate intent (e.g. submit G8485 on first diabetic patient to begin reporting Diabetes measures group)

Note: Only Necessary to Submit Measures Group-specific G-code One Time

- measures of one meaReport measures within selected measures group on claims for 15 consecutive Medicare patients
- Initiate reporting of 15 consecutive patients – July 1, 2009
- Report all measures in measures group applicable to 15 consecutive patients for whom sures group apply

References: 2008 PQRI Claims-Based Measures Groups Specifications

Claims-based: Measures Groups

Reporting Period: Jul 1, 2009 – Dec 31, 2009

80% of applicable patients

References: 2008 PQRI Claims-based Measures Groups Specifications

- Report measures within selected measures groups on claims for 80% Medicare patients during reporting period for one measures group apply

Claims-based Measures Group Successful Reporting Scenario

Diabetes Mellitus Measures Group (#1, #2, #3, #117, #119)
Mr. Jones presents for office visit with Dr. Thomas
Mr. Jones has diagnosis of Diabetes Mellitus (DM)

Step 1:

Dr. Thomas selects DM measures group as a PQRI reporting option. (Reporting period up to 6 months beginning July 1, 2009)

HCPCS code G8485

Step 2:

Dr. Thomas reviews specifications for 5 measures in the DM measures group to identify measures applicable to Mr. Jones.

Dr. Thomas submits appropriate CPT II codes based on measures identified

Step 3:

Dr. Thomas reports 15 consecutive patients meeting denominator criteria starting with: (Mr. Jones = patient #1)

Step 4:

Dr. Thomas reports on at least 80% of patients during reporting period meeting denominator criteria for applicable DM measures.

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6 Registry-based Options

Reporting Period: January 1, 2009 – December 31, 2009	Reporting Period: July 1, 2009 – December 31, 2009
Individual Measures: • 80% of applicable cases Minimum 3 measures	Individual Measures: • 80% of applicable cases Minimum 3 measures
One Measures Group: • 30 consecutive patients OR • 80% of applicable cases	One Measures Group: • 15 consecutive patients OR • 80% of applicable cases

Registry-based: Individual PQRI Measures

Reporting Period: Jan 1, 2009 – Dec 31, 2009
80% of applicable cases
References: 2009 PQRI Measures Specifications (12/31/08)

- On behalf of EPs, registries submit data for at least 3 measures on Medicare Part B-only patients
- Report data on measures for $\geq 80\%$ of cases in which measures were reportable
 - Just as in claims-based reporting of individual measures

Registry-Based: Measures Groups

Reporting Period: Jan 1, 2009 – Dec 31, 2009
30 Consecutive Patients / 80% of applicable cases
References: 2009 PQRI Measures Specifications

1. Diabetes Mellitus
2. ESRD
3. CKD
4. Preventative Care

Note: Use of a G-code NOT Required for Registry-based Submissions

- On behalf of EPs, registries submit data for all measures within selected measures group for 30 consecutive patients for whom measures of one measures group apply
- Consecutive patients must include Medicare; may include some non-Medicare

Measures Groups

4 Clinically Related Measures Groups

- Diabetes
 - 5 Measures
- End Stage Renal Disease (ESRD)
 - 4 Measures
- Chronic Kidney Disease (CKD)
 - 4 Measures
- Preventative Care
 - 9 Measures

**2007 Physician Quality Reporting Initiative (PQRI)
Measure Specifications**

Measure #1: Hemoglobin A1c Poor Control in Type 1 or 2 Diabetes Mellitus

DESCRIPTION:
Percentage of patients aged 18-75 years with diabetes (type 1 or type 2) who had most recent hemoglobin A1c greater than 9.0%.

INSTRUCTIONS:
This measure is to be reported a minimum of once per reporting period for patients seen during the reporting period. The performance period for this measure is 12 months. It is anticipated that clinicians who provide services for the primary management of diabetes mellitus will submit this measure.

This measure can be reported using CPT Category II codes:
ICD-9 diagnosis codes, CPT E/M service codes, and patient demographics (age, gender, etc) are used to identify patients who are included in the measure's denominator. CPT Category II codes are used to report the numerator of the measure.

When reporting the measure, submit the listed ICD-9 diagnosis codes, CPT E/M service codes, and the appropriate CPT Category II code **OR** the CPT Category II code **with** the modifier. The modifier allowed for this measure is: BP- reasons not otherwise specified. There are no allowable performance exclusions for this measure.

NUMERATOR:
Patients with most recent hemoglobin A1c level > 9.0%

Numerator Instructions: This is a poor control measure. A lower rate indicates better performance (e.g., low rates of poor control indicate better care)

Numerator Coding:
Most Recent Hemoglobin A1c Performed
CPT II 3046F: Most recent hemoglobin A1c level > 9.0%
OR
CPT II 3044F: Most recent hemoglobin A1c level < 7.0%
OR
CPT II 3045F: Most recent hemoglobin A1c level 7.0% to 9.0%

OR
Hemoglobin A1c not Performed, Reason Not Specified
Append a reporting modifier (BP) to CPT Category II code 3046F to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

DENOMINATOR:
Patients aged 18-75 years with the diagnosis of diabetes

Denominator Coding:
An ICD-9 diagnosis code for diabetes and a CPT E/M service code are required to identify patients for denominator inclusion.
ICD-9 diagnosis codes: 250.00-250.93 (DM), 648.00-648.04 (DM in pregnancy, not gestational)
AND
CPT E/M service codes: 99201-99205, 99211-99215 (E/M); 99341-99345, 99347-99350 (home visit); 99304-99310 (nursing facility); 99324-99328, 99334-99337 (domiciliary), G0344

RATIONALE:
Persons with diabetes are at increased risk for coronary heart disease (CHD). Lowering serum cholesterol levels can reduce the risk for CHD events.

CLINICAL RECOMMENDATION STATEMENTS:
A fasting lipid profile should be obtained during an initial assessment, each follow-up assessment, and annually as part of the cardiac-cerebrovascular-peripheral vascular module. (AACE/ACE)

A fasting lipid profile should be obtained as part of an initial assessment. Adult patients with diabetes should be tested annually for lipid disorders with fasting serum cholesterol, triglycerides, HDL cholesterol, and calculated LDL cholesterol measurements. If values fall in lower-risk levels, assessments may be repeated every two years. (Level of evidence: E) (ADA)

Patients who do not achieve lipid goals with lifestyle modifications require pharmacological therapy. Lowering LDL cholesterol with a statin is associated with a reduction in cardiovascular events. (Level of evidence: A)

Lipid-lowering therapy should be used for secondary prevention of cardiovascular mortality and morbidity for all patients with known coronary artery disease and type 2 diabetes. (ACP)

Statins should be used for primary prevention against macrovascular complications in patients with type 2 diabetes and other cardiovascular risk factors.

Once lipid-lowering therapy is initiated, patients with type 2 diabetes mellitus should be taking at least moderate doses of a statin.

Older persons with diabetes are likely to benefit greatly from cardiovascular risk reduction, therefore monitor and treat hypertension and dyslipidemias. (AGS)

• 2 LDL Control

- 3048F LDL < 100
- 3049F LDL 100-129
- 3050F LDL \geq 130

• 3 High Blood Pressure Control

- 3074F Systolic BP < 130
- 3075F Systolic BP 103-139
- 3077F Systolic BP \geq 140
- 3078F Diastolic BP < 80
- 3079F Diastolic BP 80-89
- 3080F Diastolic BP \geq 90

• 117 Dilated Eye Exam

- 2022F Dilated Exam
- 2024F Stereoscopic Photos
- 3072F Low Risk/No Evidence Prior

- **119 Urine Microalbumin**
 - 3060F **Microalbumin Positive**
 - 3061F **Microalbumin Negative**

Origins of the CAP: 1990s
Dr. Harold Thomas
Dr. Richard Snow

GOAL
Develop Self-assessment Instruments to
Help DOs Prepare for Performance
Assessments Conducted by
Managed Care Organizations

- **Program of QI Based on Evidence-based Measure Sets**
- **Data Abstracted from Individual Physician Charts**
- **Data Used for Comparison of Care v. Generally Accepted Evidence-based Guidelines**
- **Educational Interventions Applied**
- **Subsequent Chart Abstraction Completed**

Measure Sets

- Performance in CAP is measured by abstraction of required data elements from patient's medical records by the physician. Data elements include demographic information and clinical information. Clinical indicators selected for measurement represent evidence-based clinical practice standards derived from large randomized controlled clinical trials, single controlled observational studies, or expert consensus. Each data dictionary includes a measurement on the completion of an osteopathic structural examination. The measure sets will include Coronary Artery Disease, Diabetes Mellitus, and Women's Health Screening.
- Eight measure sets currently available

Diabetes Mellitus

- **Use of Glycosylated Hemoglobin (HgbA1c)**
- **Frequency of Foot Exams**
- **Screening and Treatment of Microalbuminuria**
- **Assessment and Control of Hyperlipidemia**
- **Assessment and Control of Hypertension**
- **ACE Inhibitor use for Hypertension/Proteinuria**
- **Vaccinations**
- **Osteopathic Assessment and Treatment**

Coronary Artery Disease

- Aspirin Use in Ideal Patients
- Smoking Cessation Counseling
- LDL Levels Evaluated & LDL Control
- Beta Blocker Use in Ideal Patients
- ACEI and ARB Use in Ideal Patients
- Warfarin Use to Reduce Stroke in Afib Patients
- Kidney Function in Patients with CAD
- Screening Patients for Depression
- Osteopathic Assessment of Patients

Women's Health

- Cervical Cancer Screening
- Breast Cancer Screening
- Chlamydia Screening
- Osteoporosis Screening
- Osteopathic Assessment and Treatment

How CAP Works

- Physicians who decide to participate go to www.DO-Online.org, enter their AOA ID Number and password, and then click on *CAP for Physicians*.
- Participants select one to three measurement sets.
- Medical records are selected based on specific patient parameters such as diagnostic criteria, patient inclusion and exclusion criteria, and sampling technique.
- Participants abstract data from 20 patient records for chart review.
- Data is entered online through the website.
