Physician Quality Reporting System: 2013 Update

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AJNR Am J Neuroradiol published online 2 May 2013
http://www.ajnr.org/content/early/2013/05/02/ajnr.A3593.citation

Published May 2, 2013 as 10.3174/ajnr.A3593

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ABBREVIATION: PQRS = Physician Quality Reporting System

The Physician Quality Reporting System (PQRS) is intended to promote the reporting of quality metrics for covered Physician Fee Schedule services provided to Medicare Part B beneficiaries. The program began in 2007 and uses a combination of incentive payments and future negative payment adjustments to encourage eligible professionals to meet the Physician Quality Reporting standards mandated by federal legislation.

INCENTIVE CHANGES

The initial incentive bonus applied to the Medicare payment for services was up to 1.5% of the total allowed charges for eligible physicians who met the criteria for satisfactory submission of Physician Quality Reporting quality measures data. This bonus payment was reduced to 1% in 2011 and further reduced to 0.5% in 2012. The rate of 0.5% of the total allowed charges for Physician Fee Schedule–covered professional services will remain in effect until 2014. However, unlike in previous years, participation in the PQRS in 2013 will impact penalties and incentives beyond the current year's reporting. Specifically, beginning in 2015, the program will apply a negative payment adjustment to all eligible professionals who do not report the required quality data for covered services during the 2013 program year. Failure to report the required measures during the 2014 program year will result in a 2% penalty beginning in 2016.

INDIVIDUAL MEASURE CHANGES

Program requirements and individual measure specifications can change with each program year. The updated 2013 PQRS system has 203 measures available for claims (not including measures available for electronic health record reporting). In previous cycles, there were at least 3 measures specifically applicable to neuroradiology practice; however, the measure specifications for the current program year (2013) included the retirement of measure 10, "Stroke and Stroke Rehabilitation: Computed Tomography or MR Imaging." Under the previous reporting system, CT or MR imaging reports for patients 18 years of age and older with a diagnosis of ischemic stroke, TIA, or intracranial hemorrhage were evaluated for specific documentation regarding the presence or absence of acute infarction, mass lesion, or hemorrhage. With the retirement of this quality reporting measure, specific documentation of the presence or absence of these findings is no longer an eligible quality metric for PQRS bonus incentives.

However, at least 2 quality measures remain that are applicable to neuroradiology practice. Measure 145 refers to "Radiology-Exposure Time Reported for Procedures Using Fluoroscopy" and requires that final reports for procedures that use fluoroscopy document the radiation exposure or exposure time. Measure 195, "Stenosis Measurement in Carotid Imaging Reports," evaluates the percentage of final reports for carotid imaging studies (neck MR angiography, neck CT angiography, neck duplex sonography, and carotid angiography) for all patients, regardless of age, that includes direct or indirect reference to measurements of the distal internal carotid diameter as the denominator for the stenosis measurement.

PQRS requirements state that an eligible physician must report at least 3 quality measures unless there are fewer than 3 that apply to that individual's practice. In cases in which <3 measures apply, 1 or 2 measures must be reported for at least 50% of applicable Medicare Part B Fee-for-Service patients for each eligible professional. With the retirement of Measure 10, neuroradiologists may still retain compliance with PQRS reporting criteria with the completion of Measures 145 and 195 if the additional 11 quality measures available to radiologists do not apply to their practice setting. (Other measures potentially relevant to a radiologist's practice include nuclear medicine, mammography, perioperative care, preventative care and screening, and health information technology.) If fewer than 3 measures are reported, the Centers for Medicare and Medicaid may apply a measure-appli-

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http://dx.doi.org/10.3174/ajnr.A3593

cability validation process to determine whether quality data should have been submitted for additional measures, which would then change the physician's status to noncompliant with the program in that year.

ELIGIBILITY

There is no need to preregister to participate in the Physician Quality Reporting program. Individual physicians or other eligible professionals may report their information directly to the Centers for Medicare and Medicaid on their Medicare Part B claims or through a qualified electronic health record product. Information can also be reported through a qualified Physician Quality Reporting System Registry or data-submission vendor. In either case, eligible professionals are identified on claims by their individual National Provider Identifier and Tax Identification Number, and eligible professionals working for >1 organization need to meet the reporting criteria for each Tax Identification Number individually to avoid the 2015 PQRS payment adjustment for each one.

The 2013 PQRS update also added an administrative claims reporting option for the purpose of avoiding the 2015 payment adjustment. This option would allow the Centers for Medicare and Medicaid to analyze claims data for an individual physician directly, to determine which measures were satisfactorily reported for the 2013 program year. However, at the time of this writing, the measures available for analysis do not apply to most neuroradiology practices.

ADDITIONAL INFORMATION

Additional PQRS information, including details regarding eligibility criteria and reporting measures can be found at the Centers for Medicare and Medicaid Web site: www.cms.hhs.gov/PQRS. A summary of specific changes and program updates for 2013 can be found at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2013_WhatsNewPQRS_PMBR_02012013.pdf.