



## **ASTS Primer on Incentive Payments**

### **Physician Quality Reporting Initiative (PQRI) for Transplant Surgeons**

Dear Colleagues,

Below, please find the ASTS primer on incentive payments available through the Physician Quality Reporting Initiative (PQRI). In an effort to facilitate transplant surgeons participation in PQRI, the ASTS Council has approved this guide on how transplant surgeons can join, the measures specific to transplant surgeons, and the worksheets and necessary coding information for billing.

Participating surgeons can receive a bonus of 2% of their total Medicare Part B Physician Fee Schedule, and payment is for reporting not for performance. Those who may be concerned about the potential for public reporting of personal outcomes might keep in mind that at this point most PQRI measures are process rather than outcome measures, and CMS is considering several other groups' requests that results be attributed to the multidisciplinary team rather than the individual.

We hope that you consider joining PQRI and thereby increase your revenue and contribute to a national quality improvement initiative. By joining now, you will also be prepared for the possibility that PQRI, which is currently voluntary, becomes obligatory as CMS moves to value-based purchasing and performance-based payment.

The Standards Committee is also developing transplant-related performance measures, working to facilitate registry use for PQRI reporting, and engaging with the ACS and AMA to keep abreast of quality initiatives as they relate to P4P and MOC.

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## Physician Quality Reporting Initiative (PQRI) for Transplant Surgeons

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### Background:

In March 2007, CMS established the Physician Quality Reporting Initiative (PQRI) as a voluntary program wherein physicians report their practice data in relation to specific performance measures. This is likely to become a precursor to a mandatory “pay-for-performance” program which may come in the ensuing years.

In the PQRI program, physicians who choose to join must report on three quality measures (one or two if less than three apply to their practices) on their Medicare Claim Forms for at least 80% of applicable procedures. Satisfactory reporting of data will result in an incentive payment - currently 2% of the physician’s estimated total Medicare Part B Physician Fee Schedule.

### Quality Measures:

The total number of PQRI quality measures has continued to increase and there are over 150 measures listed. There are currently at least four measures which are relevant to surgeons:

- 1. Measure #20 – Perioperative Care: Timing of Antibiotic Prophylaxis**  
Patients 18 years and older undergoing procedures that require parenteral antibiotics must have an order on their medical record stating antibiotic to be given within an hour (if fluoroquinolone or vancomycin, two hours), prior to surgical incision or start of surgical procedure.
- 2. Measure #21 – Perioperative Care: Selection of Prophylactic Antibiotic – First or Second Generation Cephalosporin**  
Patients 18 years or older undergoing procedures with the indications for a first or second generation cephalosporin prophylactic antibiotic, must have an order for cefazolin or cefuroxime for antibiotic prophylaxis.
- 3. Measure #22 – Perioperative Care: Discontinuation of Prophylactic Antibiotic (Non-Cardiac Procedures)**  
Patients 18 years and older undergoing procedures that require parenteral antibiotics and who received them must have an order on their medical record for discontinuation of the antibiotic within 24 hours of surgical end time.
- 4. Measure #23 – Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated for All Patients)**

Patients 18 years and older undergoing procedures for which VTE prophylaxis is indicated in all patients, must have an order for LMWH, LDUH, adjusted dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end time.

### **Commonly Performed Transplant Cases That Qualify for PQRI Measures:**

Each of the four listed measures applies to renal and pancreas transplant and many hepatobiliary surgeries, but only measures 20 and 23 apply to liver transplant:

- 1. Measure #20 - Timing of Antibiotic Prophylaxis**
  - Liver -liver transplant, living donor hepatectomy
  - Kidney -kidney transplant, open donor nephrectomy, recipient native nephrectomy, transplant nephrectomy
  - Pancreas -pancreas transplant, transplant pancreatectomy
- 2. Measure #21 - Selection of Prophylactic Antibiotic**
  - Kidney -kidney transplant, open donor nephrectomy, recipient native nephrectomy, transplant nephrectomy
  - Pancreas -pancreas transplant, transplant pancreatectomy
- 3. Measure #22 - Discontinuation of Prophylactic Antibiotic**
  - Kidney -kidney transplant, open donor nephrectomy, recipient native nephrectomy, transplant nephrectomy
  - Pancreas -pancreas transplant, transplant pancreatectomy
- 4. Measure #23 - VTE Prophylaxis**
  - Liver -liver transplant, living donor hepatectomy
  - Kidney -kidney transplant, open donor nephrectomy, recipient native nephrectomy, transplant nephrectomy
  - Pancreas -pancreas transplant, transplant pancreatectomy

Some procedures such as liver transplant have only two measures that are applicable. If you report on fewer than three PQRI measures, you may still qualify for the incentive payment. CMS will subject your claims-based submitted quality-data codes to the two-step measure-applicability validation (MAV) process to determine whether you should have submitted quality-data codes for additional measures. Those who fail the validation process will not earn the PQRI incentive payment. For detailed information on the validation process, see the CMS document at [www.cms.gov/PQRI](http://www.cms.gov/PQRI) under the “Analysis and Payment” link.

The above four measures are for surgeries on adults (>18 years old); as yet, there are no measures relevant to pediatric surgical patients.

The ASTS is working to develop additional transplant-related PQRI measures.

### **Coding:**

Each measure is given a code (CPT level II code), which must be entered after the CPT code of the procedure on Medicare 1500 Claim Forms (see below). To report the measures, physicians should append the appropriate CPT level II to the CMS 1500 form

used to report the service for which the measures are appropriate. For example, if you are reporting the antibiotic or thromboembolic prophylactic measures, you should append the CPT level II to the CMS 1500 form used to report the procedure.

1. **Measure # 20 (Antibiotic timing) –code is 4047F**
2. **Measure #21 (Choice of antibiotic) –code is 4041F**
3. **Measure #22 (Antibiotic discontinuation) –code is 4049F**
4. **Measure #23 (VTE prophylaxis) –code is 4044F**

A sample claim form can be found at [www.facs.org/ahp/pqri/2010/acsclaimform.pdf](http://www.facs.org/ahp/pqri/2010/acsclaimform.pdf)

You must report on 80% of all eligible patients. That means that if you choose to report the thromboembolic prophylaxis measure, you must report on all the operative procedures on the list of eligible procedures. For example, if you are a kidney transplanter but take emergency call and occasionally do appendectomies, you must report on them too, not just your transplants. Refer to a complete list of procedures applicable to individual codes at [www.cms.gov/PQRI](http://www.cms.gov/PQRI).

If a specific measure could not be implemented, there is a choice of two modifiers which can be attached to the CPT Level II, and these modifiers will prevent those procedures from counting against the total percent (remember, 80% of procedures must have proper coding!):

**1. Modifier 1P – Measure not applied for medical reasons.**

The medical record should document that there was a medical reason not to implement the measure. If you elect not to give an antibiotic because of an allergy or other medical reason, you need only to report the CPT Level II code with a 1P modifier.

**2. Modifier 8P – Measure not applied – reason not otherwise specified.**

PQRI provides pay for reporting, not pay for performance. You must only report and document that you ordered an antibiotic to be given within one hour of the operative procedure. You do not have to ensure that it is given.

In addition to the above claims-based reporting option, it is permissible to report prospectively using a registry that is recognized by CMS for PQRI purposes. Once transplant-related measures are developed, the ASTS plans to work with the SRTR to consider the feasibility and potential benefit of obtaining approval of the SRTR for PQRI reporting.

**How to Get Started:**

The first step is to understand the PQRI measures and how to report them. For surgeons this is relatively easy, as there are only four measures that generally apply to perioperative care. Review each of the quality measures you wish to use and determine which of your procedures qualifies for that measure (available on ACS and CMS websites). You need to ensure that you report on at least three measures, using the CPT II codes, and for each measure, that you report on at least 80% of your qualified procedures.

There are two reporting periods per calendar year during which time you may join – Jan1 to December 31 or July 1 to December 31. Individual physicians who satisfactorily submit PQRI quality measures data via one of the reporting mechanisms above for services furnished during the 2010 reporting period will qualify to earn an incentive payment of 2.0% of their total allowed Medicare Part B Physician Fee Schedule (PFS) charges for covered professional services furnished during that same reporting period.

Bonus payments for reporting in 2010 will be issued in a lump sum, in the following year. Payments will be made to the holder of the taxpayer identification number (TIN). The data is collected by CMS using the National Provider Identifier (NPI); however, the bonus payment will be made using the TIN. This means that a multi-physician practice that bills under one TIN will have to distribute the bonus to the individual participating physicians.

Further details about the PQRI program for surgeons can be accessed at [www.facs.org/ahp/pqri/](http://www.facs.org/ahp/pqri/) or

[www.cms.gov/MLN MattersArticles/downloads/mm6514.pdf](http://www.cms.gov/MLN MattersArticles/downloads/mm6514.pdf)

The ASTS thanks the AAOS (American Academy of Orthopaedic Surgeons) for sharing their web copy on PQRI, which was helpful in preparing this PQRI primer.