Practical Tips

The CMS Physician Quality Reporting Initiative

The Centers for Medicare & Medicaid Services' (CMS) Physician Quality Reporting Initiative (PQRI) was extended for 2008 and took effect January 2, 2008. Changes to the initiative for 2008 include an increase in the number of quality measures and coding changes within many of the measures themselves. Like the 2007 PQRI program, the initiative in 2008 establishes a financial incentive for participation. Providers who meet the requirements for the 2008 program will be eligible for a bonus payment of 1.5%, which is based on the total allowed charges paid under the Physician Fee Schedule. Some of the 2007 oncology-related measures will be used again in 2008; however, the specific codes used to report the measures and the reporting specifications themselves may have changed.

CMS published a total of 119 quality reporting measures for 2008. The oncology-related quality measures that may be of interest are listed in Table 1.

New Smoking Cessation Codes

There are two new Current Procedural Terminology codes in 2008 for smoking cessation counseling. The two new codes, 99406 (smoking and tobacco use cessation counseling visit, intermediate, greater than 3 minutes up to 10 minutes) and 99407 (smoking and tobacco use cessation counseling visit, intensive, greater than 10 minutes), are categorized as evaluation and management services and are considered face-to-face services. Codes 99406 and 99407 replace Medicare G-codes G0375 and G0376. The new codes are payable services by Medicare and the payment rate is approximately US \$11.93 and \$23.52. (Payment rate is based on the 2008 practice expense transitional value, a geographic practice cost index of 1.00, and a conversion factor of \$34.09.) These codes are distinct from evaluation and management (E/M) services that may be reported separately when performed. Any E/M services reported on the same day must be distinct, and time spent providing counseling services may not be used as a basis for the E/M code selection.

Note. 2008 PQRI measures 114 and 115 relate to smoking cessation or the inquiry of tobacco use. Providers can consider PQRI measures 114 and 115 when performing a new or established patient visit as described in the measure specifications.

There are also a number of general measures that oncologists may be interested in reporting. While other measures may also be applicable to your practice, some of the general measures are listed in Table 2.

All 119 PQRI measures can be viewed at CMS' Web site (www.cms.hhs.gov/pqri). The American Medical Association created worksheets that can be used to assist providers in reporting the quality measures. The oncology-related measures listed here are detailed in ASCO's 2008 PQRI Measures for Consideration by Oncology Providers (www.asco.org/pqri).

Table 1. Selected Quality Reporting Measures for 2008 Reported by CMS

Measure No.	Measure Name
Measure 67	Myelodysplastic Syndrome (MDS) and Acute Leukemias: Baseline Cytogenetic Testing Performed on Bone Marrow
Measure 68	MDS: Documentation of Iron Stores in Patients Receiving Erythropoietin Therapy
Measure 69	Multiple Myeloma: Treatment With Bisphosphonates
Measure 70	Chronic Lymphocytic Leukemia (CLL): Baseline Flow Cytometry
Measure 71	Hormonal Therapy for Stage IC-III, ER/PR-Positive Breast Cancer
Measure 72	Chemotherapy for Stage III Colon Cancer Patients
Measure 73	Plan for Chemotherapy Documented Before Chemotherapy Administered
Measure 74	Radiation Therapy Recommended for Invasive Breast Cancer Patients Who Have Undergone Breast-Conserving Surgery
Measure 99	Breast Cancer Patients Who Have a pT and pN Category and Histologic Grade for Their Cancer
Measure 100	Colorectal Cancer Patients who have a pT and pN Category and Histologic Grade for Their Cancer
Measure 101	Appropriate Initial Evaluation for Patients With Prostate Cancer
Measure 102	Inappropriate Use of Bone Scan for Staging Low-Risk Prostate Cancer Patients
Measure 103	Review of Treatment Options in Patients With Clinically Localized Prostate Cancer
Measure 104	Adjuvant Hormonal Therapy for High-Risk Prostate Cancer Patients
Measure 105	Three-Dimensional Radiotherapy for Patients With Prostate Cancer

Table 2. Selected General Quality Reporting Measures for 2008

Measure No.	Measure Name
Measure 47	Advance Care Plan
Measure 110	Influenza Vaccination for Patients $\geq$ 50 Years Old
Measure 111	Pneumonia Vaccination for Patients 65 Years and Older
Measure 112	Screening Mammography
Measure 113	Colorectal Cancer Screening
Measure 114	Inquiry Regarding Tobacco Use
Measure 115	Advising Smokers to Quit
Measure 124	HIT: Adoption/Use of Health Information Technology (electronic health records)
Measure 125	HIT: Adoption/Use of e-Prescribing
Measure 129	Universal Influenza Vaccine Screening and Counseling (for nonphysicians)
Measure 130	Universal Documentation and Verification of Current Medications in the Medical Record
Measure 131	Pain Assessment Before Initiation of Patient Treatment
Measure 132	Patient Codevelopment of Treatment Plan/Plan of Care

NOTE. The specific codes used to report the measures and the reporting specifications themselves may have changed between 2007 and 2008. For example measures 71, 72, and 73 have undergone a number of significant specification and coding changes. If you are planning to report these codes,

make sure to review the new specifications and coding requirements carefully.

Notable Changes in the 2008 Medicare Hospital Outpatient Payment System That Affect Oncologists

- When billing for drug administration services in the hospital outpatient setting, Medicare requires the use of the 2008 Current Procedural Terminology® (CPT) codes. New language appears in the 2008 CPT manual to assist hospitals in reporting drug administration services and clarify hospital reporting versus physician reporting.
- CMS has increased the threshold for packaging of drugs. In 2008, drugs that cost less than US \$60 will be bundled into the administration service. This rule, however, does not apply to antiemetic drugs, which are reimbursed separately regardless of their daily cost.
- CMS decided to continue the extra payment for preadministration services related to the administration of intravenous immune globulin; therefore, G-code G0332 will continue to be a payable service by Medicare in 2008. However, the payment rate in the hospital has decreased by approximately half.
- The general payment rate for drugs in 2007 was ASP + 6%; however, that rate was changed to ASP + 5% for 2008. (This excludes new drugs, drugs that are bundled into the administration service, and radiopharmaceuticals.)

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