

## **Status Update on CPT II Coding Issue for the 2009 PQRI and Options for Eligible Professionals (EPs)**

1. CMS has identified a technical problem affecting twenty quality-data codes (QDCs) used for reporting thirteen quality measures through the claims-based method for the 2009 Physician Quality Reporting Initiative (PQRI). These twenty QDCs are new codes for the 2009 PQRI. The CPT II codes and the 2009 PQRI measures affected are listed below.
2. In most instances, the technical problem has caused line items containing any of the QDCs listed below to reject/return as unprocessable. In those circumstances the eligible professional (EP) received a message other than N365 indicating that the procedure code not accepted for reporting proposes. Since this is an issue that affects claims-based PQRI reporting only, the reporting of quality measures through registries is not affected.
3. CMS is actively working with the carriers/AB MACs to address this issue. All carriers/AB MACs will be able to accept the affected codes within the next three weeks. Once this has been accomplished, submission of the affected CPT II codes will result in the normal N365 message on the remittance advice indicating that the code has been accepted for reporting purposes.
4. In order to minimize any adverse impact on EPs for determination of satisfactory reporting for affected measures, CMS will exclude from the reporting denominator all cases for dates before which the carriers/AB MACs could accept the affected CPT II codes, unless inclusion of cases for such dates is more favorable to the EP. In view of this, EPs have the option to seek correction of first quarter QDC submissions which were returned as unprocessed if desired, but EPs would not be required to seek correction for the affected codes. The two basic options for EPs are:
  - A. Do not seek correction of the submitted codes which were returned unprocessed.

As indicated above, CMS will exclude from the determination of satisfactory reporting cases for dates prior to the date the carriers/AB MACs can process the relevant codes. Thus, EPs are not required to seek correction of claims. On the other hand, EPs who have begun to submit codes for the affected measures should continue to submit such codes. The beginning of acceptance of the codes will be apparent when the N365 message is noted on the remittance advice. The 2009 reporting period will not be changed and the EP who qualifies for the incentive based on the listed or affected measures will receive the 2% incentive payment with respect to the entire reporting period.

- B. Seek correction of the submitted codes that were returned unprocessed.

In certain circumstances, EPs may desire to seek correction of the unprocessed claims. To accomplish this, EPs who have already billed and included any of the listed QDCs for dates of service January 1, 2009 and after and received a message other than N365 on their remittance advice, can call their Carrier/AB MAC contractor and request a correction beginning 4/1/09. In this case the EP should be prepared to give specific claim information to the carrier/AB MAC contractor, such as, the internal control number (ICN), the beneficiary's health insurance claim number (HIC), dates of service and the QDCs. EPs who began reporting the affected measures using the Measures Group Consecutive Method during the first three months of 2009 may find that it is worthwhile to pursue correction.

## Status Update on CPT II Coding Issue for the 2009 PQRI and Options for Eligible Professionals (EPs)

Note: PQRI reporting and performance rate analysis for ONLY the affected measures will initially be performed after excluding cases for the first three months of 2009. If an EP does not qualify based on this calculation, then the EP's claims without excluding claims for the first three months of 2009 will be evaluated. Thus, the determination of satisfactory reporting will be evaluated both ways for all EPs who report on the relevant measures.

CPT II Code	Measure #	Measure
3250F	99	Breast Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade
3250F	100	Colorectal Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade
3570F	147	Nuclear Medicine: Correlation with Existing Imaging Studies for All Patients Undergoing Bone Scintigraphy
3016F	173	Preventive Care and Screening: Unhealthy Alcohol Use – Screening
3455F	176	Rheumatoid Arthritis (RA): Tuberculosis Screening
4195F	176	Rheumatoid Arthritis (RA): Tuberculosis Screening
4196F	176	Rheumatoid Arthritis (RA): Tuberculosis Screening
3470F	177	Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity
3471F	177	Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity
3472F	177	Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity
1170F	178	Rheumatoid Arthritis (RA): Functional Status Assessment
3475F	179	Rheumatoid Arthritis (RA): Assessment and Classification of Disease Prognosis
3476F	179	Rheumatoid Arthritis (RA): Assessment and Classification of Disease Prognosis
0540F	180	Rheumatoid Arthritis (RA): Glucocorticoid Management
4192F	180	Rheumatoid Arthritis (RA): Glucocorticoid Management
4193F	180	Rheumatoid Arthritis (RA): Glucocorticoid Management
4194F	180	Rheumatoid Arthritis (RA): Glucocorticoid Management
4148F	183	Hepatitis C: Hepatitis A Vaccination in Patients with HCV
4149F	184	Hepatitis C: Hepatitis B Vaccination in Patients with HCV
0529F	185	Endoscopy & Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use
4267F	186	Wound Care: Use of Compression System in Patients with Venous Ulcers