Physician Quality Reporting System (PQRS) for CY 2013

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The Physician Quality Reporting System (PQRS) is a federal program that uses Medicare payment incentives and disincentives (a fraction of Medicare Part B charges for covered professional services) to promote quality measure reporting among eligible health care professionals.

The Centers for Medicare & Medicaid Services (CMS) is administering the program on a 2-year cycle, meaning incentives paid in calendar year (CY) 2013 and CY 2014 will be based on reporting during CY 2011 and CY 2012, respectively. Payment penalties for unsatisfactory reporting, which take effect CY 2015, will be based on reporting done in CY 2013. To avoid Medicare payment cuts beginning in 2015, eligible occupational therapists should begin reporting on quality measures this year.

Participation: Occupational therapists who (1) work in private practice and (2) bill Medicare using an individual-level National Provider Identifier are subject to PQRS. Occupational therapists working in hospitals or skilled nursing facilities whose employers bill for their services are not subject to the program rules.

Quality Measures: Occupational therapists are able to report quality data on the following 16 measures:

128 Preventative Care and Screening: Body Mass Index (BMI) Screening and Follow-Up
130 Documentation of Current Medications in the Medical Record
131 Pain Assessment Prior to Initiation of Therapy and Follow-Up
134 Preventative Care and Screening: Screening for Clinical Depression and Follow-Up Plan
154 Falls: Risk Assessment
155 Falls: Plan of Care
173 Preventative Care and Screening: Unhealthy Alcohol Use—Screening
181 Elder Maltreatment Screen and Follow-Up Plan
226 Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
422* Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Knee Impairments
423* Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Hip Impairments
424* Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Lower Leg, Foot or Ankle Impairments
425* Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Lumbar Spine Impairments
426* Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Shoulder Impairments
427* Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Upper Arm Impairments
428* Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with a Functional Deficit of the Neck, Cranium, Mandible, Thoracic Spine, Ribs or Other General Orthopedic Impairment

* Registry only

Note: At the time of this writing, PQRS Measure 182 (Functional Outcome Assessment) was not available for use by occupational therapists because the measure developer did not include occupational therapy CPT service codes in the measure specifications. AOTA is working on rectifying this oversight.

Measurement reporting may be done via (1) Medicare Part B claim forms, (2) a qualified electronic health record product, or (3) a qualified, Office of the National Coordinator for Health Information Technology–certified registry. The American Taxpayer Relief Act, passed in early 2013 to avoid the so-called fiscal cliff, included new language allowing health care professionals to satisfy their PQRS obligations by reporting quality data to CMS using certain specialty registries. To set up reporting processes in private practice settings, occupational therapists are advised to confer with their coding and billing personnel.

Reporting: Practitioners meet certain quality reporting thresholds and collect enough data to assess trends and performance. To meet these reporting requirements, occupational therapists must report on three measures per patient for 80% of patients covered by Medicare Part B in a given reporting period. To increase the likelihood that the 80% threshold will be met, occupational therapists may wish to consider selecting total population measures for quality reporting and incorporate selected quality-related enhancements into their routine and customary services (such as assessing pain before initiating therapy) for Medicare patients and document as such.

Reporting Periods: Providers may participate either for the full year (January 1 to December 31) or for 6 months (July 1 to December 31). The 6-month reporting period option, however, is available only for the reporting of PQRS measures groups via registry and will be eliminated in CY 2015.

Advocacy: AOTA continually works with other organizations to develop new quality measures and to ensure that eligible occupational therapists can report on appropriate existing measures. If you would like to share your experiences with PQRS, or if you are interested in participating in an AOTA Quality Advisory Group, please e-mail us at regulatory@aota.org.

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