How to Report 2015 PQRS Measures

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Overview

• Welcome
• Eligibility
• Physician Quality Reporting System (PQRS) in 2015
• How to report PQRS measures in 2015
  • Crosscutting measures
  • Three new pathology measures
  • Five existing pathology measures
• Value-based modifier (VBM) in 2015
• Questions
Welcome

Emily E. Volk, MD, FCAP

• CAP Governor
• Vice Chair, CAP Council on Government and Professional Affairs
Welcome

Jonathan L. Myles, MD, FCAP

• Chair, CAP Economic Affairs Committee
What’s New in 2015?

• CAP’s new web-based tool for navigating PQRS
• New requirements for crosscutting measures
• Three new pathology PQRS measures
• Implementing ICD-10
• Value-based modifier changes
CAP’s New Web-Based Tool for Navigating PQRS

- At CAP.org

- Helps determine eligibility for PQRS

- 2015 version coming soon
ARE YOU ELIGIBLE TO PARTICIPATE?

1. **Are you participating in a CMS Medicare Shared Savings Program?**
   - **YES** – STOP You receive PQRS credit through your ACO when the ACO satisfactorily reports quality metrics to the CMS on your behalf.
   - **Caveat**: If your non-ACO patients are billed using a different Tax Identification Number (TIN) than your ACO patients, you will still need to report PQRS measures for those non-ACO patients.
   - **NO/ I DON’T KNOW** – Proceed to Question 2.

2. **Do you work in an independent laboratory and bill exclusively using Place of Service (POS) 81?**
   - **YES** – STOP You cannot participate in the 2014 PQRS, and you will not be penalized.
   - **NO** – Proceed to Question 3.

3. **Do any of the five PQRS measures apply to your practice?**
   - **YES** – **You are eligible!** Proceed to Question 4.
   - **NO** – **STOP** You cannot participate in the 2014 PQRS and you will not be penalized in 2016. The CMS recommends that you contact the CMS Quality Net Help Desk to confirm that no measures are applicable.
Independent laboratories (POS 81)

- Independent laboratories that bill exclusively place of service (POS 81)
  - Not considered eligible professionals for PQRS
  - Cannot participate in the 2015 PQRS
  - Will not receive -2% PQRS adjustment in 2017
PQRS in 2015

• Ways to participate in 2015 PQRS
  – Individuals can report via claims or registry
  – Group practices can report via group practice reporting option (GPRO) registry or GPRO web interface

• A 2017 PQRS penalty of -2% will be applied to those unsuccessful in the 2015 PQRS program
## Successful PQRS Reporting

<table>
<thead>
<tr>
<th>Penalty Year</th>
<th>Reporting Year</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>2013</td>
<td>50% of patients for 3 measures</td>
</tr>
<tr>
<td>2016</td>
<td>2014</td>
<td>50% of patients for 9 measures in 3 National Quality Domains</td>
</tr>
<tr>
<td>2017</td>
<td>2015</td>
<td>50% of patients for 9 measures in 3 National Quality Domains</td>
</tr>
<tr>
<td></td>
<td></td>
<td>New requirement for those with face-to-face encounters</td>
</tr>
</tbody>
</table>
PQRS in 2015

• Report on all measures that apply to your practice
  – May include up to 8 pathology measures
  – May include crosscutting measures
  – Depending on your practice, additional measures may apply
• If no measures apply to your practice, you cannot participate.
  – You will not face PQRS penalties
• Check with the QualityNet Help Desk
QualityNet Help Desk

- 7 am - 7 pm CT Monday - Friday
- E-mail: qnetsupport@hcqis.org
- Phone: (866) 288-8912
PQRS in 2015

• Eligible professionals who see at least one Medicare patient in a face-to-face encounter
  – Must report on 1 crosscutting measure to meet the criteria for satisfactory reporting for the 2017 PQRS payment adjustment.
  – If a pathologist bills E&M codes, he/she might have to report on a crosscutting measure
  – CMS will provide the specific codes for what it defines as a “face-to-face” encounter and any additional guidance on the PQRS website (cms.gov/pqrs).
Crosscutting measures, example

Measure #1 Diabetes (Claims, Registry)

• DESCRIPTION: Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period

• DENOMINATOR:
  – Patients 18 through 75 years of age
  – Diagnosis for diabetes
  – Patient encounter [eg 99201-99205; 99211-99215]
Crosscutting measures, example

Measure #1 Diabetes (Claims, Registry)

• **NUMERATOR:** Patients whose most recent HbA1c level (performed during the measurement period) is > 9.0%
  
  – 3046F: Most recent hemoglobin A1c level > 9%
  
  – 3046F 8P: Hemoglobin A1c level was not performed during the performance period
  
  – 3044F: Most recent hemoglobin A1c level < 7%
  
  – 3045F: Most recent hemoglobin A1c level 7% to 9%

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How to report PQRS measures in 2015

• 3 new pathology measures developed by the CAP
  – Lung Cancer (Biopsy/Cytology Specimens)
  – Lung Cancer (Resection Specimens)
  – Melanoma

• 5 existing pathology PQRS measures
  – Breast Cancer Resection
  – Colorectal Cancer Resection
  – Barrett’s Esophagus
  – Radical Prostatectomy
  – Quantitative Immunohistochemical Evaluation of HER2
ICD-10 transition

• Switch to ICD-10 codes October 1, 2015
• For PQRS measures, use ICD-9 codes January 1-September 30, 2015
• Use ICD-10 codes October 1-December 31, 2015
• Based on date of service
Lung Cancer Reporting (Biopsy/Cytology Specimens)

• DENOMINATOR: Biopsy and cytology specimen reports with a diagnosis of primary non-small cell lung cancer

• Denominator Criteria (Eligible Cases):
  – Patients 18 through 75 years of age on date of encounter
  – Diagnosis for lung cancer (ICD-9-CM) [for use 1/1/2015-9/30/2015]: 162.3, 162.4, 162.5, 162.8, 162.9
  – Patient encounter during reporting period (CPT): 88305, 88307
Lung Cancer Reporting (Biopsy/Cytology Specimens)

• Diagnosis for lung cancer (ICD-10-CM) [for use 10/01/2015-12/31/2015]:
  C34.00, C34.01, C34.02
  C34.10, C34.11, C34.12
  C34.2
  C34.30, C34.31, C34.32
  C34.80, C34.81, C34.82
  C34.90, C34.91, C34.92
Lung Cancer Reporting (Biopsy/Cytology Specimens)

• NUMERATOR: Biopsy and cytology specimen reports with a diagnosis of primary non-small cell lung cancer classified into specific histologic type (squamous cell carcinoma, adenocarcinoma) OR classified as NSCLC-NOS with an explanation included in the pathology report
Lung Cancer Reporting (Biopsy/Cytology Specimens)

<table>
<thead>
<tr>
<th>PQRS #</th>
<th>Measure Title</th>
<th>Code for “Performance Met”</th>
<th>Code for “Medical Exclusions”</th>
<th>Code for “Other Exclusions”</th>
<th>Code for “Performance not met”</th>
</tr>
</thead>
<tbody>
<tr>
<td>395</td>
<td>Lung Cancer Reporting (Biopsy/Cytology Specimens)</td>
<td>G9418</td>
<td>G9419</td>
<td>G9420</td>
<td>G9421</td>
</tr>
<tr>
<td></td>
<td>Primary Non-small cell lung cancer biopsy and cytology specimen report documents classification into specific histologic type OR classified as NSCLC-NOS with an explanation</td>
<td></td>
<td></td>
<td>Specimen is not of lung origin or is not classified as non-small cell lung cancer</td>
<td></td>
</tr>
</tbody>
</table>
Lung Cancer Reporting (Resection Specimens)

• DENOMINATOR: Pathology reports for resection specimens for primary lung carcinoma

• Denominator Criteria (Eligible Cases):
  – Patients 18 through 75 years of age on date of encounter
  – Diagnosis for lung cancer (ICD-9-CM) [for use 1/1/2015-9/30/2015]: 162.3, 162.4, 162.5, 162.8 and 162.9
  – Patient encounter during reporting period (CPT): 88309
Lung Cancer Reporting (Resection Specimens)

• Diagnosis for lung cancer (ICD-10-CM) [for use 10/01/2015-12/31/2015]:
  C34.00, C34.01, C34.02
  C34.10, C34.11, C34.12
  C34.2
  C34.30, C34.31, C34.32
  C34.80, C34.81, C34.82
  C34.90, C34.91, C34.92
Lung Cancer Reporting (Resection Specimens)

• **NUMERATOR:** Pathology reports based on resection specimens with a diagnosis of primary lung carcinoma that include the pT category, pN category and for non-small cell lung cancer, histologic type (squamous cell carcinoma, adenocarcinoma and NOT NSCLC-NOS)
Lung Cancer Reporting (Resection Specimens)

<table>
<thead>
<tr>
<th>PQRS #</th>
<th>Measure Title</th>
<th>Code for &quot;Performance Met&quot;</th>
<th>Code for &quot;Medical Exclusions&quot;</th>
<th>Code for &quot;Other Exclusions&quot;</th>
<th>Code for &quot;Performance not met&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>396</td>
<td>Lung Cancer Reporting (Resection Specimens)</td>
<td>G9422</td>
<td>G9423</td>
<td>G9424</td>
<td>G9425</td>
</tr>
<tr>
<td></td>
<td>Report includes the pT category, pN category and</td>
<td></td>
<td></td>
<td>Not lung specimen</td>
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<tr>
<td></td>
<td>for Non-Small Cell Lung Cancer, Histologic Type</td>
<td></td>
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<tr>
<td></td>
<td>(Squamous Cell Carcinoma, Adenocarcinoma)</td>
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</tbody>
</table>
Melanoma Reporting

• DENOMINATOR: All melanoma pathology reports for primary malignant cutaneous melanoma

• Denominator Criteria (Eligible Cases):
  – Patients 18 through 75 years of age on date of encounter
  – Patient encounter during reporting period (CPT): 88305
Melanoma Reporting

• Diagnosis for malignant cutaneous melanoma (ICD-10-CM) [for use 10/01/2015-12/31/2015]:
  
  C43.0

  C43.20, C43.21, C43.22

  C43.30, C43.31, C43.39

  C43.4

  C43.51, C43.52, C43.59

  C43.60, C43.61, C43.62

  C43.70, C43.71, C43.72

  C43.8

  C43.9
Melanoma Reporting

• NUMERATOR: Pathology reports for primary malignant cutaneous melanoma that include the pT category and a statement on thickness and ulceration and for pT1, mitotic rate
### Melanoma Reporting

<table>
<thead>
<tr>
<th>PQRS #</th>
<th>Measure Title</th>
<th>Code for “Performance Met”</th>
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<th>Code for “Other Exclusions”</th>
<th>Code for “Performance not met”</th>
</tr>
</thead>
<tbody>
<tr>
<td>397</td>
<td>Melanoma Reporting</td>
<td>G9428</td>
<td>G9429</td>
<td>G9430</td>
<td>G9431</td>
</tr>
<tr>
<td></td>
<td>Pathology report</td>
<td>Pathology report includes</td>
<td></td>
<td>Specimen site other than</td>
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<tr>
<td></td>
<td></td>
<td>the pT Category and a</td>
<td></td>
<td>anatomic cutaneous location</td>
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<tr>
<td></td>
<td></td>
<td>statement on thickness</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td>and ulceration and for</td>
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<tr>
<td></td>
<td></td>
<td>pT1, mitotic rate</td>
<td></td>
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</tr>
</tbody>
</table>
# Current pathology measures in 2015

<table>
<thead>
<tr>
<th>PQRS #</th>
<th>Measure Title</th>
<th>Code for “Performance Met”</th>
<th>Code for “Medical Exclusions”</th>
<th>Code for “Other Exclusions”</th>
<th>Code for “Performance not met”</th>
</tr>
</thead>
<tbody>
<tr>
<td>99</td>
<td>Breast Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade</td>
<td>3260F</td>
<td>3260F-1P</td>
<td>3250F</td>
<td>3260F-8P</td>
</tr>
</tbody>
</table>

- pT (primary tumor), pN (regional lymph node), and histologic grade documented in pathology report.
## Current pathology measures in 2015

<table>
<thead>
<tr>
<th>PQRS #</th>
<th>Measure Title</th>
<th>Code for “Performance Met”</th>
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<th>Code for “Other Exclusions”</th>
<th>Code for “Performance not met”</th>
</tr>
</thead>
<tbody>
<tr>
<td>100</td>
<td>Colorectal Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade</td>
<td>G8721</td>
<td>G8722</td>
<td>G8723</td>
<td>G8724</td>
</tr>
</tbody>
</table>

- **G8721**: pT (primary tumor), pN (regional lymph node), and histologic grade documented in pathology report.
- **G8722**: Not colorectal specimen.
### Current pathology measures in 2015

<table>
<thead>
<tr>
<th>PQRS #</th>
<th>Measure Title</th>
<th>Code for &quot;Performance Met&quot;</th>
<th>Code for &quot;Medical Exclusions&quot;</th>
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<th>Code for &quot;Performance not met&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>249</td>
<td>Barrett's Esophagus</td>
<td>3126F</td>
<td>3126F-1P</td>
<td>G8797</td>
<td>3126F-8P</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Esophageal biopsy report</td>
<td></td>
<td>Not Esophageal specimen</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>with a statement about</td>
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<tr>
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<td></td>
<td>dysplasia (present,</td>
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<td>absent, or indefinite and</td>
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<tr>
<td></td>
<td></td>
<td>if present, contains</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>appropriate grading)</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
## Current pathology measures in 2015

<table>
<thead>
<tr>
<th>PQRS #</th>
<th>Measure Title</th>
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<th>Code for “Other Exclusions”</th>
<th>Code for “Performance not met”</th>
</tr>
</thead>
<tbody>
<tr>
<td>250</td>
<td>Radical Prostatectomy Pathology Reporting</td>
<td>3267F</td>
<td>3267F-1P</td>
<td>G8798</td>
<td>3267F-8P</td>
</tr>
</tbody>
</table>

- **pT Category, pN Category, Gleason Score and Statement about Margin Status Documented**
- Not Prostate specimen
## Current pathology measures in 2015

<table>
<thead>
<tr>
<th>PQRS #</th>
<th>Measure Title</th>
<th>Code for “Performance Met”</th>
<th>Code for “Medical Exclusions”</th>
<th>Code for “Other Exclusions”</th>
<th>Code for “Performance not met”</th>
</tr>
</thead>
<tbody>
<tr>
<td>251</td>
<td>Quantitative Immunohistochemical (IHC) Evaluation of Human Epidermal Growth Factor Receptor 2 Testing (HER2) for Breast Cancer Patients</td>
<td>3394F</td>
<td></td>
<td>3395F</td>
<td>3394F-8P</td>
</tr>
<tr>
<td></td>
<td>Quantitative HER2 by IHC Evaluation Consistent with Scoring System Defined in the ASCO/CAP Guidelines</td>
<td></td>
<td></td>
<td>Quantitative non-HER2 by IHC Evaluation Performed</td>
<td></td>
</tr>
</tbody>
</table>
Other PQRS measure examples

Measure #265 Biopsy Follow-up (Registry Only)

• DESCRIPTION: Percentage of new patients whose biopsy results have been reviewed and communicated to the primary care/referring physician and patient by the performing physician

• DENOMINATOR: All patients undergoing a biopsy
  – Patient Procedure: eg 38221 AND
  – Patient Encounter: eg 99201, 99202, 99203, 99204, 99205
Other PQRS measure examples

Measure #265 Biopsy Follow-up (Registry Only)

NUMERATOR:

– G8883: Biopsy results reviewed, communicated, tracked, and documented
– G8884: Clinician documented reason that patient’s biopsy results were not reviewed [eg patient asks results not be communicated to primary care physician]
– G8885: Biopsy results NOT reviewed, communicated, tracked, or documented
Value-based modifier in 2015

• VBM score is a calculation based on performance of the Group (defined by tax identification number (TIN))
  – PQRS measures
  – Cost measures, which are based on the cost of care for patients for whom the eligible professional provides a plurality of primary care services.
Value-based modifier in 2015

• The modifier will apply to physicians participating in Medicare Shared Savings Programs
  – Score will be based on accountable care organization (ACO) reporting of quality measures and an all cause hospital readmission measure
  – The cost will be held at an average
  – 2017 adjustment will be applied based on participation in an ACO during the performance year (2015)
2017 value-based modifier penalties, bonuses

<table>
<thead>
<tr>
<th>Group Size</th>
<th>10+ Physicians</th>
<th>1-9 Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>+/- 4.0 %</td>
<td>Up to + 2.0 %</td>
</tr>
</tbody>
</table>

- For groups of 10 or more, up to +4% bonuses or -4% payment penalties
- For groups of one to nine, up to +2% bonuses and no negative adjustment
2017 PQRS and value-based modifier penalties combined

<table>
<thead>
<tr>
<th>2015 Unsuccessful PQRS Reporters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group Size</td>
</tr>
<tr>
<td>2017 total PQRS, VBM penalties</td>
</tr>
</tbody>
</table>

- PQRS, VBM adjustments are separate (figures above show the total penalties)
- For groups of 10 or more, the total penalty for PQRS and VBM is -6% in 2017
- For groups of one to nine, the total penalty for PQRS and VBM is -4% in 2017
Value-based modifier in 2015

Independent laboratories (POS 81)

• The VBM Quality score is based on the PQRS
• Pathologists in independent labs do not receive Quality Resource Use Reports (QRURs), which CMS uses to calculate the VBM
• Therefore, it is unlikely that a VBM score can be calculated for pathologists working in independent labs
• The CAP is seeking written verification from CMS
Resources

• CAP.org, Advocacy section
• Pathologist’s Guide: 2014 PQRS & VBM Programs
  – PQRS/VBM tool is being updated for 2015
• Archive of this webinar located at CAP.org
  – Presentation slides also available with the archive
• cms.gov/pqrs
Questions
COLLEGE of AMERICAN PATHOLOGISTS