MEASURE OF THE MONTH

By Lisa Kirkland, FACP

In accordance with a law passed by Congress late in 2006, physicians and other eligible professionals are able to receive bonus payments of 1.5% of their total allowed Medicare charges, subject to a cap, by submitting information for defined quality measures. Many of these measures were developed by the AMA-convened Physician Consortium for Performance Improvement®, in collaboration with the National Committee for Quality Assurance (NCQA) and/or a medical specialty society.

In July, CMS reported $36 million in bonus payments to many of the more than 56,700 health professionals who correctly reported quality information to Medicare under the 2007 Physician Quality Reporting Initiative (PQRI). The average incentive amount for individual professionals was over $600 and average incentive payment for a physician group practice was over $4,700, with the largest payment to a physician group practice totaling over $205,700.

Hospitalists have 11 quality measures available to them for the 2008 PQRI and can choose up to three measures per reporting period:

- ACE inhibitor, ARB in heart failure,
- antplatelets in CAD,
- beta-blocker in CAD with prior MI,
- DVT prophylaxis in stroke,
- antplatelets in stroke,
- anticoagulant in stroke with atrial fibrillation,
- tPA considered in stroke,
- dysphagia screen in stroke,
- rehab considered in stroke,
- advance care plan,
- VAP prevention (head elevation), and
- CRBSI prevention (CVC insertion protocol).

The current reporting period ends Dec. 31. The program will continue in 2009.

For a specific measure, the eligible (“denominator”) patient population is identified by both ICD-9 diagnosis codes and CPT evaluation/management (E/M) service codes. If a patient falls into that denominator population, the appropriate CPT-II code(s) and modifiers for the individual patient (“numerator”) are required for submission. A modifier is required if a patient is in the eligible population but does not receive the measure; the explanation must be documented in the chart as a medical, patient, system, or unspecified reason.

Measure #5: Heart failure: Angiotensin-converting enzyme inhibitor or angiotensin-receptor blocker therapy for left ventricular systolic dysfunction

The frequency of this measure is once per reporting period for all heart failure patients. The denominator population encompasses patients with an ICD-9 heart failure code AND CPT E/M service code 99238 or 99239. Numerator coding options are shown in the chart below. See the CMS Web site, www.cms.hhs.gov/PQRI, for information about alternative reporting options and very helpful toolkits.

<table>
<thead>
<tr>
<th>Numerator</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapy prescribed and depressed left ventricular systolic function documented</td>
<td>CPT II 4009F AND 3021F</td>
</tr>
<tr>
<td>Therapy not prescribed for medical, patient, system, or unspecified reason, but depressed left ventricular systolic function documented</td>
<td>CPT II 4009F with 1P, 2P, 3P, or 8P AND 3021F</td>
</tr>
<tr>
<td>Patient not eligible for therapy because left ventricular ejection fraction is &gt;40% or is only mildly depressed</td>
<td>CPT II code 3022F</td>
</tr>
<tr>
<td>Left ventricular ejection fraction not obtained or documented</td>
<td>CPT II code 3021F-8P</td>
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</tbody>
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