QRS is not a common “household” term, but all audiologists should be familiar with this national reporting initiative. Coding and reimbursement issues continue to be at the forefront of our profession, so listen up—this is important!

So, What Is PQRS?
The Physician Quality Reporting System (PQRS), formerly known as Physician Quality Reporting Initiative (PQRI), is a Medicare reporting system for eligible health-care professionals that promotes reporting of quality information for covered services that are provided to original Medicare Part B fee-for-service beneficiaries (including Railroad Retirement Board and Medicare Secondary Payer). The goal of PQRS is to encourage efficient and high-quality patient care in a movement toward a pay-for-performance reimbursement system. The Centers for Medicare and Medicaid Services (CMS) has implemented a program comprised of incentive payments and payment reductions to encourage participation in the PQRS program. Though participation for audiologists is optional through December 31, 2012, reporting of quality measures is required beginning in 2013, in order to avoid payment penalties in the future. For example, those professionals who do not meet satisfactory reporting requirements for 2013 will face a 1.5 percent reduction in payment for all Medicare claims filed in 2015. The incentive that can be earned for participating in 2013 and 2014 is a 0.5 percent increase for Medicare payments (note that payment is received the following year).

Generally speaking, PQRS works in the following way. The 2012 reporting period has more than 200 Quality Data Codes (QDC) that eligible professionals can report using corresponding CPT II/G codes. These codes can be reported to CMS in one of three ways:

1. Reporting through qualified electronic health record (EHR),
2. registry reporting, and
3. claims-based reporting.

Claims-based reporting is the most common and cost-effective method of reporting currently used by audiologists. Claims-based reporting requires the addition of CPT II/G code(s) on the HCFA 1500 form for appropriate quality measures that apply to the services provided. For 2012, audiologists must choose a minimum of three individual quality measures and report on those measures for at least 50 percent of eligible encounters during the given reporting period. Individual audiologists do not need to pre-register or sign up to begin participating in PQRS; they simply need to begin to properly report applicable measures under the program.

Reporting specifications for each quality measure contain criteria that detail the patient demographic, the particular procedure performed (CPT and HCPCS code), and possibly an associated diagnostic outcome (ICD-9). In some cases, audiologists may find that the services they provide may preclude them from reporting on three eligible quality
measures. In such cases, CMS will use a validation process instead of the three-measure requirement to determine if the provider has met the criteria for satisfactory reporting. Note that reporting requirements are likely to change each reporting year. Guidelines for 2013 reporting will be finalized in November 2012.

Learning about PQRS can be overwhelming, and if you aren’t already reporting, you’re probably thinking, “Where do I start?” Comprehensive resources for PQRS reporting can be found on the Academy Web site. The Academy has a Web page dedicated to PQRS (www.audiology.org/practice/PQRI/Pages/default.aspx), where audiologists will find up-to-date information on reporting measures that are potentially applicable for audiologists, as well as worksheets, guides, and other information that will provide audiologists with up-to-date information and offer step-by-step instructions for reporting quality measures. For the official, most current guidance, visit the CMS PQRS Web page (www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html).

Researching the most appropriate measures for your particular practice is critical. It will also be important to work closely with your billing staff as you research available measures and make choices. Consider reporting on eligible measures that apply to services you provide most often, or those that are integral to the way you practice. When choosing measures for our office in 2012, we made the following choices:

Measure #190 Referral for Otologic Evaluation for Patients with a History of Sudden or Rapidly Progressive Hearing Loss

The specification for this measure includes reporting on all patients who may exhibit a sudden or rapidly progressing hearing loss and were referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation. This measure was a clear choice for our practice because referral for a sudden or rapidly progressing hearing loss is a best practice, and a logical and important standard of care to promote.

Measure #130 Documentation of Current Medications in the Medical Record

Part of the thorough case history includes medications that contribute to the demise of the auditory system, such as ototoxic agents, those that exacerbate tinnitus, and medications that can affect the function of the vestibular system, to name a few. Medication history gives the audiologist insight into the general health of the patient and aids in the diagnostic process.

Measure #124 Health Information Technology (HIT): Adoption/Use of Electronic Health Records (EHR)

There is a very good possibility that this measure will be retired for 2013, and it should be noted that this measure has very specific guidelines regarding use of an EHR. The current CMS specifications for qualified EHR may be beyond the scope of many audiology practices. Currently, audiologists are not required to possess a comprehensive EHR system. This measure, however, affords audiologists who are practicing in a setting such as mine, where a comprehensive EHR system is already in place, the opportunity to report this measure under PQRS.

It is important to stay on top of current measures and their reporting guidelines. As you approach the beginning of the new reporting period on January 1, 2013, check the CMS and Academy Web sites for the measures that are available and appropriate for your practice. Think outside the box—as you can see, the measures you report don’t have to be specific to audiology procedures.

Use the callout box links to learn about PQRS and how to begin reporting. Specific examples of how to report, including the codes to use, can be found on the Academy’s PQRS Web page. Good luck!

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Note

1. Each year the eligible measures may change so all of these measures may not be available for 2013.