

## Wisconsin Optometric Association 2012 Physician Quality Reporting System (PQRS) Coding Reference

Dr. Gene Cropp and Dr. Chuck Brownlow say,

**“Pick Four and Earn the Bonus!”**

**Start filing the proper codes now, so that you are not penalized by Medicare in future years!**

**How about one POAG measure, two ARMD measures, and one diabetes measure PQRS will soon be mandatory.**

### Resources

Detailed information regarding the Physician Quality Reporting System (PQRS, formerly PQRI), including the handouts from AOA webinars can be found at <http://www.aoa.org/PQRS>. For more information on PQRS and ePrescribing, check out <http://www.cms.gov/MLNProducts/downloads/EHRIncentivePayments-ICN903691.pdf> and <https://www.cms.gov/ERxIncentive>

### Measure Reporting Guidelines

This paper will establish a method for easily complying with the rules in order to participate in the Medicare PQRS program and earn the bonus for each doctor in your practice, computed based on the total allowed amount for **all** Medicare services billed by each doctor during the calendar year.

To earn the bonus, Medicare requires a doctor to consistently report on a minimum **only three** measures. We suggest that you choose four measures, in order to provide a margin for error in your reporting. In other words, if you are shooting for success with four you are more likely to be successful with at least three, whereas if you only report on three and fall short with one, you won't earn your bonus. There is no penalty for not reporting on **all** the measures as long as you have reported on at least **three** measures.

If you report each of those codes at least 50% of the time that a related diagnosis code appears on the claim form for an encounter, you will earn the bonus. This gets simpler all the time...You only need to report **three measures 50% of the time**. Pick three measures for diagnoses that you deal with commonly in your practice, devote yourself to reporting them **every time** and you should be successful. **It is critical to participate now to get your office's internal compliance system established, because this type of reporting will be mandatory in the near future.**

Report each of the measures you've chosen, using the PQRS code, whenever you use an ICD-9 code associated with that code. It is important to understand that each code has a reporting period of 12 months. If you use the ICD-9 code associated with the PQRS code but did not perform the measure at that encounter or on an encounter within the previous 12 months, you still put the PQRS code on the claim, including a modifier (listed below) to indicate why the measure did not need to be performed at this encounter or at any time during the last 12 months. **Never put a PQRS code on a claim unless you intend to report it every time one of its covered diagnosis codes appears on a claim. Pick four and stick with them!**

### Modifiers for Exclusions

1P - Medical Reason (includes not indicated or contraindicated, other)  
2P – Patient Reason (includes patient declined, economic, social or religious reasons, other)  
8P – Other Reason (any reason not covered by either 1P or 2P)

**Summary—Every time a diagnosis code for one of the PQRS codes you've chosen is on a claim form...**

- If you performed the measure, record the measure's PQRS code without a modifier.

- If you did not perform the measure during the encounter or within the previous 12 months, record the PQRS code on the claim form anyway, accompanied by the appropriate modifier, and you will still get credit for reporting.

## Strategy for PQRS Compliance

The rest of this paper will lay out a sample strategy for success in compliance and in earning your PQRS bonus. You may decide to report the four measures used in this paper or you may choose any of the seven eye care measures open to optometrists. It's your call. We believe the best course to success with PQRS is also the simplest course.

### Basic Logic of PQRS

Each of the four PQRS measures in this example must be reported every time one of the diagnosis codes associated with the measure is reported on the claim form. The only diagnosis codes that belong on a particular claim, of course, are those related to the services performed during that visit. For example, Measure 12, PQRS code, 2027F; optic nerve evaluation for a patient with primary open angle glaucoma; is reported on every claim form that has one of the following diagnosis codes: 365.10, 365.11, 365.12, or 365.15. If none of those four diagnoses is related to a visit you would not put the 2027F PQRS code on the claim form and the visit will not count for or against your success in PQRS for 2011.

### It's easy...

**ICD code between 365.10 and 365.15 on the claim?** Report 2027F, without modifier if ON nerve evaluation was done, with modifier if it was not done. Visit counts toward your 50% threshold for the bonus.

**ICD code between 365.10 and 365.15 not on the claim?** Don't report 2027F. Visit does not count against your 50% threshold for the bonus.

**Measure 12 – Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation, PQRS code 2027F**

PQRS 12 GLAUCOMA	
365.10	OPEN ANGLE GLC, UNSP
365.11	PRIM. OPEN ANGLE GLC
365.12	LOW TENSION GLC
365.15	RESID. OPEN ANGLE GLC
OPTIC NERVE EVALUATION 2027F	MODIFIERS 1P      8P

Steps to use with this measure:  
 Record the Optic Nerve Evaluation PQRS measure 2027F each time you use one of the Glaucoma codes in the box on the left  
 If you have evaluated the optic nerve head (ONH) during the encounter or within the previous 12 months, be sure the findings are documented in chart and 2027F is recorded on the claim.  
 If the office visit is related to glaucoma and you use one of the glaucoma codes but did not evaluate the optic nerve on this visit or within the last 12 months, you then record 2027F along with one of the following modifiers on the claim:  
**1P** - Medical Reasons (includes not indicated or contraindicated, other; i.e.– not needed to be done at this visit  
**8P** – Other Reasons (any reason not covered by other modifiers)

**Key Point:**  
 If you see a patient with glaucoma for a reason unrelated to his/her glaucoma, do **not** put the glaucoma diagnosis codes on the claim and don't record any glaucoma PQRS measures on the claim for the encounter. Such visits are **not** considered in the PQRS calculations for compliance or the bonus.

### Measure 14 – Age-Related Macular Degeneration (ARMD): Dilated Macular Exam, PQRS Code 2019F

ARMD		
PQRS 14 (DILATION)		
PQRS 140 (VITAMIN COUNSELING)		
362.50	MAC. DEGENERATION, UNSP	
362.51	MAC DEGENERATION NONEXUDATIVE	
362.52	MAC DEGENERATION EXUDATIVE	
LEVEL		MODIFIERS
2019F		1P 2P 8P
VITAMIN		MODIFIER 8P
4177F		
<p><b>AGE RELATED MACULAR DEGENERATION</b></p> <p>When you use a diagnosis code for Macular Degeneration, listed in the box to the left, record PQRS codes 2019F and 4177F on the claim.</p> <p>Record 2019F on your claim if you <u>dilated</u> and evaluated the macula at this encounter or within the previous 12 months and documented the findings in the chart including the severity of AMD (mild, moderate or severe), the presence or absence of edema and the presence or absence of hemorrhage.</p> <p>If you have an office visit related to macular degeneration and use one of the macular degeneration codes, but have not done a <u>dilated macular exam</u> during the visit or during the previous 12 months, record 2019F along with one of the following modifiers:</p> <p><b>1P</b> – Documentation of <b>Medical</b> Reason(s) for not performing a dilated macular examination</p> <p><b>2P</b> – Documentation of <b>Patient</b> Reason(s) for not performing a dilated macular examination</p> <p><b>8P</b> – Dilated macular exam was <u>not</u> performed, reason not otherwise specified</p>		
<p><b>Key Point:</b></p> <p><b>If a patient with macular degeneration sees you for a reason other than macular degeneration, don't use the ARMD diagnosis codes and don't code for PQRS measures related to ARMD.</b></p>		

### Measure 140 – Age-Related Macular Degeneration (ARMD): Counseling on Antioxidant Supplement (AREDS), PQRS Code 4177F

ARMD		
PQRS 14 (DILATION)		
PQRS 140 (VITAMIN COUNSELING)		
362.50	MAC. DEGENERATION, UNSP	
362.51	MAC DEGENERATION NONEXUDATIVE	
362.52	MAC DEGENERATION EXUDATIVE	
LEVEL	MODIFIERS	
2019F	1P 2P 8P	
VITAMIN 4177F	MODIFIER 8P	

Report PQRS code 4177F on the Medicare claim whenever an encounter is related to one of the Macular Degeneration codes listed in the box to the left .

If you have discussed the benefits and/or risks of the AREDS formulation for preventing progression of AMD with the patient and/or their caregivers at this encounter or within the last 12 months, then you record 4177F on the claim form, without a modifier. Be sure to document the discussion with the patient in your chart.

If the office visit is related to macular degeneration and you use one of the macular degeneration codes in the boxes at the left, but you do not counsel the patient and/or their caregiver(s) regarding antioxidant therapy on this visit and have not within the previous 12 months, then you will record 4177F along with the following modifier on the claim:  
 8P – Counseling not performed, Reason not otherwise specified  
 (1P and 2P modifiers are not used with 4177F)

**Key Point:**  
 If a patient has macular degeneration and sees you for a reason other than macular degeneration, then you don't use the ARMD diagnosis codes and do not report the ARMD PQRS codes for the visit.

**Measure 117 – Diabetes Mellitus: Dilated Eye Examination in Diabetic Patient, PQRS Code 2022F or PQRS Code 3072F\*\***

Diabetes Mellitus		
PQRS 117 Dilated Eye Examination for person with diabetes, age 18-75, inclusive		
250.00-250.03, 250.10-250.13, 250.20-250.23, 250.30-250.33, 250.40-250.43, 250.50-250.53, 250.60-250.63, 250.70-250.73, 250.80-250.83, 250.90-250.93, 357.2, 362.01-362.07, 366.41, 648.01-648.04		
PQRS Code		MODIFIERS
2022F		8P
3072F		No modifiers for this code

**Diabetes**

When the services you provide are related to one of the diagnosis codes for diabetes listed in the box to the left, record PQRS code 2022F on the claim form if you performed a dilated retinal exam during the visit or at a visit within the previous twelve months.

If the office visit was related to the patient's diabetes and you used one of the diabetes codes, but did not do a dilated exam during the visit or during the previous 12 months, record 2022F, with the following modifier:

8P – Dilated macular exam was not performed, reason not otherwise specified

If you did not perform a dilated retinal examination for the patient at this exam or within the last twelve months because you felt the previous examination showed the patient to be at low risk for diabetic retinopathy, record PQRS code 3072F on the claim form. However, **it is very unlikely, due to standard of care, that you will ever decide that an annual dilated exam is not necessary for a person with diabetes. Therefore, it is unlikely you will ever use 3072F.**

## Summary

Doctors of optometry have worked for decades to get the profession accepted as an integral part of America's health care system. Pay for performance and other types of evidence of compliance with national standards for health care delivery are becoming more and more important each year. Medicare's PQRS is an example of insurers' commitment to paying for care that is provided according to those national standards. The PQRS program has been rewarding doctors who participated each year since 2009. Eventually, Medicare will expect all providers to comply and will penalize those who do not. Gearing up now and complying with PQRS now will make it easier when it finally becomes mandatory, rather than optional. ***It never has been easier to comply and it never will be this easy again.***

It is up to you to decide how many PQRS codes you wish to report. We know of no advantage to reporting any more than the minimum of three, other than, as we said before, you may have a better chance of earning the bonus if you report on one more than the minimum. **"Pick four!"**

It is also up to you to pick which of the measures you wish to report from among the seven eye care measures that are approved for reporting by optometrists and/or from among the other measures that optometrists can choose to report, even though they are not directly related to eye care. You don't have to use the ones we chose...Pick the ones that fit your practice best.

For more information and for a complete list of all the PQRS measures, you may refer to the resources we provided at the beginning of this guide. Of course you are also welcome to contact Dr. Brownlow with any questions at [brownlowod@aol.com](mailto:brownlowod@aol.com).