

# Dermatology Coding Alert

## Determine PQRI Problem Spots Before the July Deadline

### Tip: Use G8300 as your test code

You should be modifying your office and billing systems, CMS official **Susan Nezda** said during an April 19 conference call on the PQRI. You need to figure out which role each member of your team will play in the reporting process, and educate all of your staff. You can use tools like worksheets, encounter forms and screen templates to capture the data.

**Important:** You should test your systems before the July 1 start date to make sure your vendors are up to snuff, Nezda said. Verify that your practice management or billing system can "bill out a zero charge associated with new HCPCS codes," Hause says. Also verify that your clearinghouses will accept these new HCPCS codes and modifiers and pass them on to the carriers you work with, he adds. "For systems that cannot do '0,' the guidelines allow for a nominal amount, such as 1 cent."

**How it works:** You'll report quality measures and CPT category II codes on the same CMS-1500 form you use to bill for your clinical services. Enter a "0" charge in box 24F on the 1500 form for these quality measure codes.

You can test out your PQRI claims submission now. CMS designated G8300 as a test code, so you can try adding G8300 as a line item on any claim, or in field 24D on the 1500 form, and enter \$0.00 or \$0.01 as the line item charge. Then check your remittance advice (RA) to make sure the carrier or contractor processed the test code. You should see RA remark code N365, which denotes a non-payable code used for information purposes only.

**Deadline:** CMS will consider your quality reporting only for claims that reach the National Claims History (NCH) file by Feb. 29, 2008. You can't resubmit claims just to add the quality-reporting codes, nor can you submit the quality-reporting codes by themselves on a separate claim.