Internal Medicine Coding Alert

Lasso In PQRI Dollars: Counting Asthma Evals Is One Key to 2% Incentive

Tried-and-true time saver gives you an efficient way of reporting Measure 64.

Don't let physician quality reporting initiative (PQRI) bonuses slip through your practice's fingers -- taking part is only a quick hop, skip and jump through your coding repertoire. If you treat patients with asthma, here's the way to get started with one PQRI measure.

Brush Up On PQRI Equations

To properly report PQRI measures, you need to report a series of codes that corresponds to a PQRI numerator and denominator.

Breakdown: The numerator is the CPT category II code(s) -- usually an F code or "PQRI code," says **Eileen Lane-Coffill, CPC, PCS,** senior compliance auditor at Boston's HMFP Compliance. The denominator consists of the ICD-9 and CPT category I code.

Example: The internist provides a level-two E/M service to an asthmatic patient. This encounter qualifies for PQRI measure 64 (Asthma Assessment). To qualify for PQRI, code this claim as follows:

Numerator: Report one of the CPT II codes below for eligible patients (patients aged five to 40 with an asthma diagnosis), with or without modifier 8P (evaluation not performed), depending on the circumstances:

• **CPT II 1005F:** Asthma symptoms evaluated (includes physician documentation of numeric frequency of symptoms or patient completion of an asthma assessment tool/survey/questionnaire)

• **1005F with 8P:** Asthma symptoms not evaluated, reason not otherwise specified

Denominator: Make sure the patient meets the denominator criteria -- in this case, patients ages five to 40 years on the date of encounter who have an asthma diagnosis. Then report:

• one of the asthma diagnoses indicated in the PQRI measures specifications manual, for instance 493.1x (Intrinsic asthma); and

• the applicable patient encounter code from the 99201-99205 (Office or Other Outpatient Services, New Patient) or 99212-99215 (Established Patient) range.

Tip: A very efficient way of reporting Measure 64 on the required amount of services (at least 80 percent ofyour Medicare submitted claims) is to have the physician indicate its relevance at the time of the service, offers **Suzan Berman, CPC, CEMC, CEDC,** senior manager of coding and compliance with the University of Pittsburgh Medical Center.

How: Do this by adding the measures to the fee slips/encounter forms, or developing a check-off form with 1005F and 1005F-8P so that the physician could indicate whether she evaluated the symptom (1005F) or did not evaluate it (1005F-8P) during the encounter, suggests Berman. Then the front office staff would be able to add the PQRI measure to the claim without further queries to the clinical staff.

Resources: Download the full instructions on reporting each of the measures, along with the clinical recommendations, by clicking on the 2010 PQRI Measure Specifications Manual for Claims and Registry Reporting of Individual Measures and Release Notes link at www.cms.hhs.gov/PQRI/15_MeasuresCodes.asp.