

Internal Medicine Coding Alert

Rely On P Modifiers to Earn PQRI Credit When No Data Is Collected

Here are 4 ways to avoid missing out on reporting measures.

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qualify for the physician quality reporting initiative (PQRI): however, the patient refuses the described PQRI treatment -- what should you do?

Report the measure as you would have otherwise, with modifier 2P (Performance measure exclusion modifier due to patient reasons) appended to the Category II code.

Action:

"Providers will receive credit for PQRI measures whether modified or not," says **Sarah Todt, RN, CPC, CEDC**, associate director for QA and compliance at MRSI Inc. in Woburn, Mass.

Any time your internist treats a patient with a PQRI CPT and ICD-9 code trigger, it will count toward your overall score if you report it with a P modifier. CMS created this modifier class so you can get credit for the measure even if the internist cannot perform the described treatment.

Depending on the situation, you should list one of the following modifiers when a PQRI measure is not met:

- 1P -- Performance measure exclusion modifier due to medical reasons
- 2P -- Performance measure exclusion modifier due to patient reasons
- 3P -- Performance measure exclusion modifier due to system reasons
- 8P -- Performance measure reporting modifier -- action not performed, reason not otherwise specified.

"The 8P is the 'out' modifier: 'We didn't document this measure and we don't have a reason why,'" comments **Suzan**

Berman, CPC, CEMC, CEDC, senior manager of coding and compliance with the University of Pittsburgh Medical Center.

8P caveat:

If you report 8P, "it doesn't affect the incentive," says Berman, "however, it does reflect negatively on the outcomes process." The data you report could eventually play a role in developing an outcomes-based fee schedule, she notes.

Use the 8P reporting modifier judiciously, adds **Caral Edelberg, CPC, CCSP,CHC**, president of Medical Management Resources for TeamHealth in Jacksonville, Fla. "The 8P modifier should not be used indiscriminately in an attempt to meet satisfactory reporting criteria without regard toward meeting the practice's quality improvement goals," she says.