

Health Information Compliance Alert

Regulatory Update: Prepare for ED Changes in 2013 Medicare Fee Schedule Proposed Rule

Watch for an impact on audits and PQRS measures.

The proposed rule for the 2013 Medicare Physician [Fee Schedule](#), released July 6, includes three key items of special interest to ED coders, namely a new code for coordination and transition of care following a visit to an inpatient facility, expansion of the prepayment review audits, and changes to ED specific PQRS measures.

Nix Most Frequently Reported ED PQRS Measures

CMS proposes to retain the 12-month calendar year reporting period for the PQRS program in 2013 and beyond. The incentive payment for 2013 will remain 0.5 percent. The 2013 reporting period data will be used to determine both the 2013 incentive payment (0.5 percent) and the 2015 payment adjustment (-1.5 percent).

Successful reporting requirements for the program are proposed to remain as they were in 2012, requiring that participants report a minimum of three individual measures or group measure via claims based reporting on 50 percent or more of all eligible Medicare patients, or report a minimum of three individual measures or 1 group measure via registry reporting on 80 percent or more of all eligible Medicare patients, says **Michael A. Granovsky, MD, FACEP, CPC**, President of LogixHealth, a medical coding and billing company in Bedford, MA.

In the Proposed Rule, CMS indicates its proposed plan to potentially eliminate the following measures:

- 57 -- Community-Acquired Pneumonia (CAP): Assessment of Oxygen saturation
- 58 -- Community-Acquired Pneumonia (CAP): Assessment of Mental Status
- 92 -- Acute Otitis Externa (AOE): Pain Assessment
- 253 -- Pregnancy Test for Female Abdominal Pain Patients

Big dent: Losing measures 57 and 58 will impact a significant percentage of those groups who are successfully participating in PQRS. The above pneumonia measures are widely used by emergency physicians to satisfy the PQRS reporting requirement, warns Granovsky. However, two of the pneumonia measures 56 (Community-Acquired Pneumonia [CAP]: Vital Signs) and 59 (Community-Acquired Pneumonia [CAP]: Empiric Antibiotic) do remain, as well as Measure 28 (Aspirin at Arrival for Acute Myocardial Infarction) and Measure 54 (12 lead ECG Performed for Non Traumatic Chest Pain) and Measure 55 (EKG for syncope) the other typically utilized ED PQRS measures will remain in use.>> >> >>>

There had been a stand-alone pneumonia group measure which is proposed to be eliminated. This group measure combined the four individual pneumonia measures (56, 57, 58 and 59) into a single group and was not being frequently utilized as a reporting mechanism.

Check Out Additional Telehealth Uses

CMS also proposes an expansion of telehealth services to include an annual alcohol misuse screening, brief behavioral counseling for alcohol misuse, annual face-to-face intensive behavioral therapy for cardiovascular disease, annual depression screening, behavioral counseling for obesity, and semi-annual high intensity behavioral counseling to prevent sexually transmitted infections, says Granovsky.

The full proposed rule may be accessed from this link: www.ofr.gov/OFRUpload/OFRData/2012-16814_PL.pdf.

