

Health Information Compliance Alert

Reimbursement: Make Sure These Errors Don't Cause Your PQRI Bonus to Tank

CMS shows which issues sidelined these practices.

Most practices would agree that a 57.2 percent success rate isn't overly impressive - but that's exactly what CMS found in its recent analysis of PQRI submissions.

Almost 43 percent of the quality data codes (QDCs) that practices submitted to CMS were ineligible for the PQRI bonus because physicians reported them improperly, CMS noted in its Feb. 13 report, "Quality-Data Code Submissions Error Report." The report analyzed PQRI submissions over the first three quarters of 2008.

For 2009, the PQRI incentive payment is two percent of your physician's allowed charges under the Medicare physician fee schedule. If you'd like to keep that two percent flowing into your practice, avoid these errors that CMS found:

1. **Missing NPI.** CMS notes that 97,131 of the QDC submissions were missing their national provider identifier (NPI). Among the worst offenders in this category were claims for measure 112 (Screening mammography), which lacked an NPI in 3.5 percent of QDCs.
2. **Wrong HCPCS code.** A whopping 15.6 percent of QDC submissions (nearly 3 million claims) had incorrect HCPCS codes on them.

One of the most common errors in this category occurred with measure 130 (Documentation of current medications). CMS noted that 74.6 percent of claims for this measure featured an incorrect HCPCS code.

Also at a high risk of errors was measure 46 (Medication reconciliation), with 69 percent of claims featuring an incorrect HCPCS code.

You don't want to face a double-whammy - a denied claim due to a wrong code, as well as lost PQRI bonus money for the same reason, says **Carla Whitmire** with Strategic Coding Systems in Little Rock, Ark. Therefore, double-check your code selection before you submit your claim.

3. **Wrong diagnosis.** CMS found that 14.9 percent of QDC submissions included incorrect diagnosis codes.

A prime offender in this category was measure 40 (Management following fracture), which had incorrect diagnosis codes 84.3 percent of the time.

Keep in mind: CMS also looks for errors in other aspects of QDC submissions, says **Jay Neal**, an Atlanta-based coding consultant. "Auditors look for discrepancies in patient-age mismatches, as well as patient-gender mismatches."

For instance, CMS showed a 12.8 percent error rate in patient-gender mismatches for measure 71 (Hormonal therapy for stage IC-III ER/PR positive breast cancer).

To read the errors, visit www.cms.hhs.gov/PQRI/Downloads/2008QDCError3rdQuarter.pdf.