

Chiropractic Coding & Compliance Alert

PQRS 2015: Don't Miss Your Most Important Change to PQRS 2015

Strike off measure 317 from your PQRS reporting list.

CMS released new updates to the existing PQRS measures in November 2014, with changes set to become effective Jan. 1, 2015. Here is a sneak peek at what chiropractors should expect in the PQRS reporting measures in the new year.

Important: In previous issues, we learned about the three measures that the chiropractics have to report. (See Chiropractic Coding & Compliance Alert, Vol. 1, No. 1, 2 and 3 for instructions on PQRS reporting of pain assessment, functional assessment and blood pressure measures.)

From that list, **blood pressure is no longer required by chiropractors for PQRS** in 2015. However, chiropractors are still required to take BP on 80 percent of patients age 3 and older for Meaningful Use criteria. "It helps to show the healthcare community that chiropractors treat the whole person, not just the musculoskeletal issues," reflects **Doreen Boivin, CPC, CCA**, with Chiro Practice, Inc., in Saco, Maine.

The PQRS measures require collection of data to calculate a percentage or numerator/denominator ratio that needs to meet a required threshold value. Here, the numerator describes the specific requisite clinical action, or a G code for example for that measure, and the denominator describes the number of eligible cases for a measure.

You'll still report the other two measures for PQRS in 2015. Although there are no incentives for reporting in 2015, reporting is a prerequisite if you do not want any negative payment adjustments in 2017. The measures stand revised as follows:

- **Measure #131:** Pain Assessment and Follow-Up: CMS has updated the denominator criteria, added the rationale, and clinical recommendation statements to denominator coding with reference to CPT® code 96151 (Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psycho physiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment).
- **Measure #182:** Functional Outcome Assessment: CMS has updated numerator definitions (Standardized Tool, Functional Outcome Assessment, and Functional Outcome Deficiencies) the numerator definition note, rationale, and clinical recommendation statements.
- **Measure #317:** Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented: CMS has updated the denominator statement, denominator criteria, numerator note, numerator definitions (blood pressure (BP) classification, recommended BP follow-up, recommended lifestyle modifications, second hypertensive BP reading interventions), and recommended blood pressure follow-up table. It also added numerator definition (recommended blood pressure follow-up). **Remember:** However, this measure stands **deleted** from denominator coding with reference to CPT® codes 98940 (Chiropractic manipulative treatment (CMT); spinal, 1-2 regions), 98941 (Chiropractic manipulative treatment (CMT); spinal, 3-4 regions), and 98942 (Chiropractic manipulative treatment (CMT); spinal, 5 regions)



Editor's Note: Look for a detailed update on measure revisions in upcoming issues.