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**PQRI Rules**

• Must file at least three measures on 80% of the claims that have the diagnosis code and the examination codes that apply.
• File PQRI codes on EVERY CLAIM (with modifiers if needed) with the diagnosis code and the examination codes.

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**Physician Quality Reporting Initiative PQRI**

• Three Diagnoses To Think About:
  – Age Related Macular Degeneration
  – Primary Open Angle Glaucoma
  – Diabetes: Insulin and Non-insulin Dependent

ANY OF THESE DIAGNOSES? THINK PQRI!!
If you report an evaluation & management code
– 99201-99205 or 99212-99215
OR
If you report a general ophthalmic service code
– 92004, 92014, 92002, 92012

ANY OF THESE VISIT CODES? THINK PQRI!!

If you have the diagnosis and the office visit code...

add the PQRI code!

Just add the PQRI code to every Medicare claim
upon which you’ve reported one of the covered
diagnosis codes...

If you do this, you should earn your bonus!

Rule of thumb:
Use the related PQRI codes every time a visit is related
to a covered diagnosis and is reported on a Medicare
claim
○ Doing so will earn the bonus
○ Sporadic use of the PQRI codes will count against
you and you won’t earn the bonus

Key: Create internal protocols to be sure all doctors
and staff report the PQRI codes every time an office
visit is related to one of the covered diagnoses
Exceptions Modifiers

It is critical that you report the PQRI code on the claim form, even when the measure is not completed during the visit

• Use modifiers
  – 1P: medical reason
  – 2P: patient reason
  – BP: other reason

Physician Quality Reporting Initiative
PQRI

• Let’s break it down by diagnosis

First Key Diagnosis,
Age Related Macular Degeneration

• Assuming the patient is at least 50 years of age, any of these three diagnoses should trigger use of one of the related PQRI codes on the Medicare claim
  – 362.50 Macular Degeneration, NOS
  – 362.51 Macular Degeneration, non-exudative
  – 362.52 Macular Degeneration, exudative
ARMD

- Two PQRI codes to use: 2019F and 4177F
- **2019F:**
  - Dilated view of macula
  - Recorded +/- macular thickening and +/- hemorrhages

Note: To qualify, you must dilate and record findings, once per 12 month period or once per reporting period, AND Report the PQRI code every time you see the patient

ARMD Exceptions

- **2019F Modifier**
  - 1P medical reason for no dilated macula view
  - 2P patient reason for no dilated macula view
  - 8P other reason for no dilated macula view

ARMD

4177F requires that you...
- Discussed pros and cons of AREDS formula
- Made proper recommendations for individual
- Documented discussion

To earn the PQRI bonus...
- You must discuss and record your recommendation once per 12 month* for each ARMD patient and
- You must report 4177F every time you see the patient, whether the measure is done, or not

*Note: CMS sometimes shortens reporting period to six months, but reporting once per year usually applies
ARMD Exceptions

• 4177F Modifier
  – BP no reason for not discussing AREDS

Second Key Diagnosis: Glaucoma – Primary Open Angle

• Care is eligible for PQRI bonus for each Medicare patient 18 years old or older, when the visit is related to any of these four diagnoses
  – 365.10 Open Angle with borderline findings
  – 365.11 Primary open angle glaucoma
  – 365.12 Low Tension Glaucoma
  – 365.15 Residual Open Angle Glaucoma

Glaucoma

• Two different reporting options
  – Controlled IOP
    • 2027F and 3284F
  – Uncontrolled IOP
    • 2027F and 3285F & 0517F
Glaucoma Controlled

- **2027F** - Viewed optic nerve
  (With or without dilation)
- **3284F** - IOP reduced 15% or more from pre-intervention levels
  - **Keys:**
    - Must report at least once in a 12 month period or reporting period
    - Must report every time you use diagnosis and visit code

Glaucoma Controlled Exceptions

**2027F** Modifiers
- **1P** medical reason for not viewing optic nerve
- **8P** no reason for not viewing optic nerve

**3284F**
- **8P** IOP not documented, no reason given

Glaucoma Uncontrolled

- **2027F** - Viewed optic nerve
- **3285F** - IOP NOT reduced 15% from pre-intervention levels, and
- **0517F** - Plan of care to get IOP reduced

**Keys:**
- Measure is done at least once in a 12 month period or reporting period
- Appropriate PQRI code(s) reported every time you use related diagnosis and visit code
Glaucoma Uncontrolled

• 0517F Plan of care; examples of chart notes
  – recheck of IOP at specified time
  – change in therapy
  – perform additional diagnostic evaluations
  – monitoring per patient decisions
  – unable to achieve due to health system reasons
  – referral to another provider for additional care

Glaucoma Uncontrolled Exceptions

2027F Modifiers
• 1P medical reason for not viewing optic nerve
• 8P no reason for not viewing optic nerve
3285F
• No exceptions — use 3284F 8P if did not measure IOP
0517F Modifier
• 8P no plan of care to reduce IOP documented

Third Key Diagnosis: Diabetes

Choose from three different sets of PQRI codes...
• Diabetes with or without retinopathy
  2022F or 3072F
• Diabetes with retinopathy
  2021F
• Communication of macular edema/retinopathy to physician responsible for DM care
  5010F with G8397 OR
  G8398 alone

Keys:
Once in a 12 month period or per reporting period
Report every time you use diagnosis and exam code
<table>
<thead>
<tr>
<th><strong>Diabetes with or without retinopathy</strong></th>
</tr>
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</table>
| • Any of these diabetes diagnoses apply to PQRI  
  250.00-250.03, 250.10-250.13, 250.20-250.23,  
  250.30-250.33, 250.40-250.43, 250.50-250.53,  
  250.60-250.63, 250.70-250.73, 250.80-250.83,  
  250.90-250.93, 357.2, 362.01-362.07, 366.41,  
  648.01-648.04 |
| • Medicare patients between age 18-75 years old |

<table>
<thead>
<tr>
<th><strong>Diabetes with or without retinopathy</strong></th>
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</table>
| **2022F** Dilated eye exam in diabetic patient  
 **OR**  
 **3072F** No dilated eye exam; low risk of retinopathy (normal exam last year) |
| Note: Two other codes exist for this measure but we are making it simple, keeping in mind that dilation is the standard of care |

<table>
<thead>
<tr>
<th><strong>Diabetes with or without retinopathy</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Exceptions</strong></td>
</tr>
</tbody>
</table>
| • **2022F Modifier**  
  8P no reason for not performing dilated eye exam |
| • **3072F**  
  No exceptions for this measure, therefore no modifiers apply |
### Diabetes with retinopathy

- Any of these six diabetic retinopathy diagnoses codes support the use of the related PQRI measures and codes
  - 362.01
  - 362.02
  - 362.03
  - 362.04
  - 362.05
  - 362.06
- Medicare patient age 18 years and older

### Diabetes with retinopathy

- **2021F**
  - Documented +/- macular edema and level of diabetic retinopathy
- Exceptions/Modifiers
  - 1P medical reason for not documenting
  - 2P patient reason for not documenting
  - 8P no reason for not documenting

### Diabetes with retinopathy

- **5010F**
  Communicated presence or absence of macular edema and the level of DR to physician responsible for the diabetic care

Exceptions/Modifiers
- 2P patient reason for not communicating
- 8P no reason for not communicating
Diabetes with retinopathy

5010F is always reported with either...
G8397 Dilated macular exam performed at this visit
OR
G8398 Dilated macular exam not performed at this visit

Diabetes Examples

1. Diabetes without retinopathy, 18-75 yo: 2022F
2. Diabetes with retinopathy, 18-75 yo: 2022F (dilated exam), 2021F (documented +/- edema and level of retinopathy), 5010F (communicated with patient’s diabetes managing physician), G8397 (dilated)
3. Diabetes, no retinopathy, under 18 or over 75 yo: no PQRI (patients over 75 and without retinopathy don’t fit PQRI parameters)
4. Diabetes with retinopathy, over 75 yo: 2021F, 5010F, G8397

Combined Examples

1. ARMD + DM, 52yo:
   • 2019F (dilated view of macula, +/- edema/heme),
   • 4177F (discussed AREDS),
   • 2022F (dilated fundus evaluation in patient with diabetes)
2. ARMD +Glc (controlled), 35yo:
   • 2019F (dilated fundoscopy),
   • 2027F (viewed optic nerve head),
   • 3284F (IOP successfully reduced => 15%)
More PQRI Combos

3. ARMD + Glc (uncontrolled) + DM 72yo:
   - 2019F (dilated fundus exam for ARMD),
   - 4177F (discussed AREDS),
   - 2027F (viewed ONH),
   - 3285F (IOP reduced < 15%),
   - 0517F (recorded plan of action for Glc management),
   - 2022F (dilated fundus evaluation for patient with diabetes)

More PQRI Combos

4. Glc (uncontrolled) + DM with retinopathy, 72yo:
   - 2027F (viewed optic nerve head),
   - 3285F (IOP reduced < 15%),
   - 0517F (recorded plan of action for Glc management),
   - 2022F (dilated fundus evaluation for patient with diabetes)
   - 2021F (documented +/- edema and level of retinopathy),
   - 5010F (communication with patient’s MD),
   - G8397 (dilated exam performed for patient with diabetic retinopathy)

One More Combo Example

5. ARMD + Glc (controlled) + DM, 78yo:
   - 2019F (dilated view of macula),
   - 4177F (AREDS discussed),
   - 2027F (viewed ONH),
   - 3284F (IOP reduced => 15%)
PQRI Rules

• Must file at least three* measures on 80% of the claims that have the diagnosis code and the visit codes that apply.
  *Choose four measures for diagnoses commonly appearing in your practice
• File PQRI codes for those measures every time one of the diagnoses is related to a visit, using modifiers when measure was not done

Questions?

Additional resources:
http://www.aoa.org/PQRI
www.cms.hhs.gov/PQRI

Dr. Wartman will be presenting another webinar in December to provide an update regarding any changes in the PQRI program for 2011. Watch AOA News and the Journal of the AOA for more information, too.

American Optometric Association

Thank YOU!

PQRI 2010 MADE EASY
by
Rebecca H. Wartman, OD