## Dynamic Chiropractic

CHIROPRACTIC (GENERAL)

## **Not Using the PQRS? Time's Running Out**

Susan McClelland

You've heard of PQRS (the Physician Quality Reporting System), but you haven't gotten around to finding out what it is. You know what it is, but you haven't gotten around to finding out how to participate. You know how to participate, but you haven't gotten around to actually doing it. Well, my friend, you're running out of time!

You may have heard that, starting in 2015, CMS is required to penalize eligible professionals (yes, DCs are eligible professionals) who do not satisfactorily report on PQRS measures. However, you may not have heard that the penalty applied in 2015 will be based on your participation in 2013! The penalty that will be applied is a reduction in the Medicare fees for all Part B covered services (98940 / 98941 / 98942) rendered Jan. 1 - Dec. 31, 2015.

Accordingly, doctors who did not participate in PQRS during 2013 will be paid 1.5 percent *less* than the Medicare Physician Fee Schedule amount. For 2016 and subsequent years, the payment reduction will be 2.0 percent (and will be based on participation during the calendar year two years prior). To avoid the 2015 PQRS payment reduction, you will have to satisfactorily report data on PQRS measures that relate to spinal chiropractic manipulative treatment (CMT) provided in 2013. This means you still have a few months left to accomplish this.

First convened in September 2007, the Chiropractic Summit represents leadership from some 40 organizations within the profession. The Summit meets regularly tocollaborate, seek solutions, and support collective action to addresschallenges with the common goal of advancing chiropractic. A major focus of the summit has been to improve practitioner participation, documentation, and compliance within the Medicare system. This article is the 14th ina series developed by the Chiropractic Summit Documentation Committee.

If you have never participated in PQRS, you may not know where to begin. Good news! Participation is simple and easily accomplished – you just need to add the appropriate codes to your claims. There are two measures on which you can report:

- #131: Pain Assessment and Follow-Up
- #182: Functional Outcome Assessment

On each visit in which a covered service (spinal CMT) is rendered, you have the opportunity to report a quality code from each measure. There are six codes for each measure from which to choose. The chosen code(s) will reflect the provider action taken on that visit. Resources are

available (see below) that explain each of the measures and each of the codes, and give you stepby-step instructions for satisfactory reporting.

Chiropractic participation in the PQRS is critical for the profession. In addition to avoiding a reduction in fees, participation in the PQRS demonstrates to CMS and the rest of the health care community that the chiropractic profession is serious about improving the quality of patient care. And by being involved in the process of enhancing the quality of patient care, we can enhance the chiropractic profession's involvement in our nation's health care delivery system.

## Resources

- General information: www.acatoday.org/pgrs
- Guidebook: [url=http://www.acatoday.org/pdf/ACA\_Guidebook\_PQRS\_2013.pdf]http://www.acatoday.org/pdf/ACA\_Guidebook\_PQRS\_2013.pdf]http://www.acatoday.org/pdf/ACA\_Guidebook\_PQRS\_2013.pdf[/url]
- PQRS Webinar: [url=http://tinyurl.com/a832fhk]http://tinyurl.com/a832fhk[/url]
- Three previous Summit articles on this topic: 1) "Medicare and the Chiropractic Practice, Part 8: Are You Participating in the PQRS? If Not, Why Not?" *DC*, March 26, 2011; 2) "Medicare and the Chiropractic Practice Part 9: The PQRS Looking Beyond the 1% Incentive Bonus." *DC*, April 22, 2011; 3) "Don't Forget About the PQRS: Failure to Report Measures in 2013 Will Cost You." *DC*, Jan. 1, 2013.

The current members of the Summit Subcommittee on Documentation are Dr. Carl Cleveland III, Dr. Farrel Grossman, Dr. Clyde Jensen, Dr. Steven Kraus, Dr. Salvatore LaRusso, Dr. Peter Martin, Ms. Susan McClelland, Dr. Clay McDonald, Mr. Robert Moberg, Dr. Frank Nicchi, Mr. David O'Bryon, Dr. LeRoy Otto and Dr. Claire Welsh. Ms. McClelland served as principal author of this article.

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