

Summit Documentation Article XIV
URGENT! YOU'RE RUNNING OUT OF TIME!

First convened in September 2007, the Chiropractic Summit represents leadership from some 40 organizations within the profession. The Summit meets regularly to collaborate, seek solutions, and support collective action to address challenges 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. The article that follows is the fourteenth in a series developed by the Chiropractic Summit Documentation Committee.

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 January 1 – December 31, 2015. Accordingly, doctors who did not participate in PQRS during 2013 will be paid **1.5% LESS** than the Medicare Physician Fee Schedule amount. For 2016 and subsequent years, the payment reduction will be **2.0%** (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.

If you have never participated in PQRS, you may not know where to begin. Good news! Participation is simple and easily accomplished—you just 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 where 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 will explain each of the measures, each of the codes, and give you step by 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 healthcare 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: <http://www.acatoday.org/pqrs>
- Guidebook: http://www.acatoday.org/pdf/ACA_Guidebook_PQRS_2013.pdf
- PQRS Webinar: <http://tinyurl.com/a832fhk>
- Three previous Summit articles on PQRS:
 1. “Are You Participating in the PQRS? If Not, Why Not?”
 2. “The PQRS – Looking Beyond the 1% Incentive Bonus”
 3. “Don't Forget About the PQRS: Failure to Report Measures in 2013 Will Cost You!”

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