2013 Physician Quality Reporting System (PQRS) Specifications for Urologists

This portion of www.AUAnet.org contains information on the complete specifications for 15 measures included in the 2013 Physician Quality Reporting System (PQRS) that the AUA believes are most applicable to a typical urology practice. Each measure is assigned a unique number. The measures were reviewed by AUA staff, and we selected a set of measures that we believe would apply to most urology practices. Effective January 1, 2010, traditional Medicare and Railroad Medicare no longer recognize the codes for consult services so often submitted by specialists such as urologists. Keep in mind the consult codes have been removed from the measure denominators.

In general, the quality measures consist of a numerator and a denominator that permit the calculation of the percentage of a defined patient population that receive a particular process of care that is subsequently reported to Medicare. These specifications were updated prior to the beginning of the 2013 PQRS reporting period to reflect any additional edits.

The denominator population is defined by certain ICD-9 and/or CPT Category I codes specified in the measure that are submitted by eligible professionals as part of a claim for covered services under the Medicare Physician Fee Schedule. Some measure coding specifications are adapted as needed for implementation in PQRS in agreement with the measure developer. For example, CPT codes for non-covered services such as preventive visits are not included in the denominator. If the specified denominator codes for a measure are not included in the patient's claim as submitted, then the patient does not fall into the denominator population, and the PQRS measure does not apply to that particular patient.

If the patient does fall into the denominator population, the applicable CPT Category II code (or temporary G-code, where CPT Category II codes are not yet available) that defines the numerator should be submitted. Where a patient falls in the denominator population but specifications define circumstances in which a patient may be excluded from the measure's denominator population, CPT Category II code modifiers such as 1P or 3P are available to describe medical, patient, system, or other reasons for such exclusion. Where the performance exclusion does not apply, a measure-specific CPT Category II modifier 8P or HCPCS G-code may be used to indicate that the process of care was not provided for a reason not otherwise specified.

To successfully report quality data for a measure under the PQRS program, it is necessary in all circumstances to report numerator coding (CPT Category II code and/or G-code), with or without an applicable CPT Category II code modifier (1P, 2P, 3P, or 8P). Instructions specific to each measure shown below provide additional reporting information and details on what the measure is intended to accomplish.

Instructions for some measures limit the frequency of reporting necessary in certain circumstances, such as for patients with chronic illness for whom a particular process of care is provided only periodically (e.g. once per year).

The measure specifications are organized to provide the following information:

- Measure title
- Reporting option available
- Measure description
- Instructions on reporting including frequency, timeframes, and applicability
- Denominator definition and coding
- Numerator definition and coding

- Rationale statement for measure
- Clinical recommendations or evidence forming the basis or supporting criteria for the measure

There are several different reporting options from which a PQRS participating provider may choose in order to get credit toward earning the Medicare incentive bonus and avoiding the noncompliance payment adjustment. These are claims reporting, registry reporting, measures groups reporting, and the group reporting option.

- Claims reporting is the most frequently used process for most urologists. It involves reporting extra CPT Category II codes along with regular billing CPT codes and diagnosis codes on electronic or paper claims submitted to Medicare. Medicare then forwards these claims files to the PQRS processor.
- Registry reporting is accomplished by contracting with a CMS approved data processing service who can compile your patient claims data and generate reports on your behalf directly to the PQRS processor.
- Measures groups reporting involves selecting a specified group of measures with a common denominator set that cover one patient condition and reporting on a representative set of consecutive patients for all these measures. None of the measures groups directly pertain to the services normally provided by urologists. The measures groups conditions are Diabetes Mellitus, Chronic Kidney Disease, Preventive Care, Coronary Artery Bypass Graft, Rheumatoid Arthritis (RA), Perioperative Care, Back Pain, Coronary Artery Disease (CAD), Heart Failure (HF), Ischemic Vascular Disease (IVD), Hepatitis C, HIV/AIDS, Asthma, Chronic Obstructive Pulmonary Disease (COPD), Inflammatory Bowel Disease (IBD), Sleep Apnea, Dementia, Parkinson's Disease, Hypertension (HTN), Cardiovascular Prevention, Cataracts, and Oncology.
- Group Reporting Option (GPRO) is a reporting option available to group practices; however, the definition of a "group practice" changed in the 2013 PQRS regulations. The new definition of a physician group practice, as defined by a single Taxpayer Identification Number (TIN), has 2 or more individual eligible professionals (as identified by individual National Provider Identifiers or NPIs) who have reassigned their billing rights to the TIN. The group practice must have self-nominated and been selected by CMS to participate in the GPRO reporting option. Group practices with 25 or more eligible professionals (EPs) may participate in GPRO using either the PQRS web interface or a qualified registry. Those with less than 25 EPs must use a qualified registry. Click here for more information on GPRO.

More information on the reporting options can be obtained from the Centers for Medicare and Medicaid Services Web site at http://www.cms.gov/PQRS//15_MeasuresCodes.asp.