



**BlueCross BlueShield
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An Association of Independent
Blue Cross and Blue Shield Plans

A Blue Cross and Blue Shield Association Presentation

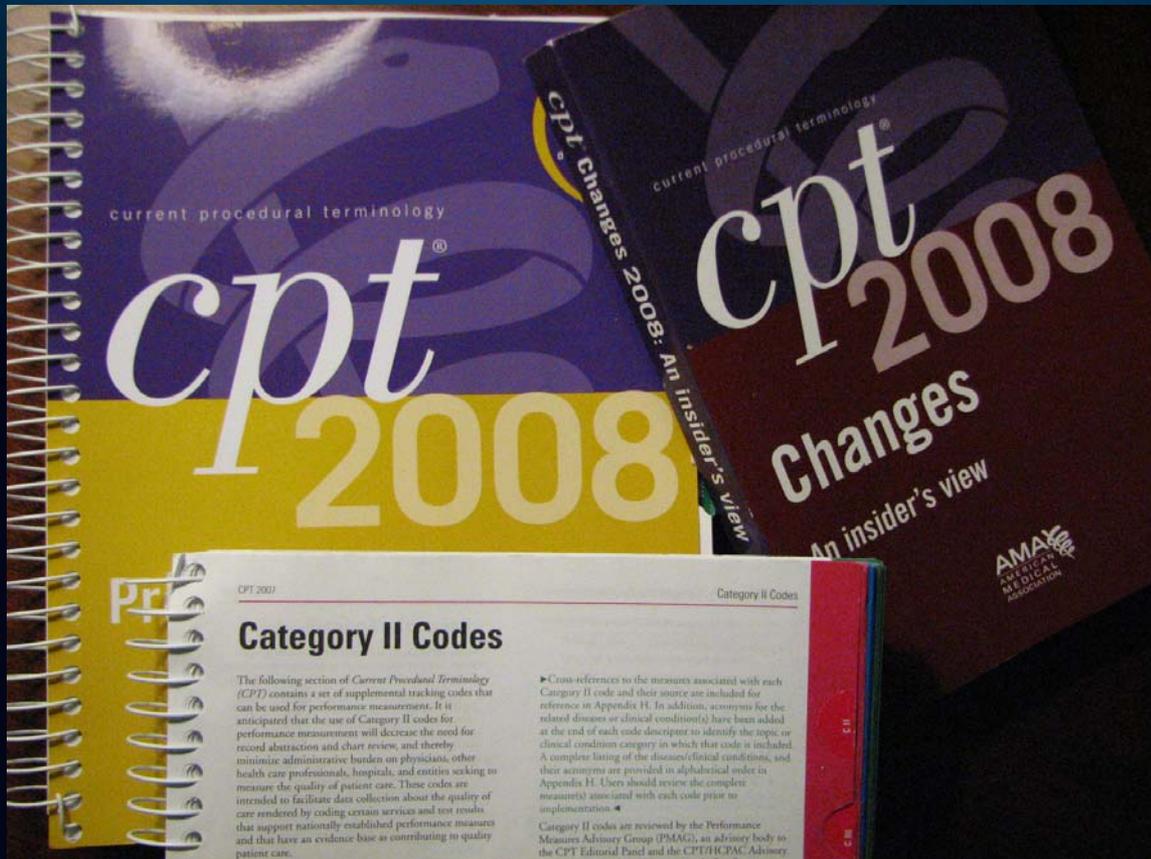
Coding for Quality: Clinically Enhanced Claims Data through CPT Category II Codes

**Robert Haskey, M.D.
Michael Madden, M.D.
Karen Kmetik, PhD**

March 11, 2009

**Pay for Performance
Summit**

AMA-CPT 2008



AMA-CPT codes represent the national standard, HIPAA-compliant, five character code set for reporting professional medical & surgical services.

Category I Codes

(8000 med-surg services)

Category II Codes (179 measures/336 codes)

Category III Codes

(114 new technology srv)



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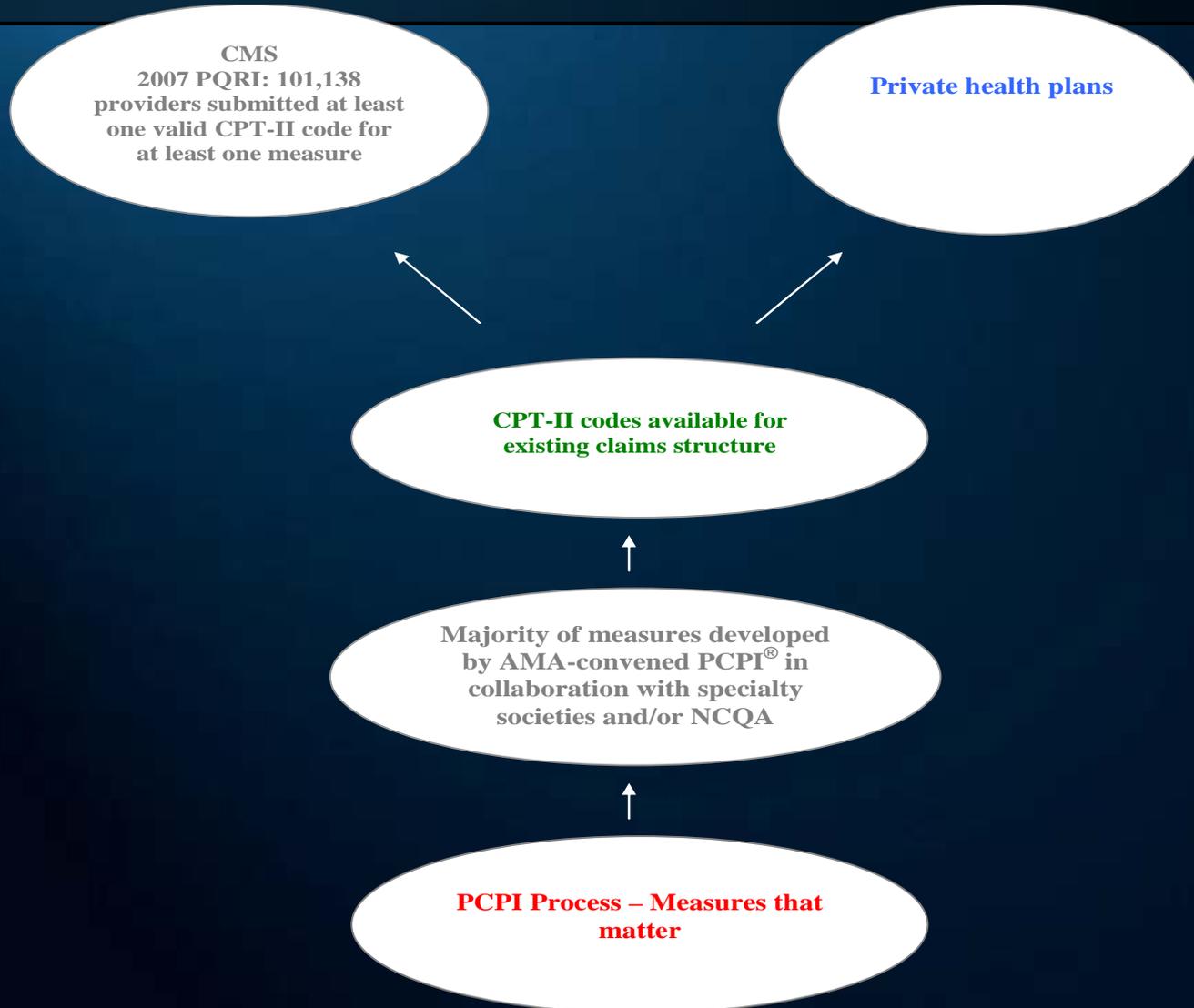
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Coding for Quality: Beginning with Measures that Matter

Karen Kmetik, PhD

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The Road to Clinically Enhanced Claims Data



The AMA-convened PCPI[®] Commitment: Measurement that Matters (Keeping an Eye on the Game Plan)

- Measures that are linked to desired clinical outcomes for patients
- Measures that expose variations in care – places to shine the spotlight and focus QI
- Measures that are incorporated into the fabric of care
- Measures that support reform of the health care delivery system

Current PCPI Membership

- More than 100 national medical specialty and state medical society representatives
- Council of Medical Specialty Societies
- American Board of Medical Specialties and its member boards
- Experts in methodology and data collection
- Agency for Healthcare Research and Quality
- Centers for Medicare and Medicaid Services
- 13 health professional organizations (newly invited)

Convened and staffed by AMA

Expansion of Physician Consortium of Performance Improvement to other Health Care Professionals

- American Chiropractic Association
- American Dental Association
- American Optometric Association
- American Association of Oral and Maxillofacial Surgeons
- American Podiatric Medical Association
- American Academy of Physician Assistants
- American Nurses Association
- National Association of Social Workers
- American Psychological Association
- American Dietetic Association
- American Occupational Therapy Association
- American Speech – Language Hearing Association

Hallmark of PCPI Process

- Identify topic
- Identify guidelines and gaps in care
- Define desirable patient outcomes
- Define evidence-based measures
- Public comment
- Consider comments; revise measures as necessary
- Portfolio of tools
- Pilot test measures
- Encourage use; National recognition (eg, NQF, CMS)

Descriptions and specifications for PCPI performance measures are available for 42 clinical topics or conditions

Acute otitis externa / otitis media with effusion
Adult diabetes
Anesthesiology and critical care
Atrial fibrillation and atrial flutter
Asthma
Chronic kidney disease
Chronic obstructive pulmonary disease
Chronic stable coronary artery disease
Chronic wound care
Community-acquired bacterial pneumonia
Emergency medicine
End stage renal disease – Adult
End stage renal disease – Pediatric
Endoscopy and polyp surveillance
Eye care
Gastroesophageal reflux disease
Geriatrics
Heart failure
Hematology
Hepatitis C
HIV/AIDS
Hypertension
Major depressive disorder – Adult
Major depressive disorder – Child & Adolescent

Melanoma
Nuclear medicine
Obstructive sleep apnea
Oncology
Osteoarthritis
Osteoporosis
Outpatient parenteral antimicrobial therapy
Palliative care
Pathology
Pediatric acute gastroenteritis
Perioperative care
Prenatal testing
Preventive care and screening
Prostate cancer
Radiology
Rheumatoid arthritis
Stroke and stroke rehabilitation
Substance abuse

Adult influenza immunization *; Colorectal cancer screening*;
Problem drinking *; Screening mammography *; Tobacco use *

* Asterisk indicates performance measures included in the preventive care and screening measures collection.

2009 PCPI Strategic Priorities

- New measure development:
 - Care coordination, patient safety
 - Appropriateness (overuse)
 - Clinical areas with clear gaps, unexplained variation
- New measure analyses:
 - Potential cost savings from measures of overuse
- New levels of measurement:
 - Episodes of care; physician, team, care setting
- Specifications for Electronic Health Record Systems and Quality Improvement registries

Example: Antiplatelet Therapy for Patients with CAD

- Developed by PCPI with ACC and AHA
- NQF-endorsed™
- CMS PQRI and other CMS demonstration projects
- **Numerator:** Patients who were prescribed antiplatelet therapy
- **Denominator:** All patients aged 18 years and older with a diagnosis of CAD
- **Exceptions (exclusions):** Medical (1P), patient (2P), system (3P)

Testing/Research

- Cardio-HIT (EHRS)
- Funded by AHRQ
- Collaborative project - AMA, NCQA, IFMC and five practice sites:
 - Fox Prairie Medical Group (IL) - NextGen
 - Midwest Heart Specialists (IL) – Homegrown EHRS
 - North Ohio Heart Center (OH) – Allscripts Touchworks™
 - Physicians Health Alliance (PA) – GE Centricity
 - University of Pittsburgh Medical Center (PA) – Epic
- Data sent to warehouse

Exception Rates for CAD Measures

- Cardio-HIT preliminary results
- All CAD measures, performance rate – 75.5%
- Exception rates, across 4 measures – 3.4%
 - Predominantly medical reasons

Preliminary results: Do not cite or distribute

Exception Rate Comparisons: Cardio-HIT, PCPI, UK

Exception Rates - CARDIO HIT, 2007 PQRI*, U.K. Quality and Outcomes Framework Exception Rates**

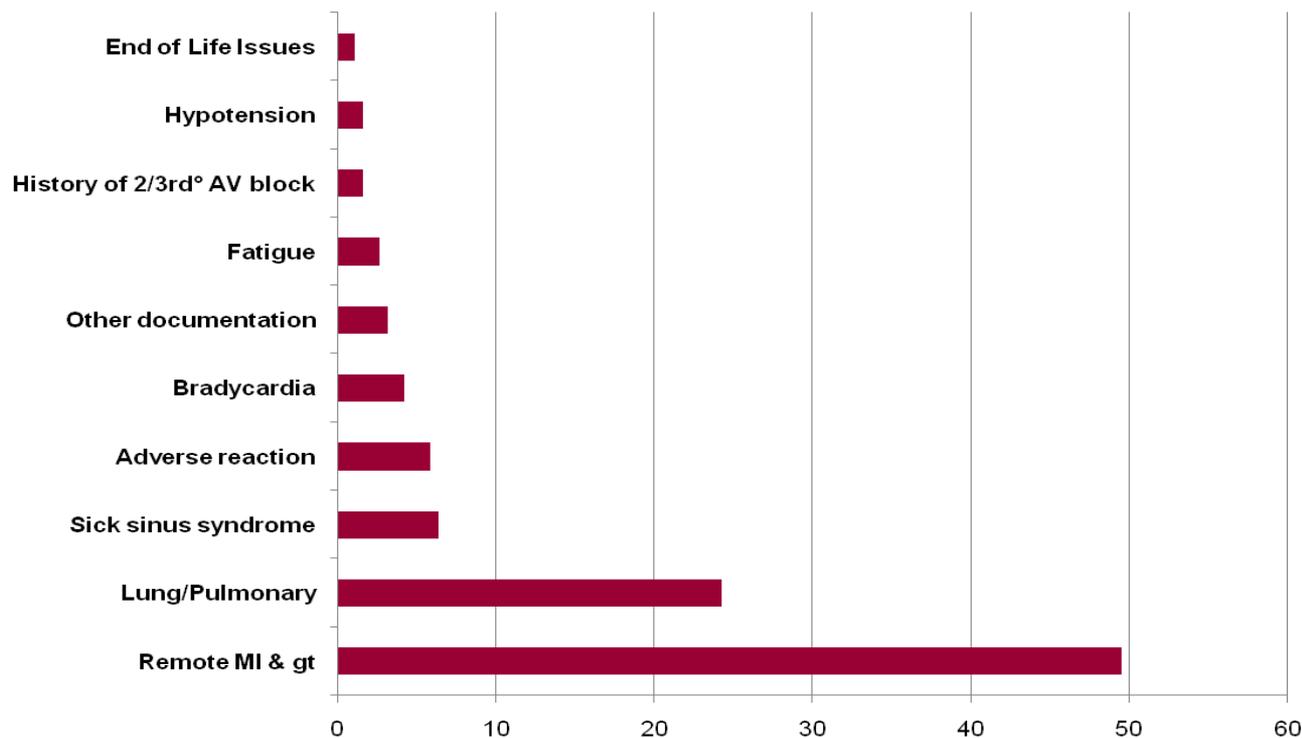
| Measure | CARDIO-HIT | 2007 PQRI | UK |
|-----------------------------------|------------|-----------|-------|
| Antiplatelet Therapy | 1.9% | 4.2% | 3.5% |
| Drug Therapy for Lowering LDL | 3.9% | | 7.3% |
| Beta-blocker Therapy for Prior MI | 6.1% | 8.1% | 25.3% |
| ACEI/ARB Therapy | 4.9% | | 10.1% |

(Source: * IFMC, "2007 Physician Quality Reporting Initiative, Preliminary Participation, as of November 2007", February 2008; **Tim Doran, Catherine Fullwood, David Reeves, Hugh Gravelle, and Martin Roland, "Exclusion of Patients from Pay-for-Performance Targets by English Physicians", *New England Journal of Medicine*, July 17, 2008.

Preliminary results: Do not cite or distribute

Exceptions for Medical Reason (if not, why not)

Beta-blocker Therapy



Medical Reason for Exception (Frequency %) – Distribution of 6.1% of exceptions



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CPT Category II Codes

THE DEVELOPMENT PROCESS

Robert Haskey, M.D.

**Pay for Performance
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CPT Category II Codes: The Beginning (Year 2000)

“These codes are intended to facilitate data collection about the quality of care rendered by coding certain services and test results that support nationally established performance measures and that have an evidence base as contributing to quality patient care.”

The Vision at the Practice Level

To facilitate collection and reporting of data on evidence-based performance measures at the time of service, rather than from labor-intensive retrospective chart review

PMAG

Performance
Measures
Advisory
Group

PMAG Member Organizations Have Included:

- Agency for Healthcare Research and Quality (AHRQ)
- American Medical Association (AMA)
- Centers for Medicare and Medicaid Services (CMS)
- The Joint Commission (TJC)
- National Committee for Quality Assurance (NCQA)
- Physician Consortium for Performance Improvement[®]
(PCPI)

Who can submit proposals:

- National Professional and Medical Specialty Societies
- National Accrediting and Regulatory Bodies
- Other National or Regional Organizations

Who has submitted proposals:

- AMA-convened Physician Consortium for Performance Improvement[®] (PCPI)
- National Committee for Quality Assurance (NCQA)
- The Joint Commission (TJC)

Role of PMAG

- Reviews Category II code applications to ensure compliance with criteria approved by the CPT Editorial Panel.
- Develops and refines Category II code language for evidence-based measures that meet the criteria.

Role of PMAG

- Seeks consensus on definitions and data elements when multiple organizations submit similar measures.
- Ensures internal consistency of codes, especially when new measures (and codes) are being added to the existing set.

Taxonomy of Category II CPT Codes

- 0000F Composite Measures
- 0500F Patient Management
- 1000F Patient History
- 2000F Physical Examination
- 3000F Diagnostic Processes/Results
- 4000F Therapeutic, Preventive and Other Interventions
- 5000F Follow-Up and Other Outcomes
- 6000F Patient Safety

Category II Code Reporting Example:

4158F Patient education regarding risk of alcohol consumption performed.

- **Numerator**: Patients who received education regarding the risk of alcohol consumption
- **Denominator**: All patients aged 18 years and older with a diagnosis of Hepatitis C

Category II Code Reporting Example:

4158F Patient education regarding risk of alcohol consumption performed

- Numerator CPT-II Code: Patients who received education regarding the risk of alcohol consumption
- Denominator ICD-9CM Code: All patients aged 18 years and older with a diagnosis of Hepatitis C

Reporting CPT Category II Codes CMS-1500 Form

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE) ↓

1. _____

2. _____

3. _____

4. _____

| 24. | A | | | | | | B | C | D | | E |
|-----|--------------------|----|----|----|----|----|---|---|------------------------|-----------------------|---|
| | DATE(S) OF SERVICE | | | | | | | | Place of Service | Type of Service | |
| | From | | | | To | | | | | | |
| | MM | DD | YY | MM | DD | YY | | | | | |
| 1 | | | | | | | | | | | |
| 2 | | | | | | | | | | | |
| 3 | | | | | | | | | | | |
| 4 | | | | | | | | | | | |
| 5 | | | | | | | | | | | |
| 6 | | | | | | | | | | | |

336 Existing Codes

| | | |
|--|--------------|-----------|
| Composite Codes | 001F-0015F | 4 codes |
| Patient Management | 0500F-0540F | 20 codes |
| Patient History | 1000F-1170F | 46 codes |
| Physical Examination | 2000F- 2050F | 23 codes |
| Diagnostic/ Screening Process or Results | 3000F-3498F | 118 codes |
| Therapeutic, Preventive, or Other Interventions | 4000F-4306F | 111 codes |
| Follow-up or Other Outcomes | 5005F-5062F | 5 codes |
| Patient Safety | 6005F-6045F | 7 codes |
| Structural Measures | 7010F- 7025F | 2 codes |

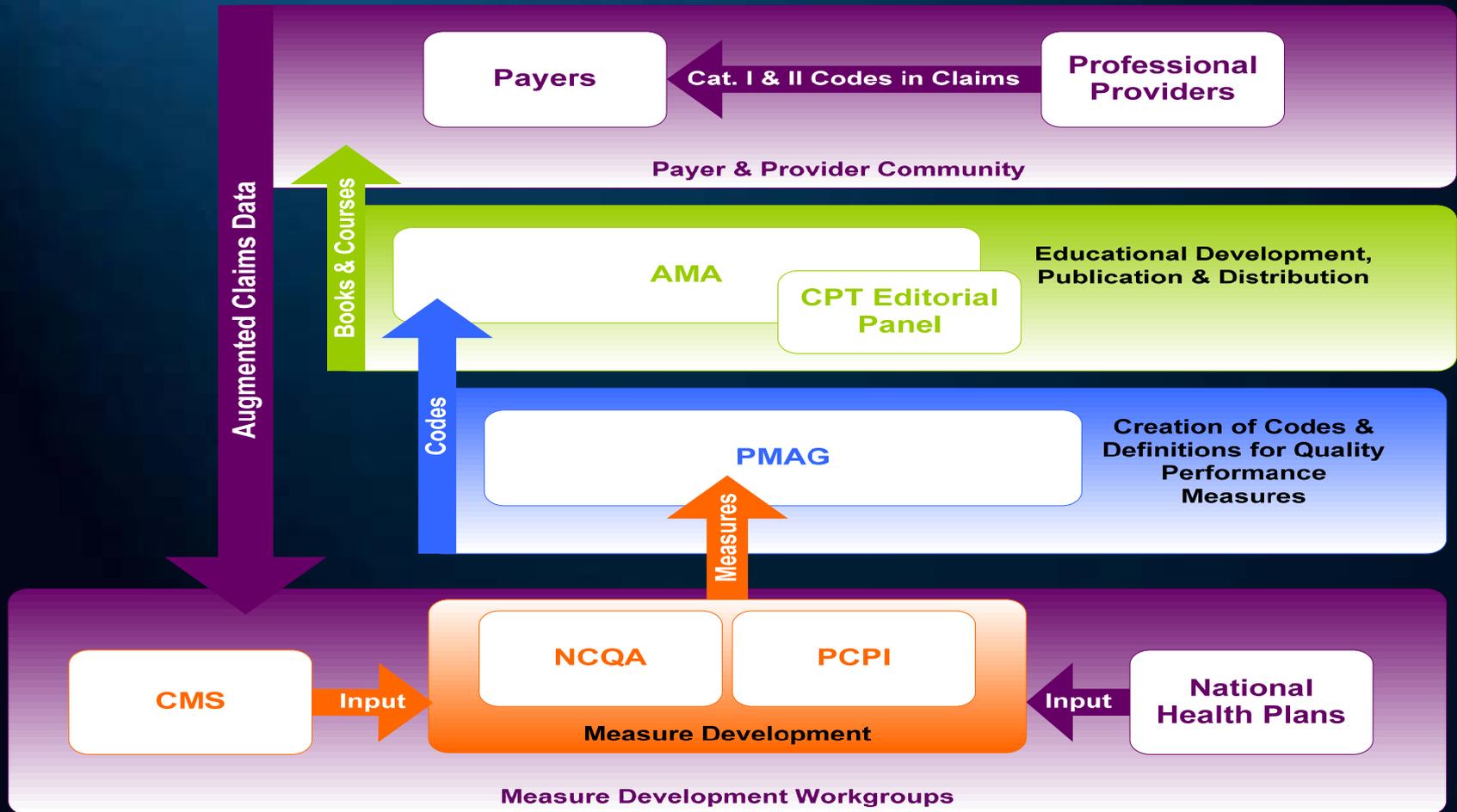
Category II Codes: 2008 Status

- Category II Codes at this time:
 - Are a subset of the AMA-CPT national code set
 - Are optional and not required for correct coding
 - May not be used as a substitute for Category I CPT Codes
 - Do not have an associated RVU (Relative Value Unit)
 - Include 4 possible modifiers to indicate an exclusion reason:
 - » 1P: Performance Measure Exclusion Modifier due to Medical Reasons
 - » 2P: Performance Measure Exclusion Modifier due to Patient Reasons
 - » 3P: Performance Measure Exclusion Modifier due to System Reasons
 - » 8P: Performance Measure Reporting Modifier—action not performed, reason not otherwise specified

NEWS FLASH: PMAG Membership Expanding

- Recognized need to include additional stakeholders in CPT Category II development process
- Professional coders, Medical Specialty Societies, National Health Plans, American Hospital Association
- Operational considerations underway (nominations, roles and responsibilities) – stay tuned!

The Quality Measurement Process





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Data Collection: Effective Use of CPT II Codes

Michael Madden, M.D.

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Agenda

- Description of our P4P and Transparency Initiatives
- Identified data gaps
 - Anecdotal
 - Hybrid data
- Measures with CPT II enhancements
- Physician feedback
- Current status

QualityBLUE Physician Program

- Began in mid 1990's
- Current design began in July 2005 in Western
- Physician and Practice Manager Advisory Groups
- Full program description transparent on Highmarkbcbs.com
- Program in 49 counties
 - 1180 practices with over 5,000 physicians eligible

A Delicate Balance



QualityBLUE Physician Program

- Performance Indicators & Metrics
 - Clinical Quality (16 indicators - 65 Points)
 - Registries of every patient in each measure on Navinet
 - Generic/Brand Prescribing (20)
 - Member Access (5)
 - Electronic Health Record (5)
 - Electronic Prescribing (5)
 - Best Practice (15)

Clinical Quality Measures

| Clinical Indicator | Family Practice | Internal Medicine | Pediatrics |
|--|-----------------|-------------------|------------|
| Acute Pharyngitis Testing | X | X | X |
| Adolescent Well-Care Visits | X | | X |
| Appropriate Asthma Medications | X | X | X |
| Beta-Blocker Treatment after AMI | X | X | |
| Breast Cancer Screening -- Mammography | X | X | |
| Cervical Cancer Screening -- PAP Test | X | X | |
| Cholesterol Management after CV Event | X | X | |
| Comprehensive Diabetes Care: HbA1c Testing | X | X | |
| Comprehensive Diabetes Care: LDL-C Testing | X | X | |
| Comprehensive Diabetes Care: Eye Dilation Exam | X | X | |
| Comprehensive Diabetes Care: Screening for Nephropathy | X | X | |
| Congestive Heart Failure Annual Care, Advance Standard | X | X | |
| Varicella Vaccination Status | X | | X |
| Mumps-Measles-Rubella Vaccination Status | X | | X |
| Well-Child Visits for the First 15 Months | X | | X |
| Well-Child Visits - 3 to 6 Years | X | | X |

Clinical Quality Scoring

- For each Clinical category, the points earned are
 - Greater than or equal to 100% of Specialty Average earns 1.0 point
 - Greater than or equal to 90% and less than 100% earns 0.50 points
 - Less than Specialty Average earns no points
 - % of Total Possible points (10/13 for Family Practice) times 65 is Clinical Quality Score

No minimum denominator

Incentive Payment Methodology

| QualityBLUE Score | Incentive Payment Earned |
|-------------------|--------------------------|
| 0 – 64 | \$0 |
| 65 – 89 | \$3 |
| 90 – 100 | \$6 |
| 101 - 115 | \$9 |

- Amount added to each claim payment for select E&M codes

Practice Performance

(all specialties 2nd Quarter 2008)

| Total Quality Score Range | Incentive | Number | Percentage |
|---------------------------|-----------|--------|------------|
| Below 64 | \$0 | 545 | 42 |
| 65-89 | \$3 | 574 | 44 |
| 90-100 | \$6 | 142 | 11 |
| Over 100 | \$9 | 31 | 3 |
| Total | | 1292 | 100 |



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Physician Transparency



Find and Compare Physicians

Quality of Care Rating

These symbols indicate this physician or physician group has distinguished itself in the delivery of high quality care to Highmark Health Plan members. Click on each measure below for a description of the measure requirements.

STEPHANIE PERRY

| | |
|---|--------------|
| Diabetes | 2007 |
| LDL-C test during the measurement year or the year prior | ☆☆☆ |
| retinal exam by dilation during the measurement year | ☆☆☆ |
| at least 1 HbA1c test during the measurement year | ☆☆☆ |
| screening for nephropathy during the measurement year | ☆☆☆ |
| Pediatrics | 2007 |
| Adolescent Well-Care Visits | Not Measured |
| Well Child Visits in the First 15 Months | Not Measured |
| Well Child Visits in the Third, Fourth, Fifth, and Sixth Year | Not Measured |
| Women's Health | 2007 |
| Breast Cancer Screening | ☆☆☆ |
| Cervical Cancer Screening | ☆☆☆ |

Data Gaps and Why We Care

- No minimum denominator for P4P
 - 10 for transparency
- To engage physicians you need credible data
 - Our primary goal of P4P is engagement in quality improvement
- Field staff of
 - 15 medical management consultants
 - 3 clinical pharmacist
 - 1 medical director

How it Fits Together



How it Fits Together



We Believe

To provide data without a Process
Improvement Coach

Is like giving a test but no teacher

QualityBLUE 2010-2011
Pay-for-Performance
Program

Anecdotal Feedback on Data Gaps

- Feedback from physicians who reviewed patient registries for each measure
 - Vision claims for DRE measure
 - Medications from \$4 generic programs, bought with cash, or filled at VA
 - Labs not billed correctly, billed to primary insurance, or done at VA
 - No record of hysterectomy and no ICD9 code for S/P hyster
 - Incomplete data on patients in nursing homes

Anecdotal Feedback on Data Gaps

- Feedback from physicians who reviewed patient registries for each measure
 - Immunizations billed to MA or provided as part of vaccine research
 - Well child care billed as EPSDT to MA, to schools (sports or mandatory school physicals)
 - Requirement to do screening tests when not medically appropriate (terminal patients)
 - Requirement to prescribe medications when not medically appropriate (Allergies)
 - New generic NDC's not included on tables from national measures

Comparison of Admin and Hybrid Data

Existing national (NQF) measures have flaws when used for physician measurement

| Measure | Admin | Hybrid |
|---------------------------|--------------|---------------|
| Beta Blocker | 83 | 98 |
| Cholesterol in CAD | 85 | 88 |
| A1C in DM | 89 | 91 |
| DRE in DM | 43 | 64 |
| Well Child Care 15 months | 84 | 90 |
| Adolescent | 45 | 59 |

Closing the Gaps

- CPT II and G codes
 - Developed by AMA
 - 4009F – ACE/ARB Prescribed
 - 4009F – 1P – Medically contraindicated to take an ACE/ARB
 - Selected cases
- \$0 claims
 - Service provided but billed another insurance
 - Business system vendor functionality issues
- Only use if supported by chart documentation
 - Auditable

Measures Improved with CPT II codes

- Comprehensive Diabetic Care – DRE
 - 2022F – DRE by PTHTH/OPT Documented and Reviewed
 - 2022f – 1-P, consider for blind or terminal member
- Comprehensive Diabetic Care – LDL
 - 3046F – HgbA1C > 9% Labs done by VA, other carrier
 - 3045F – HgbA1C 7-9%
 - 3044F – HgbA1C < 7 %
- Beta Blocker after MI
 - 4006 F – Beta Blocker Therapy Prescribed
 - Medications bought with cash, \$4 program or VA
 - 4006F 1-P - Beta Blocker Therapy medically contraindicated
 - Fatigue on Beta Blocker

Closing the Gaps

- Capture additional claims
 - Vision claims for Davis vision
 - Claims rejected for no benefit
- \$0 claims
 - EPSDT Physicals
 - Immunizations billed to VFC, research
- Medication lists updated quarterly
- New Code
 - V88.01 -Acquired absence of genital organ
- Place of service for nursing home patients

Physician Responses

- “Finally, you got it right!”
- “Complex but at least we can close the gaps”
- Need to strategize
- Pennsylvania Medical Society request for Webinar