



Related MLN Matters Article #: MM5036

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Related CR #: 5036 and 4183

### *Physician Voluntary Reporting Program (PVRP) Using Quality G-Codes and CPT Category II Codes (CPT II Codes)*

#### Key Words

MM5036, CR5036, R43DEMO, MM4183, R35DEMO, Voluntary, Reporting, PVRP, G-Codes, CPT II, Clinical, Measures, Indicators, NQF, AQA, Register, Feedback, Reports, Clinical, HER, Quality

#### Provider Types Affected

Physicians

#### Key Points

- The effective date of the instruction is April 1, 2006.
- The implementation date is April 3, 2006.
- This article was revised on March 30, 2006, to show that the implementation date is April 3, 2006, as shown in CR5036.
- Several Physician Voluntary Reporting Program (PVRP) performance measure Current Procedural Terminology (CPT) codes in CR4183 have been modified as a result of additional input received by CMS from medical specialty societies.
- CPT Category II codes are now available for certain measures.
- The changes are reflected in CR5036 and, if the provider is viewing a color print of MLN Matters article MM5036, are highlighted in yellow.
- MLN Matters article MM5036 contains the same information as MLN Matters article MM4183 with the following additions:
  - The code changes and the addition of Category II CPT codes in the attachments;
  - An "Introduction" section that helps physicians understand who can report and the benefits of registering their intent to participate in the program;
  - Announcement of a website address that contains additional information on the PVRP. This web address is <http://www.cms.hhs.gov/apps/media/press/factsheet.asp?Counter=1701&intNumPerPage=1>

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[0&checkDate=&checkKey=&srchType=1&numDays=3500&srchOpt=0&srchData=&srchOpt=0&srchData=&keywordType=All&chkNewsType=6&intPage=&showAll=&pYear=&year=&desc=false&cboOrder=date](#). Also, in the *Additional Information* section of MLN article MM5036 is a note about some helpful worksheets that will be placed on this site in the near future.

- As part of its overall quality improvement efforts, the Centers for Medicare & Medicaid Services (CMS) launched the PVRP in January 2006 with a core starter set of 16 measures.
- This new program builds on Medicare's comprehensive efforts to substantially improve the health and function of our beneficiaries by preventing chronic disease complications, avoiding preventable hospitalizations, and improving the quality of care delivered.
- Under the voluntary reporting program, physicians who choose to participate will help capture data about the quality of care provided to Medicare beneficiaries, in order to identify the most effective ways to use the quality measures in routine practice and to support physicians in their efforts to improve quality of care.
- Voluntary reporting of quality data through the PVRP began in January 2006.
- CMS is strongly encouraging physicians to register their intent to participate in the PVRP through the secured link <http://www.qualitynet.org>.
- Physicians can report on the PVRP measures regardless of whether or not they register their intent to participate.
- By registering their intent to participate, physicians will be able to receive confidential feedback on their reporting rate and performance rate for each measure they report on.
- By registering their intent to participate now, physicians not only have the ultimate benefit of receiving feedback reports on the PVRP measures, but will also have CMS assistance in completing the full registration for the feedback reports.
- Registering the intent to participate is the first step to receiving the confidential feedback report.
- In June, CMS will begin contacting those who register their intent to participate to walk them through the confidential registration process.
- Registration of intent to participate does not obligate a physician to participate.
- CMS understands that unpredictable events may occur that would ultimately prevent one from actually participating.
- Although registration of intent to participate will be welcomed after April 1, CMS encourages physicians to register their intent by April 1, 2006, so that comprehensive feedback reports reflect as much data collected in the second quarter (April 1 – June 30) as possible.

#### **National Consensus Measures and Indicators**

- CMS has begun the process of developing a comprehensive set of national consensus measures and indicators that will allow physicians to more efficiently report quality information on the health services provided to Medicare beneficiaries.
- CMS identified 36 evidence-based, clinically-valid measures that have been part of the guidelines endorsed by physicians and medical specialty societies.

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- After announcing the PVRP on October 28, 2005, suggestions were made by several physician organizations to identify a starter set to lessen the potential reporting burden for physicians and better align the PVRP with other quality measurement activities affecting physicians.
- CMS decided to adopt the suggestion of a smaller core starter set of PVRP measures.
- The core set consists of 16 measures, which will significantly reduce the number of measures applicable to any individual physician practice specialty.
- Additional measures to cover a broader set of specialties will be developed in the future.
- CMS has selected measures based on the work of the National Quality Forum and the Ambulatory Care Quality Alliance.
- Confidential feedback reports available to physicians will be limited to the 16 core starter set.
- The feedback reports are intended to assist physicians in improving their data accuracy and reporting rate. The first feedback report will be available December 2006 and will reflect data submitted during the second quarter (April 1 – June 30).

#### Data Collection Through the Administrative Claims System

- The usual source of the clinical data for quality measures is retrospective chart abstraction, but data collection through chart abstraction can be quite burdensome.
- While electronic health records (EHRs) may greatly facilitate clinical data reporting in the future, most physicians currently are not using an EHR.
- To avoid the necessity for chart abstraction, CMS is beginning the process of collecting quality information on services provided to the Medicare population by using the administrative claims system.

#### Use of G-Codes and CPT II Codes

- CMS has defined a set of HCPCS codes to report data for the calculation of the quality measures.
- These new codes will supplement the usual claims data with clinical data that can be used to measure the quality of services rendered to beneficiaries.
- Each measure has a defined numerator (the appropriate G-code or CPT II code) and a denominator (specifically defined according to the appropriate services or condition).
- The reporting rate is calculated as a percentage for each of the 16 measures.
- G-codes or CPT II codes can be used when all of the following circumstances are met:
  - The G-code or CPT II code reported on the claim relates to a covered diagnosis, covered treatment(s), or covered preventive service(s) that are applicable to the beneficiary; and
  - The basis for the G-code or CPT II code is documented in the beneficiary medical record.

**Note:** Either a G-code or a CPT II code should be submitted, but never both.

- G-codes or CPT II codes:
  - Are submitted on the Medicare claim form generated after a covered service has been performed;
  - Should be reported with a submitted charge of zero (\$0.00); and

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- Are not specialty specific. However, it is anticipated that the reporting of certain G-codes or CPT II codes will be predominated by physicians in certain specialties.
- G-Codes and CPT II codes and descriptions for clinical measures effective April 1, 2006 are listed in the table beginning on page 5 of MLN article MM5036.

### Important Links

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM4183.pdf>

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5036.pdf>

<http://www.qualitynet.org>

More information about PVRP and quality G-Codes and CPE can be found in CR5036, available at <http://www.cms.hhs.gov/Transmittals/downloads/R43DEMO.pdf> on the CMS web site.

CR4183 is also available at <http://www.cms.hhs.gov/Transmittals/downloads/R35DEMO.pdf> on the CMS web site.

Additional information about the program is available at

<http://www.cms.hhs.gov/apps/media/press/factsheet.asp?Counter=1701&intNumPerPage=10&checkDate=&checkKey=&srchType=1&numDays=3500&srchOpt=0&srchData=&srchOpt=0&srchData=&keywordType=All&chkNewsType=6&intPage=&showAll=&pYear=&year=&desc=false&cboOrder=date> on the CMS web site.