



Emergency Department Coding & Reimbursement Alert

MIPS Reporting: MACRA Final Rule Lists Available Quality Measures for MIPS reporting

Choose from fifteen codes that have relevance to emergency medicine practice

MIPS Eligible Clinicians can opt to report as individuals or as a group. A group is defined by the Tax Identification Number (TIN). If you choose this option, the group will be assessed as a group practice across all four MIPS performance categories. Eligible clinicians can take their reporting scores with them if they should leave the group during the reporting period, says **Michael A. Granovsky, MD. FACEP, CPC**, President of LogixHealth, a national ED coding and billing company based in Bedford, MA.,

Data Completeness Requirements Vary depending on Reporting Mechanism:

The final rule for 2017 assigns different threshold requirements depending on if you are reporting via claims-based or registry mechanisms. In 2017, claims-based reporting must occur for 50 percent of your Medicare patients only. However, if reporting through a registry, you must report on 50 percent of your patients from all payers. The requirements are expected to increase in 2018 for claims-based and registry reporting to: 60 percent for both on all payer patients, Granovsky warns.

Fifteen Quality Measures Available For Emergency Medicine in 2017

CMS lists 11 claims measures for Medicare patients only. Those 11 measures are also available for certified registry quality reporting but must be reported for all payers if using this reporting mechanism. Each eligible clinician or group TIN must have six quality measures including one outcome or high priority measure. However you also need All Cause Readmission (ACR) measures in addition to the six quality measures. The ACR is not applied to solo practitioners or small group of 15 or fewer eligible clinicians, but will apply to groups of 16 or more eligible clinicians or those who have at least 200 cases per year.

There are no data submission requirements and for 2017, and ACR will not produce a +/- MIPS payment adjustment. The ACR measures are included because all eligible clinicians are being held responsible for readmissions, Granovsky says.

You can download measures at <https://qpp.cms.gov/measures/quality> or find the 15 relevant to emergency medicine in the following chart.



Four Additional Quality Measures for Certified Registry Reporting:

(#66) Children diagnosed with pharyngitis (percent of children 3-18 years-old who were diagnosed with pharyngitis, ordered an antibiotic and received a group A streptococcus (strep) test for the episode). **Clinical Practice Improvement Activities (CPIA)** There are 94 activities available across eight categories for 2017. Each activity is worth 20 or 10 points depending on whether they are considered high or medium activities. The chosen activity must be implemented for at least 90 days. You should specifically document activities for audit purposes, Granovsky warns.