

Quality Pays

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Dermatologists have become quite familiar with being told that Medicare is going to give us less money for what we do. Each year, we write letters and contact our local politicians to fight the latest proposed reimbursement cuts. And this year we absorbed dramatic cuts in the payments for many of our most commonly used destruction codes.

Now, however, Medicare is offering to give us more money for what we already do. Sound good so far? In the past few years, there has been an increased focus on evidence-based medicine, best practices, and other cost-saving strategies by insurance companies and other payers. The Centers for Medicare and Medicaid Services (CMS) has developed its own voluntary Physician Quality Reporting Initiative (PQRI), scheduled to begin July 1. The PQRI provides a monetary bonus to physicians reporting on best practice quality measures.¹

What do we need to do? All dermatologists, physician assistants, and nurse practitioners are eligible, and there is no need to register. The program is voluntary. Participants will code all 3 melanoma measures for each patient with melanoma. These measures apply to current patients with melanoma or patients with a history of melanoma and are as follows¹:

- Ask about new or changing moles (American Medical Association [AMA] *Current Procedural Terminology*[®] [CPT] category II code 1050F)
- Perform a complete skin examination (AMA CPT category II code 2029F)

- Counsel the patient to perform a self-examination for new or changing moles (AMA CPT category II code 5005F)

If these measures are performed, they must be reported on the CMS-1500 paper or electronic claim form using the appropriate category II codes listed above.¹ An example of how to fill out the Medicare claim form appropriately can be found at the American Academy of Dermatology Web site (www.aad.org). CMS will evaluate how often a physician has performed each measure by tracking the National Provider Identifier (NPI). Therefore, dermatologists who plan to participate in this program should begin filing claims with the NPI by July 1.¹

And what do we receive for our effort? Dermatologists who report on all 3 melanoma measures on their patients with melanoma at least 80% of the time will be eligible to receive an incentive bonus up to 1.5% of total charges (not just charges related to the melanoma visits) allowed by the CMS fee schedule.¹

This program appears to be a win-win situation for dermatologists. We are being offered a bonus to take steps that are routine in the care of any patient with melanoma (and most patients without melanoma for that matter, even though this program does not apply to them). All we need to do is document the measures and fill out our claims appropriately.

REFERENCE

1. American Academy of Dermatology. Dermatologists urged to prepare now for Medicare's new quality measures reporting. *Dermatology World*. 2007;17(5):6, 9.

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