

REIMBURSEMENT

ADVISER

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Rewards await in 2008 for meeting quality measures

Q. Our practice is considering reporting quality measures to Medicare in 2008. Except for those relating to stress incontinence, however, there do not seem to be many that apply to ObGyn practices. Is it worth our while to even try for the bonus reimbursements promised by the program?

A. A resounding “Yes!” It isn’t just Medicare that’s looking to reward medical practices for reporting quality measures: Many larger payers are also eyeing these data to ensure top-quality care for their beneficiaries.

In the July 2007 issue of *OBG MANAGEMENT*, I wrote an article about the Medicare Physician Quality Reporting Initiative (PQRI) program, which could have earned you as much as a 1.5% bonus at the end of that year (read this article at www.obgmanagement.com by linking to “Past Issues” on the home page). For 2008, there are many more quality measures for which you can qualify.

For example, there are now measures for screening, such as colon cancer screening and mammography. And more:

- New measure 113 allows you to note that you documented the result of a fecal occult blood test
- If you document, at the time of a problem visit, the result of a recent mammogram, you can report measure 112
- Measures 114 and 115 relate to inquiring about a patient’s tobacco use and then advising her to quit—activities customarily performed by ObGyns.

The list doesn’t stop there: New measures cover the use of electronic medical records, e-prescribing, and advising a patient to get the flu vaccine. And so on.

For details on how to participate in this program (and to see how easy it is to report measures), visit the Centers for Medicare & Medicaid Services (CMS) at www.cms.hhs.gov/PQRI/35_2008PQRI-Information.asp. Download “2008 PQRI Quality Measure Specifications.”

Reimbursement for repair of your surgical injury?

Q. If the bladder or bowel, or a ureter or blood vessel, is injured during surgery, what are the best coding options for handling repair?

A. The answer depends largely on 1) the policy of the particular payer and 2) when the injury is repaired.

When the injury occurs during the surgery and is repaired at that time, Medicare does not allow the surgeon who caused the injury to bill separately for repairing it. If another physician is called in to make the repair, however, he (she) is reimbursed for the work. According to Medicare’s *General Correct Coding Policies for National Correct Coding Initiative Policy Manual for Medicare Services*, “When a complication described by codes defining complications arises during an operative session ... a separate service for treating the complication is not to be reported.”

A return to the operating room for a complication would be reimbursed, however; report this by adding a modifier -78 to the surgical code for the complication repair (for example, 49002 [*re-opening of a recent laparotomy for hemorrhage exploration*]).

Most private payers allow separate billing for repair of iatrogenic injury. ■

FAST TRACK

You have good reasons to report quality measures to Medicare beyond the potential bonus reimbursement

MORE CODES: When the case is OASIS

For coding tips on managing obstetric anal sphincter injury, see page 66 of this issue’s cover article