



ReDoc Memo

Physician Quality Reporting Initiative (PQRI)

The time has come for ReDoc customers to take advantage of the voluntary pay-for-reporting program under Medicare known as Physician Quality Reporting Initiative (PQRI). ReDoc can help to make it easy for you to comply with this new initiative. If you are a physical therapist who provides services paid under the Medicare Physician Fee Schedule, you are eligible. There is no enrollment or registration requirement to begin reporting the fall-risk screening measure on July 1st. Billing must be done on the 1500, not UB92 forms.

Therapists who include “Screening for Future Fall Risk” in their documentation for 80% of their eligible patients will be entitled to the bonus payment. Those who participate will be eligible for a bonus payment of up to 1.5% of the total Medicare Physician Fee Schedule allowed charges for services provided during July 1 to Dec 31, 2007, subject to a cap. To estimate your potential bonus, look at your total Medicare claims submitted for the last six months of '06 and multiply by 1.5%.

The bonus payment will be made in a lump-sum in mid 2008 and will be based on all claims, not only on the patients with the quality reporting measure. Individual reporting will be based on the therapist’s NPI number, but payment will go to the taxpayer ID. In addition participants will receive confidential feedback reports on the data reported.

Directions for Documenting Fall Risk in ReDoc

Modifying ReDoc to address PQRI requirements:

In table maintenance, add the following modifiers to the Modifier table:

- 1P – This modifier is used when screening for Future Fall Risk not performed for Medical Reasons. Append to either 1100F or 1101F.
- 8P - This modifier is used when screening for Future Fall Risk not performed, Reason not specified: append modifier to Category II code 1100F to allow the reporting of circumstances when an action described in a measure’s numerator is not performed and the reason is not otherwise specified.

In table maintenance, add the following to the Intervention table:

- Category II: 2 or more falls in 12 months or any falls with injury- CPT code 1100F
- Category II: No documented falls in 12 months or only one fall without injury- CPT code 1101F.

Note: If ReDoc is interfaced with a billing application, make sure that these CPT codes and modifiers are available in the billing system. If your billing codes are different from the CPT codes, please add the corresponding billing codes to the export code field in Intervention table in ReDoc.

Documenting Fall Risk Assessment in the Initial Evaluation:

The following questions can be copied, pasted, and answered to document the fall risk assessment in a free text box, such as the “Functional Characteristics and Analysis”.

1. Have you fallen in the last 12 months?
2. If so, then how many times?
3. Did it result in an injury?
4. What was the injury?

Note: Remember to address why the falls are occurring. Document if the falls are related to decreased balance, decreased range of motion, dizziness, etc.?

Note: In the intervention section of the initial evaluation, select the appropriate fall risk category description. On the progress note, select the appropriate modifier for the category description and assign a “0” to unit field.

Note: If you have the ReClaim module, an alert can be added to the excluded benefits section. Select Medicare as the insurance, 97001 as the CPT code and then add a message such as, “If the patient is 65 years or older, consider performing a fall risk assessment”. Repeat the same for 97002.