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Merit-based Incentive Payment System (MIPS) Measures for 2017

Dear MSN Clients:

With the advent of 2017, PQRS has been replaced by MIPS and a minimum of six measures are to be reported. Clinicians do have the opportunity to report more than six measures and earn extra "bonus" points. MSN will report measures [145](#), [146](#), [147](#), [195](#), [225](#) and [436](#) and measure [76](#) if the practice has been reporting on this measure previously. Measures [130](#) and [226](#) are cross-cutting measures which are to be reported for practices that perform E&M codes. MSN will also report [additional measures](#) required to earn bonus points at the Client's request.

Our goal under CMS' new Quality Payment Program (QPP) is to help you not only avoid penalties but potentially earn available bonuses. The following is a summary of **a) the MIPS measures, as listed above, that MSN will report on your behalf** and **b) additional measures that are available for earning bonus points**. Examples of the documentation that needs to be included in your reports is provided below.

MEASURE 225 Radiology: Reminder System for Screening Mammograms -NQS Domain: Communication and Care Coordination

Reminder System for Screening Mammograms, a Medical Performance Exclusion has been added

- You may indicate in your dictation that the patient was not entered into a reminder system due to a medical reason (e.g. patient has a limited life expectancy)
- Document if the patient, who is over 40 years old and has a screening mammogram, has been entered into a reminder system with a target due date for the next mammogram
- The reminder system should be linked to a process for notifying patients when their next mammogram is due and should include the following elements, at a minimum: patient identifier, patient contact information, date(s) of prior screening mammogram(s) (if known), and the target due date for the next mammogram

Example Documentation:

- "A 1 year screening mammogram is recommended. A reminder letter will be scheduled."
- If the patient is asked to return for additional views, you may say, "A reminder letter will be scheduled at the appropriate time pending additional views."
- Another option would be: "This facility utilizes a reminder system to ensure that all patients receive reminder letters and/or direct phone calls for appointments. This includes reminders for routine screening mammograms, diagnostic mammograms, or other Breast Imaging Interventions when appropriate. This patient will be placed in the appropriate reminder system."



MEASURE 436 Radiation Consideration for Adult CT: Utilization of Dose Lowering Techniques - NQS Domain: Effective Clinical Care

Radiation Consideration for Adult CT: Utilization of Dose Lowering Techniques you must document that one or more of the following dose reduction techniques were used:

- Automated Exposure Control
- Adjustment of the mA and/or kV according to patient size
- Use of iterative reconstruction

Please note, you may use the following site specific attestation in your CT reports to meet the requirements of Measure 436:

"All CT scans at this facility use dose modulation, iterative reconstruction, and/or weight based dosing when appropriate to reduce radiation dose to as low as reasonably achievable".

Per the MIPS helpdesk, the following statement will suffice for meeting Measure 436:

"The post margination radiation reduction technique was utilized"

- *Please be advised that you need to verify that the CT equipment performs one of the dose lowering techniques prior to including this attestation in your dictated report*
- *A policy or procedure needs to be in place within your department or facility that outlines what technique you actually perform*
- *This policy should be available to CMS upon request*



MSN RECOMMENDS ONE OF THE FOLLOWING TWO CROSS-CUTTING MEASURES FOR CLIENTS PERFORMING E&M PROCEDURES. BONUS POINTS MAY BE EARNED FOR REPORTING MORE THAN ONE.



MEASURE 130 - Documentation of Current Medications in the Medical Record - NQS
Domain: Patient Safety

Documentation of Current Medications in the Medical Record

"MSN recommends for radiology"

- Document that the patient's (18 years and older) current medications have been recorded, updated and reviewed
- This must include all known prescriptions, over-the-counters, herbals, and nutritional supplements and must contain the medication's name, dosages, frequency and route of administration
- *To meet the criteria, the eligible professional/physician may either attest to documenting in the medical record that they obtained, updated or reviewed the patient's current medications OR document in the E&M report all known prescriptions, over-the-counters, herbals, and nutritional supplements and include the medication's name, dosages, frequency and route of administration*



MEASURE 226 Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention - NQS Domain: Community / Population Health

DESCRIPTION:

Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months **AND** who received cessation counseling intervention if identified as a tobacco user

Example Documentation:

Patient is currently a non-smoker

or

Patient is currently a smoker and cessation intervention has been offered/performed



THE MIPS MEASURES BELOW ARE ADDITIONAL MEASURES THAT CAN BE REPORTED TO EARN BONUS POINTS



MEASURE 21 Perioperative Care: Selection of Prophylactic Antibiotic - First OR Second Generation Cephalosporin - NQS Domain: Patient Safety

DESCRIPTION:

Percent of surgical patients aged 18 years and older undergoing procedures with the indications for a first OR second generation cephalosporin prophylactic antibiotic who had an order for a first OR second generation cephalosporin for antimicrobial prophylaxis

Document order of cefazolin or cefuroxime for antimicrobial prophylaxis or that it was given

MEASURE 23 Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients) - NQS Domain: Patient Safety

DESCRIPTION:

Percent of surgical patients aged 18 years and older undergoing procedures for which venous thromboembolism (VTE) prophylaxis is indicated in all patients, who had an order for Low Molecular Weight Heparin (LMWH), Low-Dose Unfractionated Heparin (LDUH), adjusted-dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end time

VTE Prophylaxis

Document order for VTE prophylaxis or that it was given

MEASURE 259 Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non-Ruptured Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home by Post Operative Day #2) - NQS Domain: Patient Safety

DESCRIPTION:

Percent of patients undergoing endovascular repair of small or moderate non-ruptured abdominal aortic aneurysms (AAA) that do not experience a major complication (discharged to home no later than post-operative day #2)

If the practice elected to report on this measure MSN would need the discharge summary with the percentage attestation.

MEASURE 265 Biopsy Follow-Up - NQS Domain: Communication and Care Coordination

DESCRIPTION:

Percent of new patients whose biopsy results have been reviewed and communicated to the primary care/referring physician and patient by the performing physician

To satisfy this measure, the physician performing the biopsy must:

- Review the biopsy results with the patient
- Communicate those results to the primary care/referring physician
- Track communication in a log
- Document tracking process in the patient's medical record

MSN would need an addendum to the biopsy report documenting the above information

MEASURE 322 Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Routine Testing After Percutaneous Coronary Intervention (PCI) - NQS Domain: Efficiency and Cost Reduction

DESCRIPTION:

Percent of stress single-photon emission computed tomography (SPECT) myocardial perfusion imaging (MPI), stress echocardiogram (ECHO), cardiac computed tomography angiography (CCTA), or cardiac magnetic resonance (CMR) performed in low risk surgery patients 18 years or older for preoperative evaluation during the 12-month reporting period

MEASURE 406 Appropriate Follow-up Imaging for Incidental Thyroid Nodules in Patients- NQS Domain: Effective Clinical Care

DESCRIPTION:

Percent of final reports for computed tomography (CT) or magnetic resonance imaging (MRI) studies of the chest or neck or ultrasound of the neck for patients aged 18 years and older with no known thyroid disease with a thyroid nodule < 1.0 cm noted incidentally with follow-up imaging recommended

IF THE PRACTICE ELECTS TO REPORT ON THIS MEASURE MSN WILL PROVIDE ADDITIONAL INFORMATION



MEASURE 409 Clinical Outcome Post Endovascular Stroke Treatment- NQS Domain: Effective Clinical Care

DESCRIPTION:

Percent of patients with a mRs score of 0 to 2 at 90 days following endovascular stroke intervention

If the practice elects to report on this measure they would be responsible for obtaining the percentage of patients and reporting the information to MSN



MEASURE 420 Varicose Vein Treatment with Saphenous Ablation: Outcome Survey - NQS Domain: Effective Clinical Care

DESCRIPTION:

Percent of patients treated for varicose veins (CEAP C2-S) who are treated with saphenous ablation (with or without adjunctive tributary treatment) that report an improvement on a disease specific patient-reported outcome survey instrument after treatment

If the practice elects to report on this measure they would be responsible for obtaining the percentage of patients and reporting the information to MSN



MEASURE 421 Appropriate Assessment of Retrievable Inferior Vena Cava Filters for Removal - NQS Domain: Effective Clinical Care

DESCRIPTION:

Percent of patients in whom a retrievable IVC filter is placed who, within 3 months post-placement, have a documented assessment for the appropriateness of continued filtration, device removal or the inability to contact the patient with at least two attempts

If the practice elects to report on this measure they would be responsible for obtaining the percentage of patients and reporting the information to MSN



MEASURE 437 Rate of Surgical Conversion from Lower Extremity Endovascular Revascularization Procedure - NQS Domain: Patient Safety

DESCRIPTION:

Inpatients assigned to endovascular treatment for obstructive arterial disease, the percent of patients who undergo unplanned major amputation or surgical bypass within 48 hours of the index procedure

If the practice elects to report on this measure they would be responsible for obtaining the patients who did have to undergo the unplanned surgical conversion and reporting the information to MSN



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