

TRANSCRIPT OF AUDIO FILE:

INTERVIEW WITH AUDIOLOGY QUALITY CONSORTIUM MEMBERS OVERVIEW OF AUDIOLOGY PQRI

BEGIN TRANSCRIPT:

ALAN DIEFENDORF: Good afternoon, I'm Alan Diefendorf and I'm from the Indiana University School of Medicine. I've been involved with the Audiology Quality Consortium since we first met in December of 2008. The Audiology Quality Consortium is made up of the following ten organizations:

The Academy of Doctors of Audiology;

The Academy of Rehabilitative Audiology;

The American Academy of Audiology;

The American Academy of Private Practice and Speech Pathology and Audiology;

The American-Speech-Language-Hearing Association;

The Association for Veterans Administration Audiologists;

Directors of Speech & Hearing Programs in State Health & Welfare Agencies;

The Educational Audiology Association;

The Military Audiology Association; and

The National Hearing Conservation Association.

Our purpose in meeting in 2008 and 2009 was to engage the profession of audiology with developing quality outcome measures and to become involved with the physician quality reported initiative. In terms of a little bit of background, the 2006 Tax Relief & Healthcare Act, Public Law 109432, required the establishment of a Physician Quality Reporting System including an incentive payment for eligible professionals who satisfactorily report data on quality measures for covered professional services furnished to Medicare beneficiaries. CMS named this program the Physician Quality Reporting Initiative or PQRI.

Today we have two members of the Audiology Quality Consortium who will discuss the PQRI and how our work to date has evolved. And the two presenters are Kim Cavitt and Bob Fifer. Kim is the owner of Audiology Resources and a highly sought after consultant in coding, reimbursement and compliance and she's located in Chicago. Kim represents the Academy of Doctors of Audiology on the Audiology Quality Consortium. Bob is Director of Audiology and Speech Pathology at Mailman Center for Child Development which is affiliated with the University of Miami Medical Center. Bob has a distinguished record of serving on the Health Care Economics Committee of the American Speech Language & Hearing Association.

And Kim, I'm going to start with you, if you could please give us an overview of the Physician Quality Reporting Initiative or PQRI.

KIM CAVITT: Thank you Alan. PQRI is a voluntary program through the Centers for Medicare & Medicaid Services, also known as CMS, designed to improve the quality of care to Medicare beneficiaries through tracking of practice patterns. Audiologists can participate if they have agreed to accept assignment on claims or not. Medicare enrolled healthcare professionals who participate in PQRI by reporting on all of the approved quality measures in 80 percent of the cases in which a measure was reportable are eligible for a 2 percent incentive payment at year end.

ALAN DIEFENDORF: Kim, are there quality measures that audiologists can report on in 2010?

KIM CAVITT: Yes there are. Audiologists will now be able to report on three quality measures that call for referral of patients of any age to a physician after an audiological assessment determines one of the three conditions and the patient is not currently under the care of a physician for that condition. These three measures are:

Congenital or traumatic deformity of the ear;

A history of active drainage from the ear within the previous 90 days for patients who have disease of the ear and mastoid processes; and

A history of sudden or rapidly progressive hearing loss.

ALAN DIEFENDORF: And Kim how would an audiologist report on these three measures?

KIM CAVITT: Audiologists report on these measures via the CMS 1500 claim form or your electronic billing system. The audiologist would add Medicare directed CPT Category II or G codes which are available in the HCPCS (Healthcare Common Procedure Coding) System to the claim to report the measures to CMS. These codes must

be reported on the same claim as the patient diagnosis and diagnostic procedure to which the PQRI code applies.

ALAN DIEFENDORF: Thanks Kim. My next question is for you Bob. Can all audiologists participate in PQRI? When can they start participating and when will they receive their incentive payment?

BOB FIFER: In order to participate, the audiologists must be a Medicare provider, whether participating or non-participating category. This means that in addition to having one's own NPI or National Provider Identification number, the audiologist must have completed the Medicare Form 855I to formally register himself or herself with Medicare as a provider and if necessary an 855R Form to inform Medicare where regular payments should be directed.

PQRI is a program that will apply to non-Medicare situations as well; for example, procedures or situations involving children. But to be eligible to receive the 2 percent bonus at year end, the PQRI participant must be a Medicare provider.

Now, participation in the audiology portion of PQRI begins January 1st and continues through December 31st of 2010. The incentive payment is calculated after the end of the year based on all qualifying claims submissions throughout the year. So in the case of 2010 the calculation is in the January/February timeframe of 2011 at which time the payment to the audiologist would be made.

ALAN DIEFENDORF: Very good. The Audiology Quality Consortium has spent a lot of time developing these measures. Why is PQRI important for audiology, Bob?

BOB FIFER: Well, there is a short-term and a long-term answer to this question. The short-term answer would be to receive the 2 percent bonus on the qualifying procedures and claims submission at year-end. But the long-term answer focuses more on what audiology plays in the realm of healthcare. The primary purpose of PQRI is to establish quality of care measures across all of healthcare. PQRI focuses on tangible, measurable beneficial outcomes to improve the health and welfare of patients. Inclusion of audiology as an eligible discipline means that we are recognized as providing a significant influence on the quality of healthcare for the services that we provide. The measures that have been accepted focus on the types of problems and disorders that go beyond the routine issues that we encounter to those issues that can have serious long-term quality of health and quality of life impact upon the individual.

ALAN DIEFENDORF: Thanks Bob. I really do want to thank Bob Fifer and Kim Cavitt for all of their expertise on the Physician Quality Reporting Initiative. As they have mentioned, the audiology measures are reportable via claims. The AQC has developed educational materials on the Physician Quality Reporting Initiative and how to report

these measures. Further information on the audiology measures and the AQC audiology organizations is available at the following website:

www.asha.org/advocacy/audiologypqri

Thank you.

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