

# June Quality Reporting Office Hours

Claire Ostarello, Senior Quality and Regulatory Affairs Associate, QRA

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June 14, 2022

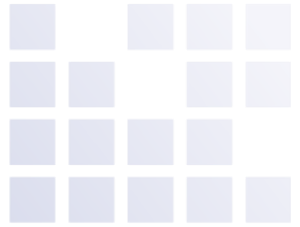


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# Agenda

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## QRA

- **Quality Measure Review**
  - **QID424: Perioperative Temperature Management**
  - **ABG41: Upper Extremity Nerve Blockade in Shoulder Surgery**
  - **ABG43: Use of Capnography for non-Operating Room anesthesia Measure**
- **Participate in the 2022 Conversion Factor Survey**
- **Upcoming Announcements**

## AQI

- **NACOR Registration**
- **FTP Access**
- **Anesthesia Quality Meeting**
- **Provider List Use Case and Update**
- **AQI Practice Audits**

# AQI Office Hours: June 2022

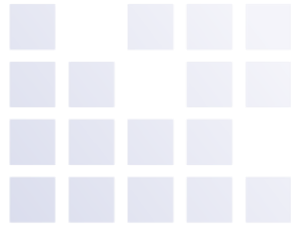
Claire Ostarello, Sr. Quality and Regulatory Affairs Associate

June 14, 2022



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# QRA Update: June 2022

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- Quality Measure Review
  - QID424: Perioperative Temperature Management
  - ABG41: Upper Extremity Nerve Blockade in Shoulder Surgery
  - ABG43: Use of Capnography for non-Operating Room anesthesia Measure
  
- Participate in the 2022 Conversion Factor Survey
  
- Upcoming Announcements

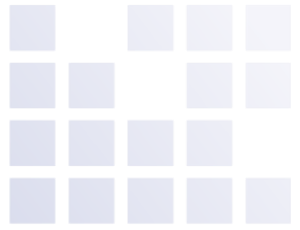
# QID424: Perioperative Temperature Management



**Denominator:** All patients, regardless of age, who undergo surgical or therapeutic procedures under **general or neuraxial anesthesia** of 60 minutes duration or longer.

**Denominator Exclusions:** Monitored Anesthesia Care (MAC), Peripheral Nerve Block (PNB)

**Numerator:** Patients for whom at least one body temperature greater than or equal to 35.5 degrees Celsius (or 95.9 degrees Fahrenheit) was achieved within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time.



# FAQs on Quality Measures

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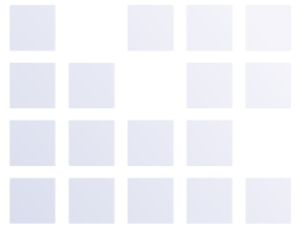
## ABG41: Upper Extremity Nerve Blockade in Shoulder Surgery

1. The surgeon did not administer the block; however, they administer a periarticular block consisting of a local anesthetic and NSAID. Should the denominator exception, “surgeon administered nerve block” be reported?

**Answer:** Yes

2. If an emergency case occurs which matched the criteria for this measure, how can a group demonstrate and correctly report this measure?

**Answer:** The emergent indicator is reported in the Procedure Status field as “Emergency”. Additionally, the “E” designator should also accompany the ASA Physical Status as well.



# FAQs on Quality Measures

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## ABG43: Use of Capnography for non-Operating Room anesthesia Measure

1. If the case was performed in an operating room can the measure still be reported? **Answer:** Because the procedure took place in an operating room, report the denominator exclusion.
2. The case was performed in a non-operating room location but using General Anesthesia, can this measure still be reported? **Answer:** Report the denominator exclusion whenever general anesthesia was used in the case

# 2022 Conversion Factor Survey of Commercial Payment Rates

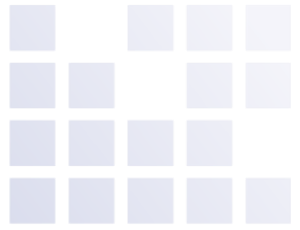


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ASA invites you to participate in the 2022 Conversion Factor Survey of Commercial Payment Rates

For additional information and to complete the survey please visit the ASA Website to view the Washington Alert: <https://www.asahq.org/advocacy-and-asapac/fda-and-washington-alerts/washington-alerts/2022/06/2022-asa-conversion-factor-survey>



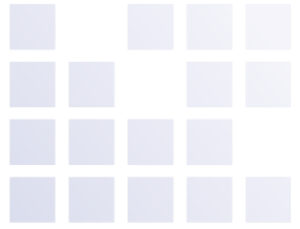


# Coming Soon

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- 2023 Quality Payment Program Proposed Rule
  - MIPS Value Pathways information
  - Changes to category weighting
  - Changes to category requirements





# Contact Quality and Regulatory Affairs

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- Questions and comments on quality measures and regulatory information (e.g. reporting requirements, CMS regulation) should be sent to Quality and Regulatory Affairs staff.

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Quality and Regulatory Affairs

[qra@asahq.org](mailto:qra@asahq.org)

<https://www.asahq.org/macra>

# AQI Update

Annette Antos, AQI Senior Registry Operations Manager

Javeria Ali, AQI Registry Operations Associate



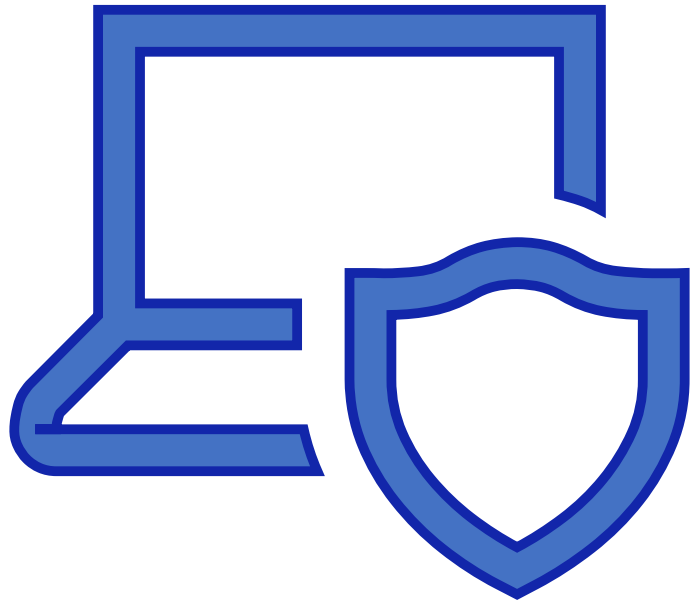
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# 2022 NACOR Reporting Registration Deadline

- Deadline to register is Friday, *October 1st, 2022*
- A registration form is required for practices registering for Basic, Benchmarking and Quality.
- Quality Concierge practices **do not** need to register.
- [Registration Form](#)
- [2022 Fees](#)





## FTP Access

- All FTP accounts are disabled if no activity occurs within a 90-day window.
- If your practice is ready to upload data and it has been >90 days since a file has been uploaded submit a help desk ticket to [nacorsupport@asahq.org](mailto:nacorsupport@asahq.org) for your account to be enabled.
- **The FTP account has no impact** on user access for the NACOR dashboard

# Anesthesia Quality and Patient Safety Meeting

- ASA Virtual Event
- July 22-23, 2022
  - Friday, July 22: Fundamentals of Quality
  - Saturday, July 23: Quality and Patient Safety
- [Agenda](#)
- [Register Now](#)

## Registration Pricing

### Friday: Fundamentals of Quality (Half Day)

ASA Member	\$99
Non-ASA Member	\$199

### Saturday: Quality and Patient Safety (Full Day)

ASA Member	\$249
Non-ASA Member	\$399

# Provider List Use Case



Practice Administrator received reconciliation invoice over \$20K



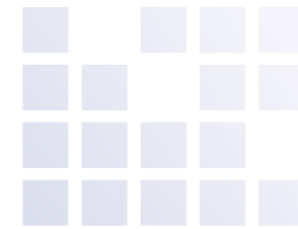
Reviewed the practice's provider list in the NACOR dashboard and found 267 providers listed

Only 91 providers employed by the practice



Worked with AQI staff to determine cause of the discrepancy

Billing vendor had submitted data for two additional practices



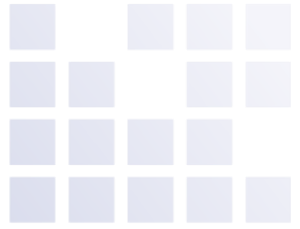
# Provider List Update

- Updating your list makes your practice reports easier to understand, clears up clutter and assists with the reconciliation billing process that will occur after the new year
- Provider Status
  - Active
  - Inactive - Providers that are on a temporary leave and will be coming back to the practice
  - Remove- Providers that have retired or are no longer with the practice
- Note: NPIs are inserted in the provider list if they appear in the data files.
- Please refer to this guide to update your provider lists:
  - [Updating Provider Lists on the NACOR Dashboard \(PDF\)](#)

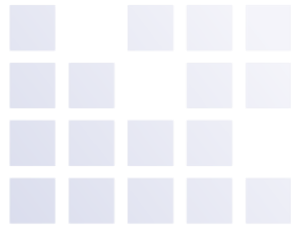


# 2022 AQI Quality Reporting Practice Audits

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- To remain in good standing as a Qualified Registry and Qualified Clinical Data Registry, AQI and its registry, NACOR, is required to submit an annual data validation plan to the Centers for Medicare & Medicaid Services (CMS) based on the results of the practice audits.
  - Practices are randomly selected and will be notified via certified mail and email
  - Practices will be audited in the Quality, Improvement Activity and possibly the Promoting Interoperability Components
  - Audits will begin 4<sup>th</sup> quarter 2022
  - Audits must be completed and reviewed before data can be submitted to CMS in March 2023



# Practice Audits

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- Quality Component
  - 50 cases
  - 1 measure (MIPS 404, 424, 430, 477, AQI 62)
  - **Recommend a physician reviews the documentation prior to upload**
- Improvement Activity Component
  - 1 activity
  - Submit documentation and roster of providers who have completed the IA
- Promoting Interoperability
  - Eligible if practice/providers have patient facing status (bill 99XXX codes)

# MIPS 424 Audit

Documentation Checklist		
Denominator Criteria		
Data Element	Suggested Documentation Source(s)	
<b>Encounter Date</b> (date of service)	HCFA Screen Shot from Billing System Medical Record Label	<input type="checkbox"/>
<b>Patient Age or DOB</b>  <b>Note:</b> Patient's age on the date of the encounter during the reporting	HCFA Screen Shot from Billing System Medical Record Label	<input type="checkbox"/>
<b>Patient Sex</b>	HCFA Screen Shot from Billing System Medical Record Label	<input type="checkbox"/>
Numerator Option		
<b>Note:</b> Provide documentation for the numerator code that was reported for the case)		
<b>Encounter CPT Code</b> (the ASA CPT code used to bill the service)	HCFA Screen Shot from Billing System Medical Record Label	<input type="checkbox"/>
<b>Primary Anesthesia Type</b>	Anesthesia Record	<input type="checkbox"/>
<b>Case Duration</b> (Anesthesia Start and End Time)	Anesthesia Record HCFA	<input type="checkbox"/>
<b>Body Temperature</b> (if numerator codes G9771 or G9773 were reported)	Anesthesia Record May be recorded in the preop holding area or PACU.	<input type="checkbox"/>
<b>Denominator Exception</b> (if numerator code G9772 was reported)	Anesthesia Record	<input type="checkbox"/>
<b>Note:</b> Medical Reason for not achieving a temperature of 35.5 degrees C (95 degrees F)		

# MIPS 430 Audit

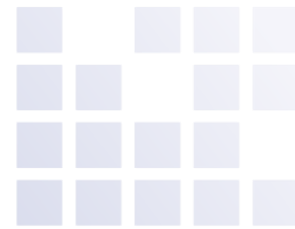
Documentation Checklist		
Denominator Criteria		
Data Element	Suggested Documentation Source(s)	
<ul style="list-style-type: none"> <li>Encounter Date (date of service)</li> <li>Patient's age or date of birth on date of encounter</li> <li>Patient sex</li> <li>Encounter CPT Code used to bill service (ASA CPT code)</li> <li>Patient received an inhalational anesthetic agent. (4554F)</li> <li>Patient exhibits 3 or more risk factors for PONV (4556F)</li> </ul>	<ul style="list-style-type: none"> <li>HCFA claim form</li> <li>Screen shot from billing system</li> </ul>	<input type="checkbox"/>
Numerator Option		
Note: Provide documentation for the numerator code that was reported for the case)		
<ul style="list-style-type: none"> <li><b>Performance Met:</b> Patient received at least 2 prophylactic pharmacologic anti- emetic agents of different classes preoperatively and/or intraoperatively (G9775)</li> <li><b>Performance Not Met:</b> Patient did not receive at least 2 prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively (G9777)</li> <li><b>Denominator Exception:</b> Documentation of medical reason for not receiving at least 2 prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively (e.g., intolerance or other medical reason) (G9776)</li> </ul>	<ul style="list-style-type: none"> <li>Medical record documentation clearly showing: Patient received at least 2 prophylactic pharmacologic anti- emetic agents of different classes preoperatively and/or intraoperatively.</li> <li>Medical record documentation stating medical reason patient did not receive 2 prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively (e.g., intolerance or other medical reason)</li> </ul>	<input type="checkbox"/>  <input type="checkbox"/>

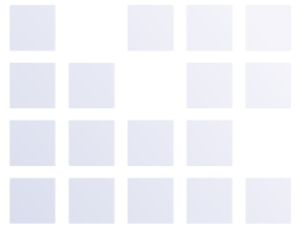
# MIPS 430 Audit continued



## Measure Applicability Considerations

- Administration of 50 – 100 mcg of fentanyl given with induction does not meet measure requirements. Fentanyl administered during the last 30 min of the case will meet measure requirements.
- Standing PRN orders for opioids in the PACU does meet measure requirements if supporting documentation is provided.
- PONV Risk Factors – The following are risk factors for PONV:
  - Female gender
  - History of PONV
  - History of motion sickness
  - Non-smoker
  - Intended administration of opioids for post-operative analgesia. This includes use of opioids given intraoperatively and whose effects extend into the post anesthesia care unit (PACU) or post-operative period, or opioids given in the PACU, or opioids given after discharge from the PACU.
- Anti-emetics Therapy – The recommended first- and second-line classes of pharmacologic anti-emetics for PONV prophylaxis in patients at moderate to severe risk of PONV include (but are not limited to):
  - NK-1 Receptor Antagonists
  - 5-Hydroxytryptamine (5-HT<sub>3</sub>) Receptor Antagonists
  - Glucocorticoids
  - Phenothiazines
  - Phenylethylamines
  - Butyrophenones
  - Antihistamines
  - Anticholinergics





# Next Office Hours

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July Office Hours will be posted on the [AQI website](#) week of the 18<sup>th</sup>.  
If you have any topics that you would like us to cover during office hours,  
please email [askaqi@asahq.org](mailto:askaqi@asahq.org)

The slides and a recording of today's presentation will be available on the  
AQI website soon.