



2017 MIPS CLAIMS-BASED DATA REPORTING

With 2017 designated as a transitional year by the Centers for Medicare & Medicaid Services (CMS), you can report on just one patient for one measure to test your system and avoid a penalty in 2019. You can report on a quality measures data via claims for the Merit-based Incentive Payment System (MIPS) under the Quality Payment Program (QPP). Use the information below to help you use the claims-based option for reporting quality measures.

The QPP Quality Measures for Pathologists

The CAP lists the QPP Quality Performance Measures with their description, when the measure is applicable, denominator criteria instructions, and instructions on how to report quality activities on the CAP website. Here is the list of the QPP measures:

1. Breast Cancer Resection Pathology Reporting
2. Colorectal Cancer Resection Pathology Reporting
3. Barrett's Esophagus Pathology Reporting
4. Radical Prostatectomy Pathology Reporting
5. Evaluation of HER2 for Breast Cancer Patients
6. Lung Cancer Reporting (biopsy/cytology specimens)*
7. Lung Cancer Reporting (resection specimens)*
8. Melanoma Reporting*

*Bonus points available for high value measures.

Example of a Claims-Based Report

The following example reports the Breast Cancer Resection Pathology Reporting measure on a claim. For the measure's denominator, the diagnosis for breast cancer is indicated in field 21 of the form and the CPT code for tissue exam by pathologist in line 1 of field 24. For the measure's numerator, the quality measure code is reported in line 2 to indicate performance was met.

21. Review applicable QPP measures related to ANY diagnosis listed in Item 21. Up to 8 diagnoses may be entered electronically

24D. Procedures, Services or Supplies -- CPT/HCPCS Modifier(s) as needed

QPP codes must be submitted with a line-item charge of \$0.01. Charge fields cannot be blank

Reporting code. Please see table of quality codes for reporting measures.

33a. The NPI of the billing provider is entered here. If a solo practitioner, then enter the individual NPI. If a group is billing, enter the NPI of the Group here. This field is required.

A nominal \$0.01 line item charge should be included. The beneficiary is not liable for this amount.

For group billing, the rendering NPI number of the individual eligible professional who performed the service will be used for each line-item in the quality calculation.

LINE	DATE(S) OF SERVICE	PLACE OF SERVICE	EMG	PROCEDURES, SERVICES, OR SUPPLIES (CPT/HCPCS)	MODIFIER	DIAGNOSIS POINTER	CHARGES	UNITS	RENDERING PROVIDER ID.#
1	03 05 17 03 05 17	11		88307		1	270.00		NPI 0123456789
2	03 05 17 03 05 17	11		3260F		1	0.01		NPI 0123456789