Hospital Outpatient Quality Reporting Program

Support Contractor

Hospital Outpatient Quality Reporting (OQR) Program
2017 Specifications Manual Update

Questions and Answers

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Question: What effects will "Appendix A" code revisions have?

Answer: Only patients who have a primary diagnosis code listed in Appendix A are included for the respective measures. Therefore, there are now 128 new codes which can be included in measures OP-18, OP-21, and OP-23, and seven expired codes will no longer be allowed.

Question: If the codes on the tables in Appendix A are highlighted in yellow, are these new codes that were added?

Answer: That is correct. Yellow highlighted text corresponds to updates to the manual.

Question: When will version 10.0a be released? This is not listed in QualityNet.

Answer: The version 10.0a will be released on or before January 1, 2017.

Question: Do the added codes start with 4Q 2017?

Answer: No, the code updates were effective beginning October 1, 2016 (Q4 2016).

Question: When can we start abstracting 4th quarter 2016 into CART?

Answer: Quarter 4 is being updated to use CART version 1.15. This will be released later this month. This version will have the updated ICD-10 codes for Quarter 4 2016 abstractions. Please see QualityNet for the updated version.

Question: If there is no documentation of a time *Last Known Well* and the only documentation states that the patient awoke with symptoms, how would time *Last Known Well* be determined?

Answer: If there is no documentation of a time *Last Known Well*, you should abstract "No" for *Last Known Well*. Although there is documentation that the patient woke up with symptoms at a specific time, it does not indicate the time of symptom onset, as the symptoms may have begun while the patient was asleep.

Question: To follow up, even if there is not explicit documentation that time *Last Known Well* is unknown, we can still answer "No" to time *Last Known Well* when the patient awoke with symptoms?

Answer: Yes, you may abstract "No" for *Last Known Well* and "UTD" *for Time Last Known Well.*

Question: Are web-based measures and eCQMs the same thing?

Answer: No, eCQMs will be submitted via a file. The eCQM measures are not for the Hospital OQR Program. The Hospital OQR measures that are answered via a web-based tool are answered on the QualityNet Secure Portal and the NHSN website.

Question: Is OP-31 still voluntary?

Answer: Yes, OP-31 is still voluntary. Any data submitted will be used for public reporting. If OP-31 is not submitted, this will have no payment effects.

Question: If there is documentation of a differential/working diagnosis of acute myocardial infarction, select "Yes"?

Answer: If there is documentation of a differential/working diagnosis of Acute Myocardial Infarction, select "Yes."

Question: *Probable Cardiac Chest Pain*: Does the word "acute" need to be present to select Yes to *Probable Cardiac Chest Pain* when referring to myocardial infarction? Example with inclusion and exclusion criteria: differential diagnosis lists myocardial infarction, chest pain, atypical chest pain.

Answer: If there is documentation of a differential/working diagnosis of acute myocardial infarction, select "Yes" even if an exclusion term is documented. Myocardial infarction (MI) and acute myocardial infarction (AMI) are considered clinically synonymous for the purposes of this data element. As a result, if there is a differential diagnosis of AMI or MI, you should abstract a Yes for this data element.

Question: Is OP-32 calculated by the hospital, and how do we get the information for that data?

Answer: No, CMS calculates OP-32 using paid claims. Facilities are not required to submit any data for measure calculation.

Question: Please clarify the deadline for submission of OP-29, OP-30, and OP-33 for 2016 discharges.

Answer: The submission deadline for the measures submitted via the web-based tool is May 15, 2017. The submission period is from January 1, 2017 through May 15, 2017. So, May 15 is the deadline for OP-12, OP-17, OP-22, OP-25, OP-26, OP-27, OP-30, and OP-33. OP-31 is voluntary, but if reporting this measure, it also has a May 15 deadline.

Question: OP-5 to clarify ECG; if more than one 12-lead is performed in the ED, does the provider need to reference that specific ECG by date and time to answer Yes?

Answer: Yes, you will need documentation of a specific time to abstract *ECG Time.* If there is no time for the earliest ECG, then you may use a subsequent ECG that has time that is not obviously documented in error.

Question: Are the CPT changes to OP-33 beginning with CY 2017, or do they include CY 2016 also?

Answer: These code updates are applicable to all encounters starting January 1st, 2016.

Question: Do we still use the EKG PTA for the Chest Pain and MI measures?

Answer: Yes, you may use an ECG completed prior to arrival, but only if there is documentation that it was 12-lead and performed within 60 minutes.

Question: What is the first quarter we are to report OP-33?

Answer: The first reporting period for OP-33 aligns with all web-based measures, starting Jan 1st through to May 15th, 2017.

Question: For OP-30, can we no longer use history of colonic polyps as a reason for colonoscopy?

Answer: For OP-30, a history of colonic polyps is one of the denominator criteria for a patient to be included in the measure, so this is a reason for a colonoscopy in three years or more. A history of colonic polyps cannot be used as a medical reason for an interval of less than three years since the last colonoscopy because the history is part of the denominator inclusion criteria.

Question: What happens if OP-33 data is not submitted?

Answer: The submission of OP-33 is a program requirement; if a facility does not submit data, they will risk a two percent reduction of their Medicare payment update.

Question: Our patients are sent to another facility for radiation and then come back. Would this be an exclusion?

Answer: If your facility bills these treatments, then you will be required to report on this measure.

Question: Were the changes in the OP-33 codes for billing effective Oct 1 or April 1?

Answer: These codes are effective for all encounters from January 1st, 2016.

Question: OP-33: Can you define what is radicular pain, and how do we abstract it? We have had patients fall into our population that have bone mets, but had EBRT applied to other body parts – should we manually take them out of the population? Can this be added as a question in the measure logic? Our vendor loads patients in based on encounter, so it is hard to abstract more than one treatment at the same time. How do we work with our vendors to load patients in by treatment course (not encounter) so we can abstract each course?

Answer: Please submit this question into the Q&A tool on QualityNet for a more detailed response – thank you!

Question: What is the difference between version 10.0 and 10.0a? QualityNet currently has only version 10.0 on the site. Where do we find version 10.0a?

Answer: Specifications Manual 10.0a is the updated version of the originally released (July 1st, 2016) v10.0. It reflects any changes provided from the measure writers and ICD-10 updates.

Question: For OP-30, why was the hx of colonic polyps removed?

Answer: History of colonic polyps was not removed. It is one of the denominator criteria for inclusion in the OP-30 measure. Because it is one of the denominator criteria, a history of colonic polyps cannot be used as a reason for the current colonoscopy being less than three years from the last colonoscopy.

Question: If you answer "No" to *Last Known Well*, then it grays out the date and time *Last Known Well*.

Answer: Correct. The abstraction process will terminate if No is selected for data element *Last Known Well*.

Question: For OP-29, if a doctor notes for follow-up purposes: "Recommended Follow-Up" instead of using: "10 year follow-up," is that acceptable?

Answer: A follow-up interval is required to determine if it was at least 10 years.

Question: For OP-33, if the patient has treatment to two different sites at the same time from Bone Mets, do we report both sites as individual reports?

Answer: Yes, as long as both sites were receiving radiation therapy for the first time.