



Ambulatory Surgical Center Quality Reporting Program

Support Contractor

More Pieces of the Puzzle: Troubleshooting Quality Data Codes (QDCs)

Questions & Answers

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- Question:** Please clarify. Are you saying that when entering the G-codes we should use the code N620 in the date of service field, or is that simply the explanation codes on the EOB?
- Answer:** No, you do apply the code N620 in the date of service field. If you used a zero charge, the remark code on the RA will display as N620 when the claim is processed for payment. For further information on QDCs and Remittance Advice codes, you may want to visit:
<http://www.qualityreportingcenter.com/wp-content/uploads/2016/02/Remittance-Advice-Explanation-508.pdf>
- Question:** Can we get or run a report from Medicare to see how many or what percentage of our QDC codes have been reported?
- Answer:** Yes, you can run a report on the secure side of Quality Net to see what your QDC threshold is. That report is called a Provider Participation Report.
- Question:** What are web-based measures in G-Code reporting?
- Answer:** There are two reporting parts to the ASCQR Program: reporting of QDCs on claims submitted for payment and the web-based measures which are reported annually.



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- Question:** What is the solution if all of these checks are positive, yet QDCs are not recorded?
- Answer:** If you experience an unusual situation and are finding discrepancies in the data recording, please contact the support contractor for assistance with your specific issues. Thank you.
- Question:** Where can I find the current list of G-Codes that are available for ASCs?
- Answer:** The G-Codes are included in the Measure Information Form, found in the Specifications Manual, for each of the measures ASC-1 through ASC-5. We also have a guideline document that lists the G-Codes for you:
<http://www.qualityreportingcenter.com/wp-content/uploads/2016/02/QDC-Submission-Guidelines-2016-JK.pdf>
- Question:** Why can't the government contractor be required to have systems that allow for corrections?
- Answer:** CMS continues to look for solutions to assist facilities.
- Question:** Where can I find more information about ASC-12? Is this something that gets reported on a claim with a G-Code?
- Answer:** Information regarding ASC-12 is in Specifications Manual 5.0a. This is a claims-based outcome measure, so you do not have to submit any data. The information is obtained from Medicare claims. Additional information can be found on the QualityNet website at
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228775182443>
- Question:** Is QualityNet part of Medicare's reporting?
- Answer:** Yes, QualityNet is a website for the various quality reporting programs, including the ASC Quality Reporting Program. It is located at
www.qualitynet.org
- Question:** Where is the progress of disclosure of these solutions to the provider community?
- Answer:** Any system changes will be released through the ASC ListServe. Please go to:
<https://www.qualitynet.org/dcs/ContentServer?pagename=QnetPublic/ListServe/Register> ListServe members will receive updates and invitations to



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all of our programs. I hope this information is helpful. If you need further assistance, please contact the Hospital OQR team at <https://cms-ocsq.custhelp.com/> or 866-800-8756.

Question: If a patient is transferred to the hospital for low blood sugar after initiating an IV, do you bill for procedure with -74? What G-Codes would you use?

Answer: You will use the procedure codes that apply to this scenario. Since you have an event, you will submit five QDCs. You will use G8914 for ASC-4, as this patient was transferred, and you will answer to all of the other measures as well. To clarify, there must be a CMS-1500 form with a billable charge to apply the QDC. You cannot submit a QDC only.

Question: We have two licensed facilities that bill under the same group NPI and tax ID. I just want to make sure the reporting we do for the web-based measures is a combined total or that we are not required to report separately for each facility.

Answer: As long as the two facilities are billing for services under the same facility NPI, then yes, the reporting totals will be combined for both facilities.

Question: Can you repeat Scenario Two again and confirm that you are supposed to list the G-Codes on all CPT codes?

Answer: Yes, you will bill the procedure and the applicable QDCs for each encounter. All QDCs for an encounter must be reported on the same claim for the same beneficiary for the same date of service. Should a claim require more than one CMS Form 1500 version 02/12, such as on the seventh or 13th line-item, these line-items will automatically go onto another claim. Each claim must contain a billable line-item charge and the appropriate QDC in order to receive appropriate credit for the ASCQR Program requirement.

Question: Does ASC-10 apply to only Medicare patients?

Answer: No, ASC-10 includes Medicare and non-Medicare patients.

Question: Managed Medicare claims do not need QDCs?

Answer: That's correct. Managed Medicare claims do not require QDCs. Only Medicare Fee-for-Service facility-level claims are included for purposes of this program. This would be Medicare Part B Fee-for-Service Claims,



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including for Medicare Railroad Retirement Board beneficiaries and Medicare Secondary Payer claims.

Question: What is the scenario if there are more than seven procedure codes where the QDC codes then fall onto the second claim and are not recorded?

Answer: Please place the QDCs on each page of the Medicare 1500 or electronic equivalent. The codes will need to be placed on each set of CPT codes when the codes (more than seven) move to another page. There is also a fact sheet available that gives a complete explanation of applying the G-codes to the Medicare form. Please see this resource on our website: <http://www.qualityreportingcenter.com/wp-content/uploads/2016/02/QDC-Fact-Sheet-2016.pdf>

Question: I would like to know what issues and discussions are taking place to address these issues that do not accurately reflect ASC data capture and disclosure.

Answer: CMS continues to work across all programs to facilitate collaboration and appropriately address quality standards and other program issues.

Question: What exactly is CMS doing to correct these inadequacies in this ASCQR Program, and when do they anticipate they will be corrected so that the ASC community and its data is completely accurate for public disclosure?

Answer: CMS will be presenting the 2017 Proposed Rule in the next few months; as such, there will be public comment for any proposed changes for this program. CMS encourages public comment. This is your opportunity to impact the measure development process and policy proposals.