



NIPM-QCDR

National Interventional Pain Management
Qualified Clinical Data Registry



Measure What Matters

MIPS Registry Reporting

Introduction

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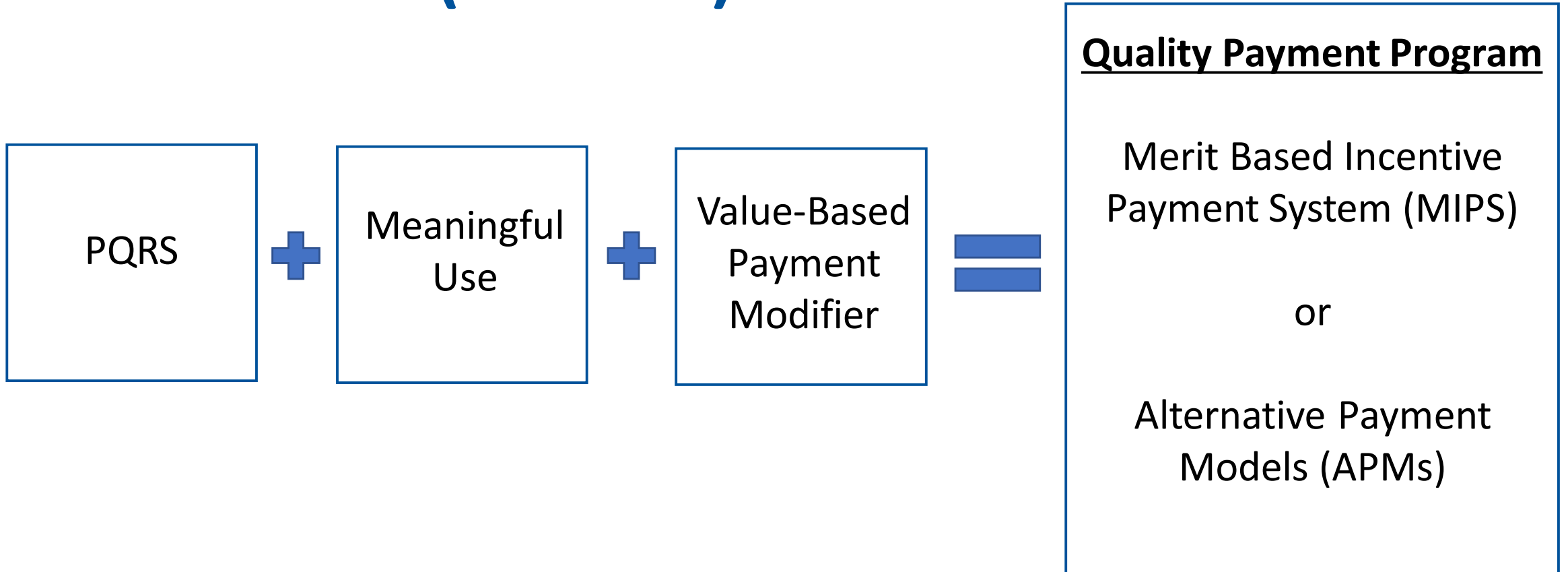
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Agenda

1. MACRA/MIPS Overview
2. MIPS Reporting Options
3. National Interventional Pain Management Qualified Clinical Data Registry (NIPM-QCDR)
4. New CMS-approved ASIPP Quality Measures
5. Demonstration
6. Next Steps

Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)



MIPS Reporting Categories and Weights

Quality
60%

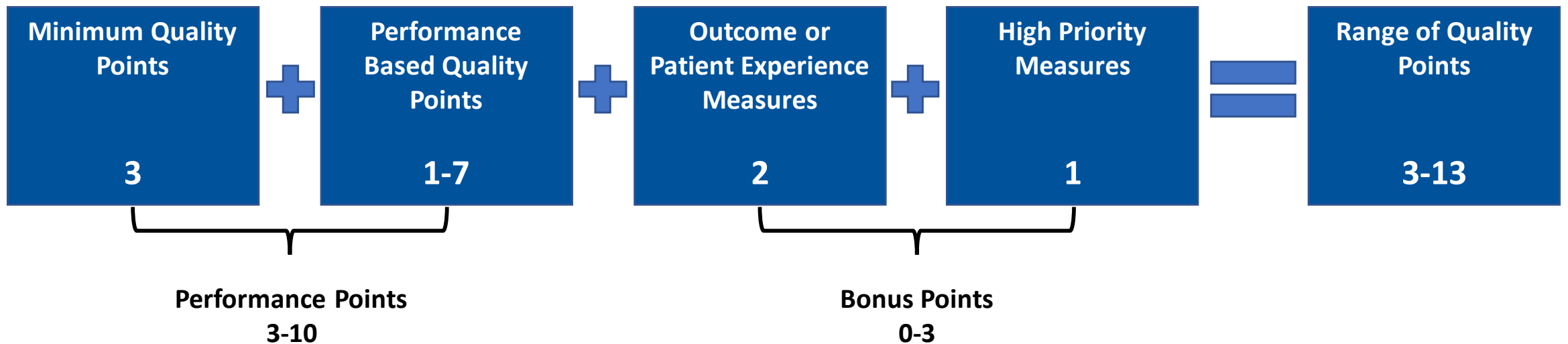
Advancing Care Info
25%

Improvement Activities
15%

Cost
0%

MIPS Score = Quality + ACI + IA + Cost

Quality Measure Scoring Per Measure



*Maximum quality points across 6 measures = 60

Improvement Activity Requirements

High-weighted (14 activities)		Medium-weighted (78 activities)
2	+	0
1	+	2
0	+	4

*Practices with < 15 clinicians only need to attest to 2 total activities

** Complete activity list available at: <https://qpp.cms.gov/mips/improvement-activities>

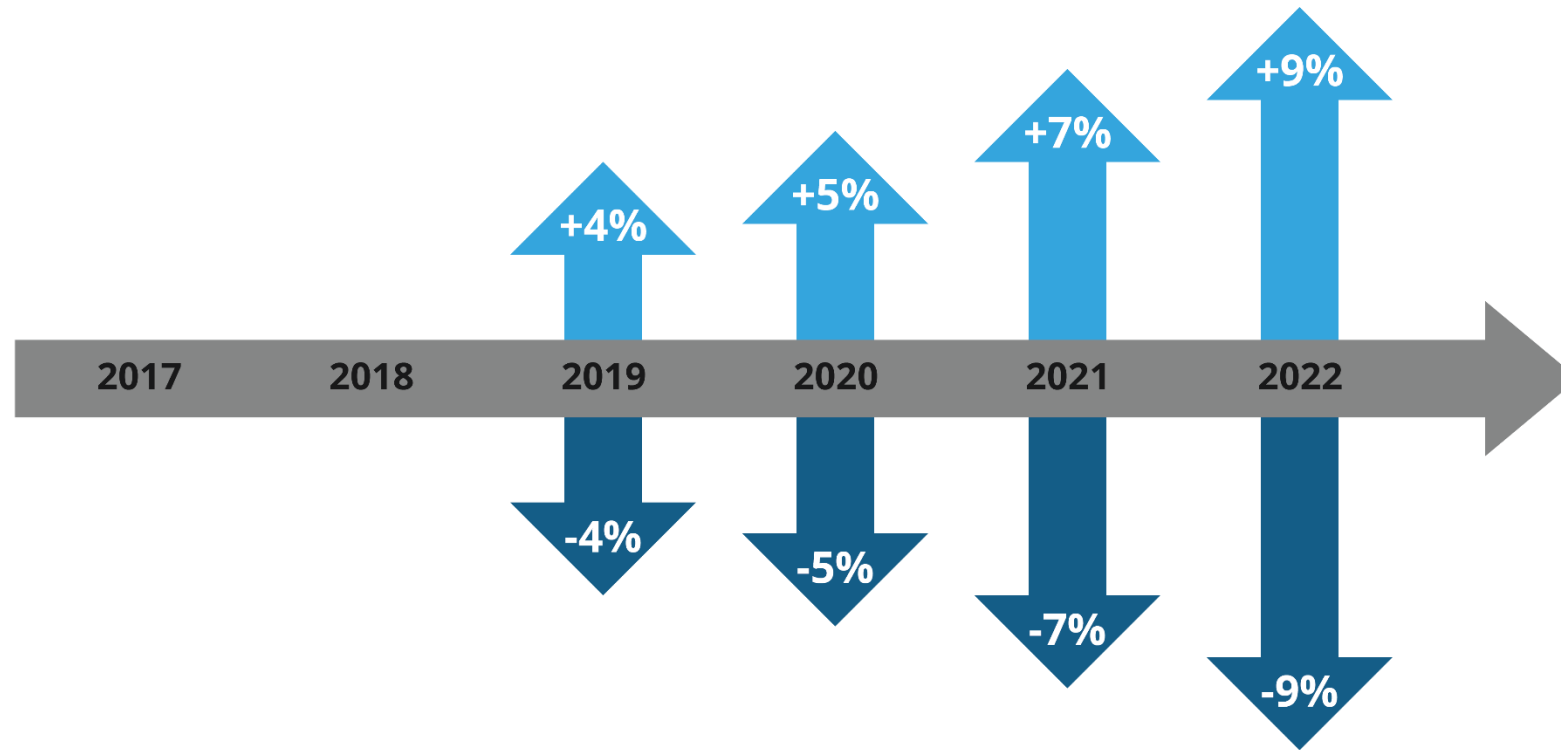
MIPS Payment Adjustments

(2017 performance adjusts 2019 payments)

MIPS Score	Medicare Part B Payment Adjustment
> 70 points	Positive payment adjustment + exceptional performance bonus
4-69 points	Positive payment adjustment
3 points	No payment adjustment
0 points	-4% payment adjustment

*Payment adjustments are budget neutral

MIPS Adjustment Schedule



Public Reporting of MIPS Performance

Medicare.gov Physician Compare ▾

Physician Compare Home About ▾ Resources ▾ MyMedicare.gov Login Español

Share Print

Find physicians & other clinicians

All fields required unless noted as optional.

📍 Enter your location 🔍 Search for a name, specialty, group practice, body part, or condition **Search**

Examples: Dr. Smith, heart, allergies, cardiology, Baltimore Family Practice



ArborMetrix.com/NIPM-QCDR

MIPS Eligibility 2017

Physicians

PAs

NPs

CRNAs

CNSs

**>100 Medicare Part B patients AND
>\$30,000 Medicare Part B allowed charges**

*CMS details on MIPS eligibility: <https://qpp.cms.gov/participation-lookup/about>

**Lookup MIPS eligibility by NPI: <https://qpp.cms.gov/participation-lookup>

2017 Transition Year Options

Test Participation (3 points)

- 1 Quality Measure
- 1 IA^{or}
- 4-5 Required ACI Measures

No penalty

Partial Participation (4-69 points)

- 90 days of MIPS participation

**Small positive
adjustment**

Full Participation (4-100 points)

- Full year of MIPS participation

**Modest positive
adjustment**

CMS Registry Options for MIPS Reporting

Qualified Registry (QR)

- No differentiation
- 271 MIPS measures
- 0 non-MIPS measures

No IPM Measures

Qualified Clinical Data Registry (QCDR)

- Unique registries
- 271 MIPS measures
- 30 non-MIPS specialty measures

**1 IPM QCDR with
9 IPM Measures**

What is the NIPM-QCDR?



NIPM-QCDR

National Interventional Pain Management
Qualified Clinical Data Registry



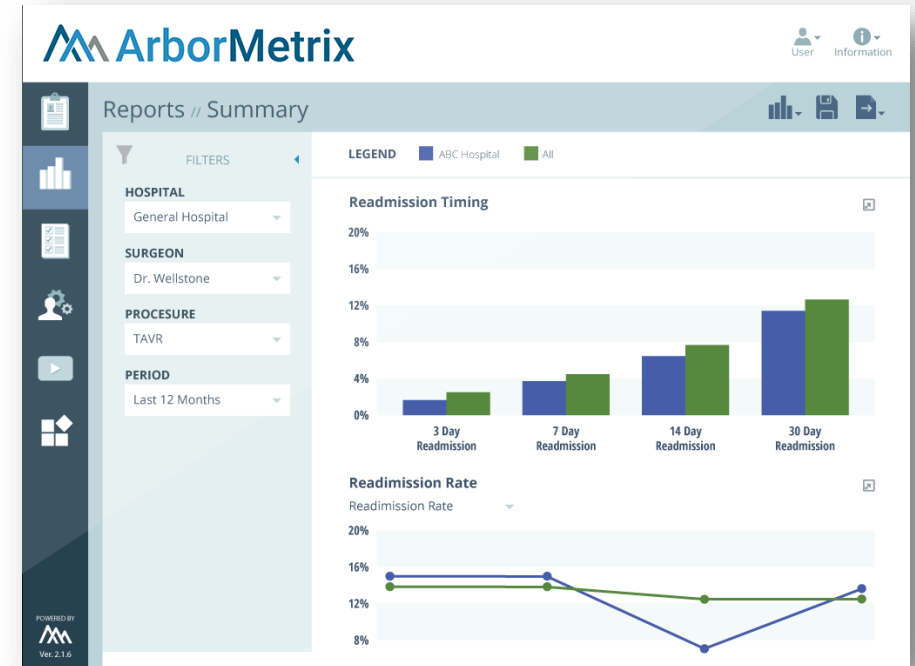
**The only MIPS Quality Reporting tool custom-built
for interventional pain physicians**

- Report on clinical decisions and actions relevant to IPM
- Meet CMS MIPS requirements for Quality and Improvement Activities
- Earn credit toward Advancing Care Information
- Receive real-time feedback to help optimize quality performance
- Improve the quality of patient care in IPM

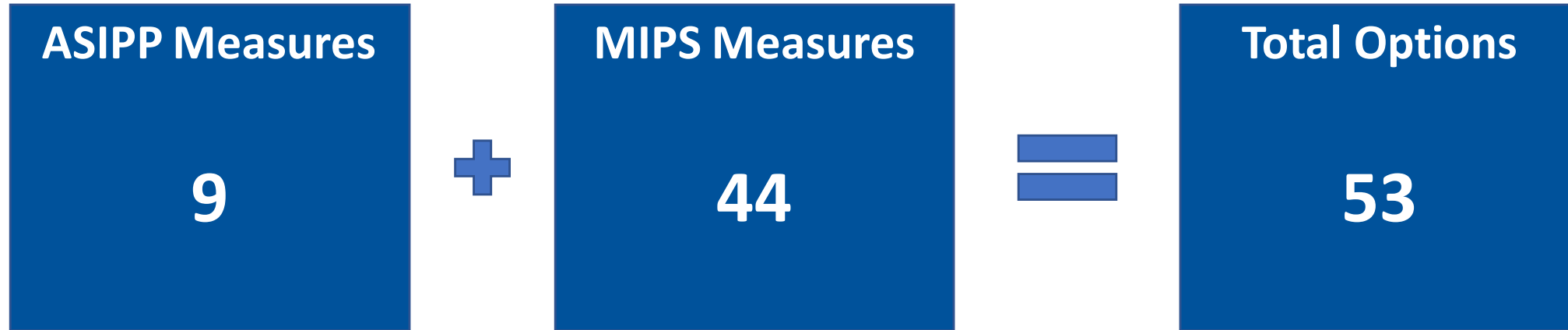
Powered by ArborMetrix



- Interactive, real-time analytics and reports
- Intuitive, web-based, HIPAA-compliant interface
- Clinical depth with drill-down to patient-level details



NIPM Measures



- Must report at least 6 total measures
- Can report on all measures
- Top 6 measures will be scored for MIPS

Excessive Use Measures

NIPM 1: Avoiding excessive use of epidural injections in managing chronic pain originating in the lumbosacral spine

- > 5 treatments in year one or > 4 treatments in subsequent years
- Multilevel or bilateral injections on the same day are considered one treatment
- CPT Codes: 62322, 62323, 64483, 64484

Excessive Use Measures

NIPM 8: Avoiding excessive use of epidural injections in managing chronic pain originating in the cervical/thoracic spine

- > 5 treatments in year one or > 4 treatments in subsequent years
- Multilevel or bilateral injections on the same day are considered one treatment
- CPT Codes: 62320, 62321, 64479, 64480

Excessive Use Measures

NIPM 3: Avoiding excessive use of therapeutic facet joint interventions in managing chronic lumbosacral spinal pain

- > 4 facet joint injection treatments or > 2 facet joint RFA treatments per year
- “Bilateral” treatments performed unilaterally on separate days are considered one treatment
- Multilevel treatments are considered one treatment
- CPT Codes: 64493, 64494, 64495, 64635, 64636, (IPM03)

Excessive Use Measures

NIPM 9: Avoiding excessive use of therapeutic facet joint interventions in managing chronic cervical/thoracic spinal pain

- > 4 facet joint injection treatments or > 2 facet joint RFA treatments per year
- “Bilateral” treatments performed unilaterally on separate days are considered one treatment
- Multilevel treatments are considered one treatment
- CPT Codes: 64490, 64491, 64492, 64633, 64634, (IPM03)

Patient Selection Measures

NIPM 4: Appropriate patient selection for diagnostic facet joint procedures (all spine regions)

- 3 months of moderate/severe pain; functional impairment; unresponsive to NSAIDs or PT; axial pain separate from radiculopathy or neurogenic claudication; absence of fracture, tumor, etc. that would explain the pain; documented assessment
- CPT Codes: 64490, 64491, 64492, 64493, 64494, 64495, (IPM04, IPM05)

Patient Selection Measures

NIPM 5: Appropriate patient selection for trial spinal cord stimulation

- Failed conservative therapies; no active substance abuse; proper patient education and risk/benefit discussion; appropriate psychological testing
- CPT Code: 63650, (IPM06)

Patient Selection Measures

NIPM 6: Appropriate patient selection for use of epidural injections in managing pain originating in the sacral, lumbar, thoracic or cervical spine

- Radiculopathy or neurogenic claudication; radiology supported discogenic or post-surgery pain; moderate/severe pain with functional impairment; failure of 4 weeks of conservative care (unless inability to work or control severe pain, or prior successful ESI for similar pain); x-ray to rule out red flag conditions
- CPT Codes: 62320, 62321, 62322, 62323, 64479, 64480, 64483, 64484, (IPM07)

Patient Safety Measures

NIPM 2: Rate of caudal and interlaminar epidural injections without dural puncture

- Percentage of patients undergoing epidural injections with a caudal approach or lumbar, thoracic or cervical interlaminar approach without a dural puncture
- CPT Codes: 62320, 62321, 62322, 62323, (IPM13)
- ICD-10 Code: G97.41 [accidental dural puncture during a procedure]

Patient Safety Measures

NIPM 7: Shared decision making regarding anticoagulant and antithrombotic use in the setting of caudal or interlaminar epidural injections

- Documentation of appropriate discussion, risk/benefit analysis, and shared decision making regarding continuation or discontinuation of their anticoagulation or antithrombotic regimen
- CPT Codes: 62320, 62321, 62322, 62323, (IPM09, IPM10, IPM11, IPM12)
- ICD-10 Codes: G79.01 [chronic anticoagulant]; G79.02 [chronic antithrombotic]

Demonstration

How to Get Started with NIPM-QCDR

1. Visit **ArborMetrix.com/NIPM-QCDR**
2. Complete the web-based form

2017 Participation Fees Per Clinician

	ASIPP member rate	Non-member rate
Eligible clinician/physician	\$500	\$750
Eligible clinician/non-physician	\$400	\$650

Questions?

- Email ASIPPQCDR@arbormetrix.com
- Visit **ArborMetrix.com/NIPM-QCDR**