



**NIPM-QCDR**

National Interventional Pain Management  
Qualified Clinical Data Registry



# Measure What Matters

MIPS Registry Reporting

# Introduction

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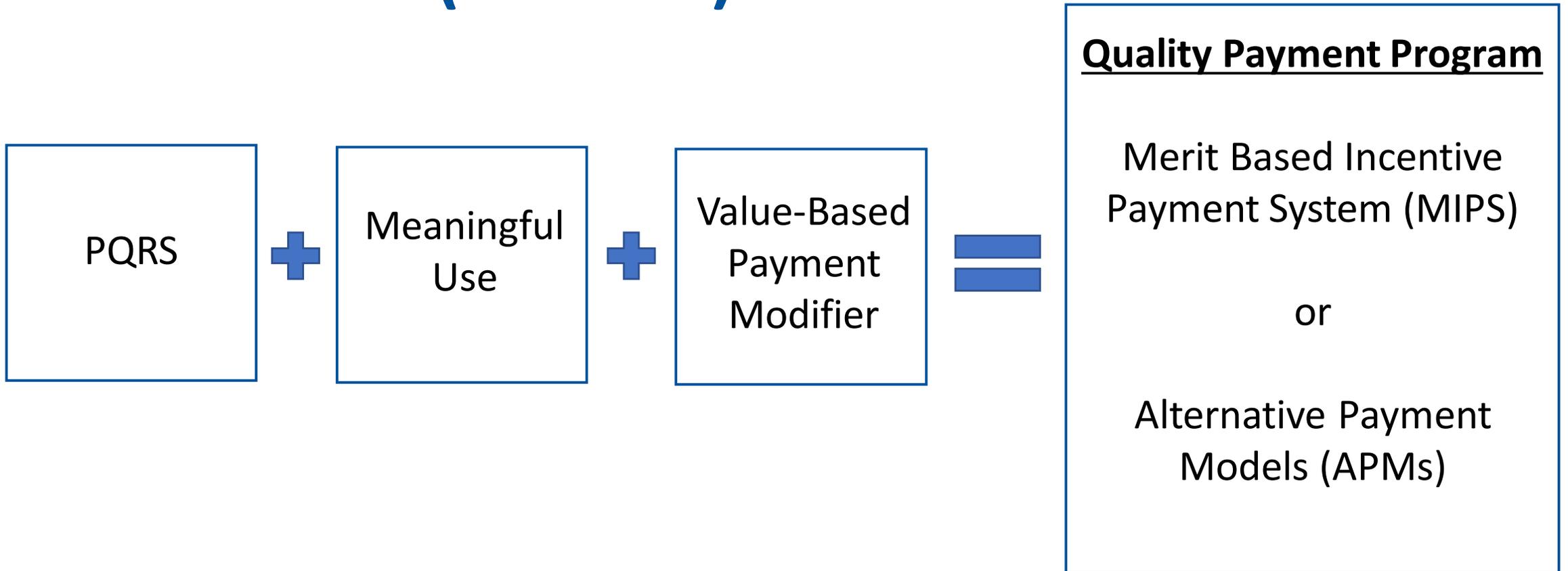
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# Agenda

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)

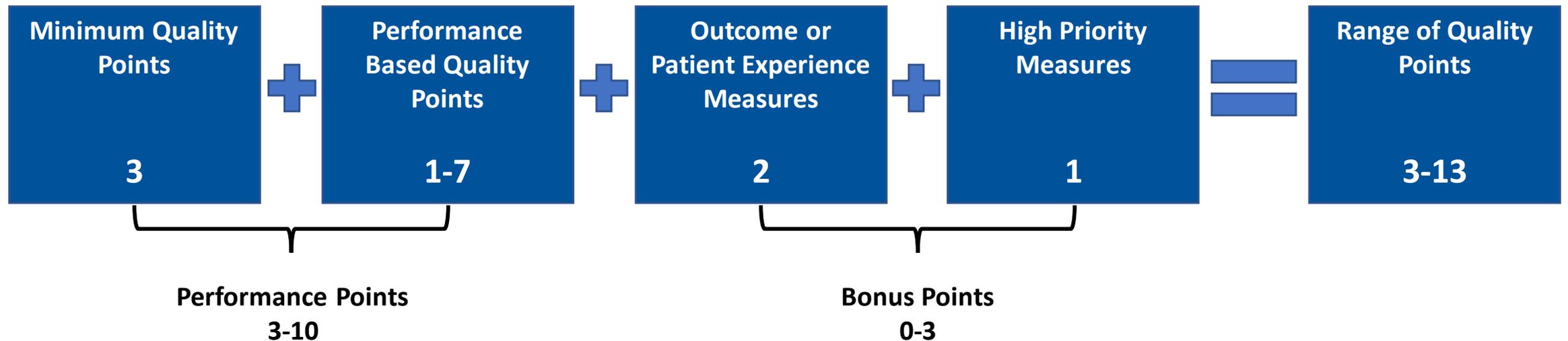


# MIPS Reporting Categories and Weights

<b>Quality</b> 60%	<b>Advancing Care Info</b> 25%
<b>Improvement Activities</b> 15%	<b>Cost</b> 0%

$$\text{MIPS Score} = \text{Quality} + \text{ACI} + \text{IA} + \text{Cost}$$

# 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

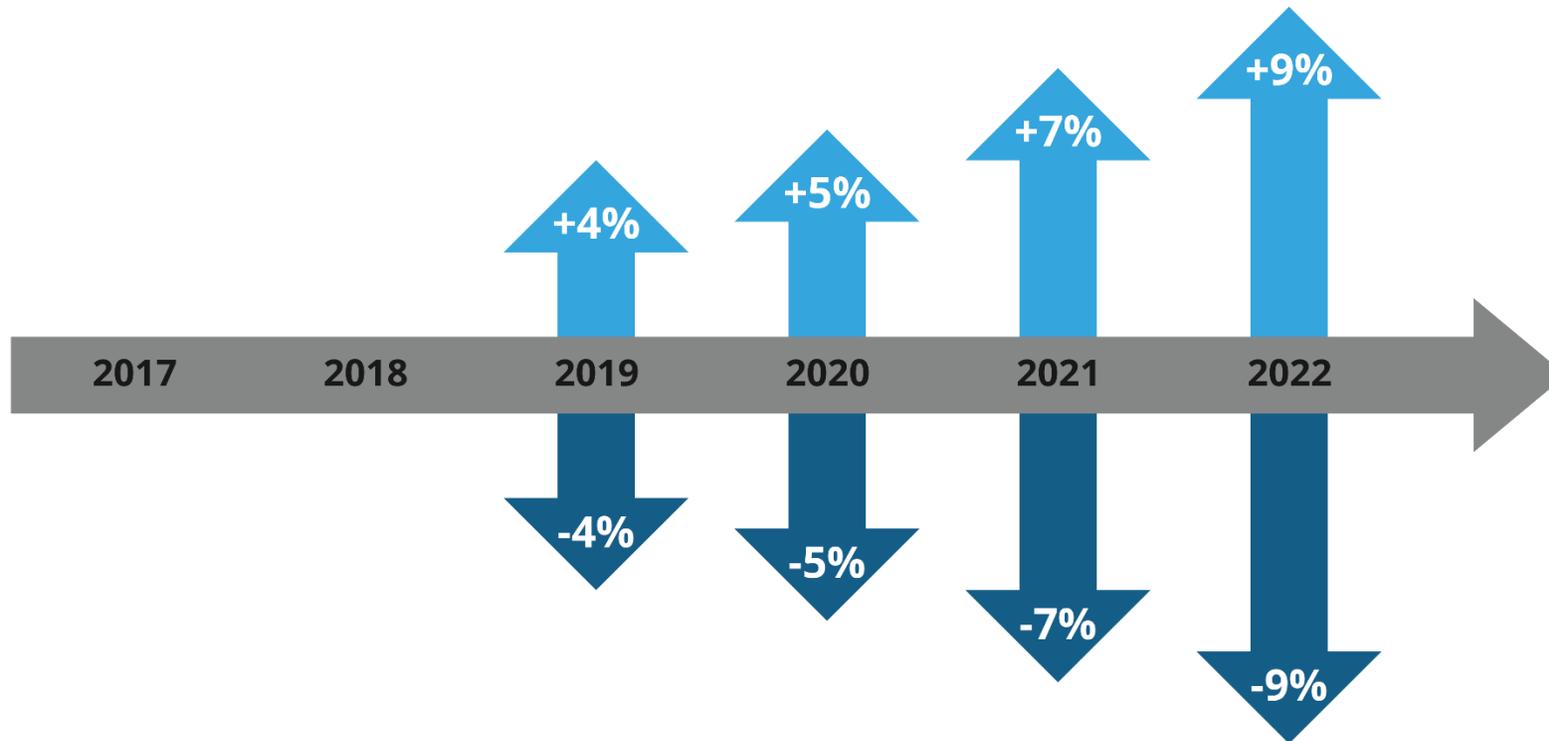
\*\* Complete activity list available at: <https://qpp.cms.gov/mips/improvement-activities>

# 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

## 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

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# 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<sup>or</sup>
- 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

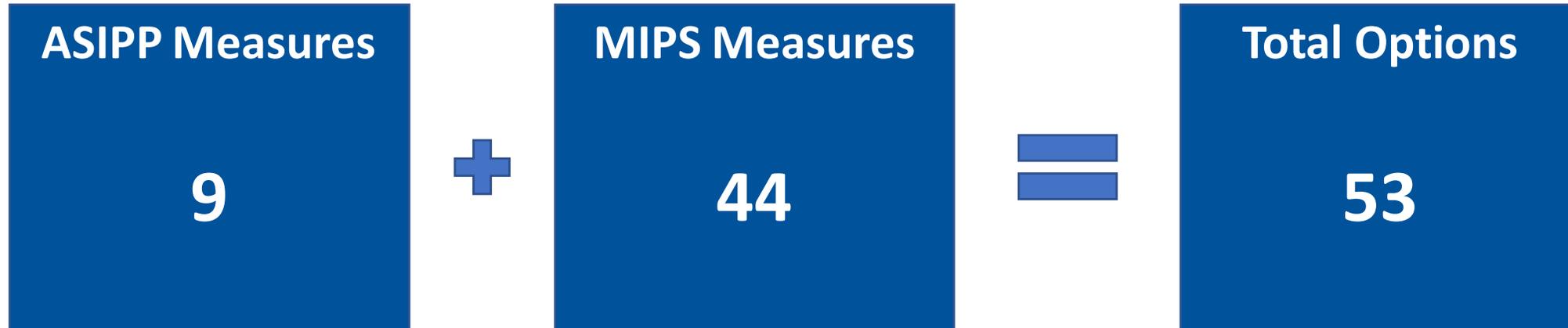
# Powered by ArborMetrix



- 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](https://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](mailto:ASIPPQCDR@arbormetrix.com)
- Visit **ArborMetrix.com/NIPM-QCDR**