

## After Hours Services

Originally slated for May 1, but delayed until **June 5, 2008**, **Blue Cross Anthem** changed their policy for **Indiana, Kentucky, Missouri, Ohio and Wisconsin** and allows **additional reimbursement for 99050** (*Services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed, in addition to basic service*) **only in the place of service**

**office (place of service 11).** Codes 99051-99060 will be considered part of the primary service and will not be reimbursed separately in any place of service.

**Primary Care code 99058** (*Service(s) provided on an emergency basis in the office, which disrupts other scheduled office services, in addition to basic service*) will no longer be paid. ■

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## PQRI

CMS states that reporting is the first step toward "Pay for Performance." If you have not started the PQRI reporting process, you still have time for 2008. There is an additional reporting start time of July 1, 2008 through December 31, 2008 for those providers who have not yet participated. **Your professional specialty society will have the recommended eligible quality reporting measures.** Professional organizations have provided comment and clarifications for the 2008 version.

In 2007 there were 74 individual quality measures. These were increased to 119 for 2008.

If there are no more than 3 measures that apply to your specialty, each measure must be reported for at least 80% of the cases in which a measure was reportable.

If 4 or more measures apply, at least 3 measures must be reported for at least

80% of the cases in which the measure was reportable.

Participating eligible professionals who successfully report may earn a 1.5% bonus. This 1.5% bonus calculation is based on total allowed charges during the reporting period for professional services billed under the Physician Fee Schedule.

The PQRI quality measure must be reported on the same claim as the service. Bonus payment will be made to the holder of record of the Taxpayer Identification Number (TIN).

Quality Data Codes can relay that:

The measure requirement was met; or

The measure requirement was not met due to due to medical, patient or systems reason(s) documented in the medical record; or

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