

Impact of Discontinued HCPCS codes on BPCI Advanced Measures- Question and Answers (QAs)

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Effective January 1, 2023, specific [Healthcare Common Procedure Coding System \(HCPCS\) codes](#) were discontinued. These HCPCS codes are quality data codes (QDCs) that providers use on claims to indicate an action, without having any associated reimbursement. One Administrative measure and one Alternate measure included in BPCI Advanced are impacted by this change. More information on these quality measures can be found in the table below. Please click on each measure name to access the quality measure fact sheet.

Quality Measure	Quality Measure Set	Associated Clinical Episodes	Discontinued HCPCS Codes
Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin (NQF #0268)	Administrative	<ul style="list-style-type: none"> • Cardiac Valve • Coronary Artery Bypass Graft (CABG) • Bariatric Surgery • Major Bowel Procedure • Double Joint Replacement of the Lower Extremity • Hip and Femur Procedures Except Major Joint • Lower Extremity/Humerus Procedure Except Hip, Foot, Femur • Major Joint Replacement of the Lower Extremity • Major Joint Replacement of the Upper Extremity • Back and Neck Except Spinal Fusion • Spinal Fusion 	G9196 and G9197
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (NQF #0028)	Alternate	<ul style="list-style-type: none"> • Chronic Obstructive Pulmonary Disease (COPD), Bronchitis, Asthma 	G9904, G9907, and G9909

Q1: How will CMS proceed with the discontinuation of these codes?

A1: Without the associated HCPCS code, Participants can no longer report on these quality measures accurately. Therefore, CMS will remove these two quality measures from the respective Administrative and Alternate sets. Participants do not need to report them for Model Year 6.

Q2: Do Model Participants who were reporting the Perioperative Cephalosporin or Tobacco Use and Cessation measures through claims for BPCI Advanced need to take any specific action due to the removal of these measures from the model? How will this impact the CQS calculation?

A2: Model Participants who were reporting these measures via claims do not need to take any specific action related to this change. CMS will calculate your Composite Quality Score (CQS) using the other measures you are already reporting for relevant clinical episodes. This means that the other quality measures will be weighted higher to make up for these measures. For example, if a Participant was reporting on Advance Care Plan, All Cause-Readmissions, and the Perioperative Cephalosporin quality measures for all of the clinical episodes, then instead of each measure contributing 33% to the CQS, Advance Care Plan will contribute 50% to the CQS and All-Cause Readmissions will contribute the other 50% to the CQS. For more information on how the Model calculates and weights quality measure results for the CQS, view the CQS webinar [here](#).

Q3: Does CMS plan to replace these measures with new measures for either the Administrative or Alternate Quality Measures Sets?

A3: No, CMS does not plan to change either measure set to replace these two claims-based measures in Model Year 6, or for the rest of the Model duration.

Q4: Does this issue impact Model Participants who were reporting the Tobacco Use and Cessation measure through a registry?

A4: Model Participants who were reporting Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (NQF #0028) through American Heart Association® (AHA) Get With The Guidelines (GWTG)® - Stroke Registry are not impacted by this HCPCS code discontinuation. The discontinuation of the HCPCS codes listed above only impacts Participants who were reporting the Tobacco Use and Cessation measure for the COPD Clinical Episode. Participants who report the registry-reported version of the Tobacco Use and Cessation measure are not impacted by this change and can continue to report this measure for the Stroke Clinical Episode. The Tobacco Use and Cessation measure will continue to be included in the CQS of Participants who selected registry reporting for this measure, and these Participants should continue to submit their data to AHA in accordance with the registry's data submission guidelines.