

## **Dermatology Coding Alert**

### **Part B Updates: Vendor Won't Be Ready for 5010? Get Claims in Before 2011 Ends, CMS Advises**

**Plus: E-prescribing hardship exemptions are due in November, CMS reminds.**

Practices from all across the country have contacted the Insider with questions about what they should do if their vendors aren't ready for 5010 conversion before the deadline of Jan. 1, 2012. CMS chimed in with tips on how to handle these issues during the agency's Sept. 20 Open Door Forum, and we've got the advice for you.

The message: If you want to avoid a cash flow crisis, talk to your vendors and clearinghouses now -- don't wait until January, advised CMS's **Denise Buening** during the call.

An American Academy of Ophthalmology representative called into the forum and noted that several of her association's members were told by their vendors that they will not be ready by the deadline. She asked for tips on how the practices should deal with this situation.

"There are a number of risk mitigation strategies that I think folks should be looking at right now," Buening said. "One is, I've heard that some of the provider organizations are advising their members to try and get a majority of their claims in prior to Jan. 1 and then just kind of ride out the next 30 days or so as the dust clears, so to speak."

"Obviously, employing the services of a clearinghouse is always an option," Buening added. "If you're a Medicare fee-for-service provider, you can get the free software that Medicare makes available, downloaded from the MACs," she said. "There's also what they call 'all-payer' versions. Now, they might have to purchase this software, but at least they're not waiting on a vendor to do the installation for them," she added.

"Another option I've seen the AMA recommend to their providers is for the provider to get a line of credit from their local financial institution or bank to make sure they're covered on their cash flows."

The best option, Buening said, is to "Contact your payers and find out how they're going to help the providers mitigate their risks and make sure their claims are going to continue to be paid."

#### **Know the E-Prescribing Exemptions**

CMS added four additional exemptions for practices that want to avoid the e-prescribing penalty that will kick in next year, but many practices had questions for the agency about how those will work.

One caller to the CMS forum indicated that her doctor works for a hospital but the hospital doesn't provide e-prescribing systems, so she wondered whether the physician would therefore qualify for a hardship. Unfortunately, CMS's **Christine Estella**, responded, no hardship category was included for providers practicing in a hospital setting. "However, if any of the other exemptions were to apply to the provider, the provider could apply via one of the other exemption categories." For instance, one potential hardship option could apply if the doctor has limited e-prescribing activity. "The provider may request an exemption, which will be reviewed by CMS on a case-by-case basis," which is due by Nov. 1, she added. "The eligible professional himself has to fill out that form."

Another caller said her doctors do house calls and they plan to use smart phones to e-prescribe, but the problem is that many of the homes the physicians visit don't have cell phone service. She asked whether these doctors can call into the administrative office so a staff member with security clearance can e-prescribe on their behalf. Although Estella wasn't able to answer whether a proxy could e-prescribe on the physician's behalf, she did note that "the provider doesn't have to submit the electronic prescription on the spot -- he or she may do so later that day."

Another practice manager asked how she should address a situation in which her large group practice might be partially at risk for e-prescribing penalties. "I have a group of anesthesia providers but I also have pain providers, so the pain providers are e-prescribing currently, but I'm wondering if the entire group will be affected" by the penalty since the anesthesiologists, who spend all of their time in the operating rooms, don't e-prescribe at all.

Since the practice is not participating in the group practice reporting option (GPRO) for e-prescribing, the physicians will be treated as individuals, so each provider will be responsible for reporting his or her ten e-prescriptions (which were due June 30), and each eligible professional would be responsible for submitting any applicable hardship exemption application if it applied to them personally, Estella noted.

Any questions on the hardship exemptions can go to [qnetssupport@sdps.org](mailto:qnetssupport@sdps.org) or via phone at 866-288-8912.