

Optometry Coding & Billing Alert

2010 Final Rule Simplifies E-Prescribing Process

Extra: CMS will debut a new eprescribing numerator code.

CMS's 2010 Physician Fee Schedule Final Rule spells out the income opportunities that you should seize if you want to collect the maximum allowable reimbursement from Medicare next year.

In particular, the Final Rule indicates that in 2010, you'll be able to earn a PQRI incentive payment of 2 percent of your estimated total Part B allowed charges -- and CMS will offer additional reporting options to help ease that process.

CMS will add 30 individual PQRI measures and six measures groups on which individual eligible professionals may report, the Final Rule indicates. The Final Rule will also add an electronic health record (EHR)-based reporting mechanism, which will "promote the adoption and use of EHRs and provide both eligible professionals and CMS with experience on EHR-based quality reporting," CMS indicates.

"In 2010, CMS will, for the first time, allow eligible professionals to count their submission of EHR-based measures toward their eligibility for a PQRI incentive payment," CMS notes in an Oct. 30 Fact Sheet.

The facts: Practitioners who satisfactorily report data on at least three of the 10 EHR-based PQRI measures will be eligible for an incentive payment. In the past, practices that submitted the EHR-based measures found that the submission didn't count toward incentive payment eligibility. The new incentive payments appear to be an attempt to incentivize more practices to institute EHRs

However, many analysts believe that too much is standing in the way of those practices having a functional EHR at this point.

"The problem isn't simply that providers are reluctant to adopt EHRs," says **Kenny Engel, CPC, CHC, ACSEM, CCP**, chief compliance officer with Martin Gottlieb Associates in Jacksonville, Fla.

"There is also the hurdle of finding a qualified vendor (one that has self nominated to complete the EHR vendor quality data submission qualification process)," Engel says. "At this point, only vendors who completed the 2009 EHR Testing Program will be qualified for 2010. CMS doesn't expect to post the list until early 2010 because they have yet to complete the 2009 EHR Testing Program."

Plus: Some vendors are hesitant to attain the CCHIT certification because "right now it's unclear whether the government will keep that as the sole certifying body for EHRs or if they'll allow other certifying bodies," Engel says. "Obtaining and maintaining a 3-year CCHIT certification costs about \$37,000, so some vendors don't want to pay that until they know that CCHIT is the final standard."

Cost concerns: EHRs may be cost prohibitive for many small practices who are feeling the economic crunch, says **Caral Edelberg, CPC, CCS-P, CHC** with Edelberg Compliance Associates in Baton Rouge, La. "For larger practices and networks, these additional costs will be significant. Hospitals seem to be experiencing it as well with drops in revenue from increased volume from patients without insurance."

Another consideration is the cost of other systems that will be required to interface with the EHR, Edelberg says. "I have concerns about how vendors will effectively keep their reporting packages consistent with PQRI reporting requirements," she notes.

Bottom line: "Providers may wait until they see some dust settle before they get an EHR, and that might be later in 2010 or even 2011," Engel says. And all of this change will come to a head with the implementation of ICD-10 and cost for

training and systems changes.

Look for E-Prescribing Changes

Physicians who adopt e-prescription systems are eligible to earn a bonus of 2 percent of their total Medicare allowed charges, but the rules on how you'll report your e-prescribing will change next year. Effective Jan. 1, you'll only report an e-prescribing code when a visit results in an electronic prescription being placed. You'll need to report this code at least 25 times during the reporting period to be considered a successful electronic prescriber.

CMS will issue a new numerator G code with the following descriptor, the Final Rule says:

- Gxxxx -- At least 1 prescription created during the encounter was generated and transmitted electronically using a qualified electronic prescribing system.