Part B Insider (Multispecialty) Coding Alert

PART B CODING COACH: Enter the E-Prescribing Era by Following 3 Simple Steps

Find out what percentage bonus you'll receive from Medicare.

Can your physician afford not to adopt e-prescribing? If your practice still hasn't applied electronic prescription processes, then you could be missing out on a two percent Medicare bonus -- as well as preventing prescription errors and lowering consumer costs.Follow these three simple steps to ensure an easy transition.

Background: Payers and health plans have pushed for new incentives for electronic prescription this year. For instance, beginning January 2009, Medicare has paid doctors a bonus if they swapped their prescription pads over to e-prescribing. Several private health plans also have offered extra payments along with free equipment (i.e., digital handheld devices). Free software is available courtesy of technology companies, given away to encourage doctors to go electronic. Remember, free software usually provides what you paid for it. For instance, there is little to no support or training when you sign up for free solutions.

Web sources report that the number of physicians prescribing medicines electronically has more than doubled in the past year to about 70,000, or about 12 percent of all office-based doctors. The increase is attributed mainly to the incentives introduced at the beginning of the year. Don't be among the 88 percent still holding out in 2010 while throwing out two percent of your Medicare income and possibly other bonuses from private payers.

Step 1: Ask, What E-Scribing System Am I Using?

Before you get started, it is important to ask yourself if you want to practice e-prescribing using a stand-alone system or one that is part of an EHR (electronic health records). **Barbara J Cobuzzi, MBA, CPC, CENTC, CPC-H, CPC-P, CPC-I,** CHCC, president of CRN Healthcare Solutions in Tinton Falls, N.J., maintains that you should weigh the pros and cons, as follows:

• Stand-alone systems are the least expensive and fastest to implement, but

• EHRs have additional features that are helpful in managing a medical practice over the long run.

• Stand-alones will enable the practice to be up in time for 2010 to optimize the bonus.

• Stand-alone systems may have the capability to interface with a PM or EHR system.

• The practice can then convert from a stand-alone system to an integrated system when an EHR is implemented, providing the practice the best of both worlds, quick implementation of e-prescribing and ultimately the benefits of an integrated system with an EHR.

CMS's acting administrator **Kerry Weems** had previously estimated the cost of an e-prescribing system to be about $3,000 per prescriber. In addition, practices will face recurring costs for the dedicated internet line and maintenance that the systems require, which could cost you between $80and $400 a month.

Good news: You do not have to have an EMR (electronic medical record) system to e-prescribe. You can find stand-alone e-prescription systems, such as online options, that are substantially less costly than a full-blown EMR.

Red flag: Also, if you're adopting e-scribing, you definitely need to check the regulatory requirements of your state. Get in touch with state officials and make sure you comply with any applicable e-prescribing requirements specific to your

state.

Step 2: Bill 1 of the Denominator Codes

Your first step (for 2009) is to report one of the following denominator codes:

• E/M service codes 99201-99205 and 99211-99215;

• Outpatient consultation codes 99241-99245; or

• G codes G0108 (Diabetes outpatient self-management training services, individual, per 30 minutes) or G0109 (Diabetes selfmanagement training services, group session [2 or more], per 30 minutes).

Report any of these codes on the claim for each patient visit during the reporting period that meets the denominator coding criteria.

Step 3: Report G8443-G8446 as the Numerator:

If your practice operates a qualified e-prescribing system in 2009, report one of the following G codes on more than 50 percent of applicable Medicare cases for the numerator:

• G8443 -- All prescriptions created during the encounter were generated using a qualified e-prescribing system

• G8445 -- No prescriptions were generated during the encounter, but the provider does have access to a qualified e-prescribing system

• G8446 -- The provider does have access to a qualified e-prescribing system, but some or all prescriptions generated during the encounter were printed or phoned in as required by state or federal law or regulations, patient request, or pharmacy system being unable to receive electronic transmission or the prescription was not e-prescribed because it was for narcotics or other controlled substances.

Remember: The applicable "G" code must go on the same claim as the "denominator" service.

Examples: A Medicare patient sees the doctor for chronic serous otitis media. At the end of the E/M service, the physician prescribes an antibiotic via e-prescribing. You should report the service as follows:

• 99213 (Office or other outpatient visit ...) linked to 381.01 (Acute serous otitis media)

• G8443.

Similarly, a patient goes to the doctor for a cold, suspecting that it may involve a sinus infection. The doctor determines that the patient is merely suffering from a cold, however, and orders only over-the-counter preparations. Because the physician writes no prescriptions, you should bill the visit (a level 2) as follows:

• 99212 (Office or other outpatient visit ...) linked to 460 (Acute nasopharyngitis)

• G8445.

Finally, a patient has chronic migraines as a result of his chronic frontal sinusitis.The physician documents a level 4 service. He orders some prescriptions via escribing, and the doctor writes a manual script for Vicodin on a paper script, because it is a controlled substance.

You shouldreport:

• 99214 (Office or other outpatient visit ...) linked to 473.1 (Chronic sinusitis; frontal)

• G8446.

Reap the E-Prescribing Rewards

One benefit of electronic prescribing is that it allows doctors to transmit prescriptions through a secure Internet network, through a clearinghouse, and ultimately to the pharmacies using an office or laptop computer or a digital handheld device. Several studies have shown that e-prescribing reduces prescription errors and cuts costs for consumers and providers.

Also, Medicare released the new incentive guideline, which says: "Physicians who adopt eprescription systems are eligible to earn a bonus of 2 percent of their total Medicare allowed charges." The rules on how you'll report your e-prescribing, however, 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 a successful e-prescriber.