

Part B Insider (Multispecialty) Coding Alert

PQRI :Don't Shy Away From PQRI Just Because You Weren't in Business on Jan. 1, CMS Says

Plus: You can take part in e-prescribing even if your pharmacy can't receive the e-prescription.

Practices are continuing to work out the kinks in their PQRI participation, and CMS is eager to have you join in, even if you feel like you are entering late in the game. That's the word from CMS officials, who spoke about the topic during a June 17, 2009 CMS open door forum.

Your 2007 PQRI feedback reports will only be available until June 30; to access the reports, visit CMS's PQRI Web site at www.cms.hhs.gov/pqri, said **Daniel Green, MD**, of CMS's Office of Clinical Standards and Quality.

Plus: CMS is re-running the data for some of the providers that participated in PQRI in 2007, and any payments earned from that re-run will be generated in Nov. 2009. Payments for 2008 PQRI participation will be generated in Oct. 2009, Green noted.

Partial-Year Participation Is OK

To be eligible for the 2009 PQRI bonuses, a medical office need not be in practice as of January to participate.

"If, for whatever reason, you didn't start seeing patients until March, you would start reporting at that time," Green noted. "We look at each individual's NPI tax ID number for their eligible patients for the year, so if you only had nine months of eligible patients, we would base whether you're successful on the number of patients you saw in that nine month period," Green explained.

Physician splits care: One caller inquired whether a physician assistant needs to record measures on a unique set of 30 patients or whether they can report measures on some of the same patients that the practice's physician sees.

"The PQRI is based on who sees the patient and bills for the patient," Green said. So if the physician reports the quality measures on 30 consecutive patients but the PA subsequently sees one patient that the physician already saw, both can count that patient toward the quality measures.

Caveat: If 30 consecutive patients come to the practice and see both the PA and the physician during each visit, both practitioners could not separately report the quality measures for all 30 patients, Green said. The practitioners would need to be seeing the patients separately; whichever practitioner sees the patient would count the patient's measures for that specific day.

Know E-Prescribing Regs

If an eligible professional has an e-prescribing system that meets CMS's criteria, but the pharmacy the patient wants to use can't receive the prescription (either because they don't have an e-prescribing system or their system is down), your practice can report code G8446, "which basically states that the pharmacy was unable to receive the electronic prescription," Green said.

If your pharmacy doesn't participate but has a system allowing it to convert your e-prescription into a fax (which some pharmacies can do), you should report the G code that shows that you did electronically prescribe (such as G8443, All prescriptions created during the encounter were generated using a qualified e-prescribing system), because from your practice's perspective, your e-prescription was successful, even if the pharmacy converted it.



For more on the PQRI program, visit www.cms.hhs.gov/pqri.