

Health Information Compliance Alert

E-Prescribing: Get The Skinny On Proposed Changes to E-Prescribing Eligibility

Plus: Brace for changes to consult reimbursements.

Get ready for changes in your eligibility for the e-prescribing bonus in 2010. Currently, to successfully report the e-prescribing measure, you must report it for at least 50 percent of applicable cases.

But next year, CMS proposes that you'd only have to report the e-prescribing measure "at least 25 times during the 2010 reporting period," the fee schedule indicates. On average, this would require a physician to e-prescribe "for approximately two Medicare Part B Fee for Service patient encounters per month" during the reporting period. The proposal takes into account that some prescriptions (such as narcotics) cannot be e-prescribed (page 370).

Read on for more highlights from the schedule, along with the corresponding page numbers from the document, which you can view in its entirety at http://www.federalregister.gov/OFRUpload/OFRData/2009-15882_PI.pdf.

- The proposed conversion factor for 2010 is \$28.3208, which results in a potential 21.5 percent payment cut (page 663 of the proposed rule).
- The proposal may halt payment for consult codes in 2010. Instead of reporting consult codes, you'd report new or established patient office visit or hospital care (E/M) codes for these services, and CMS would increase payments for the existing E/M codes.
- CMS has proposed removing physician-administered drugs from the definition of "physicians' services" (page 660).
- You'll find that CMS proposes a payment boost for the initial preventive physical exam (IPPE), also known as the "Welcome to Medicare Exam" (G0402).
- CMS proposes making payment rates for G0402 equivalent to CPT code 99204; therefore, the work RVUs for G0402 would rise to 2.30 as of Jan 1, 2010. The current work RVU for G0402 is 1.34 (page 155).
- CMS is proposing that it will use data taken from the AMA's Physician Practice Information Survey (PPIS) to update the specialty-specific data used to develop practice expense RVUs.

FYI: The PPIS data would not be used to determine payment rates for reproductive endocrinology, sleep medicine, or spine surgery "since these specialties are not separately recognized by Medicare and we do not know how to blend this data with the Medicare-recognized specialty data," the proposal states (pages 54 and 59).

Speak up: CMS is accepting comments regarding the proposed fee schedule until August 31. Information on how to comment can be found on page 2 of the Federal Register document through the link at the beginning of this article.