

Informant

Diablo Medical Billing, Inc.



Medicare

Why should you E-prescribe -

E-prescribing improves the overall safety and efficiency of the prescribing process by empowering you to prescribe the most medically appropriate and cost effective prescription at the point of care.

Electronic prescribing can allow your practice to access your patients' formulary, eligibility, and prescription history information and securely exchange prescription information with pharmacies electronically, rather than by fax, phone or on paper.

This same connectivity allows pharmacies to send requests for prescription refills to your practice electronically. This can significantly reduce pharmacy phone calls and faxes, and free more time for patient care or other reimbursable activity.

While some of the incentives have already passed for E-prescribing, there are still three years left of the incentive program. More importantly, you will see penalties beginning in 2012 if you have not adopted E-prescribing. Government programs - such as the Medicare Electronic Prescribing Incentive Program (MIPPA) and the Health Information Technology for Economic and Clinical Health (HITECH) Act - are designed to provide support for prescribers that wish to adopt e-prescribing and electronic medical record (EMR) technology. Here is the E-prescribe incentive schedule-

	2009	2010	2011	2012	2013	beyond
Incentive	2%	2%	1%	1%	0.5%	none
Penalty	none	none	none	1%	1.5%	2%

Who is eligible?

Eligible professionals include physicians and other recognized practitioners under the



This past month has been a busy one, with changes coming in the form of new ICD-9 codes, anticipation of the new 2011 CPT codes, PECOS, and of course the ever-changing Medicare Fee Schedule. As always, DMB is committed to helping your practice maximize reimbursement. To this end, I spent some time with Janet Kesterson from Hill Physicians. She went over

samples of the reports that she provides to our Hill clients, and showed me ways for your practice to utilize Hill Insite to **maximize your quarterly PMF**. One of the questions that many clients have been asking lately is "How do I get more patients in the door?" With Hill Insite, you can run reports on patients that have not completed their annual well visits

for the year, or who need medication management, etc. This could help you increase your patient volume, as well as meet the requirements for the PMF. If you are not a Hill provider, you can still manage your patients in the same manner, and DMB can help by setting up a recall system in Clinix. Let your account rep know if you want to explore that possibility.

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Special points of interest:

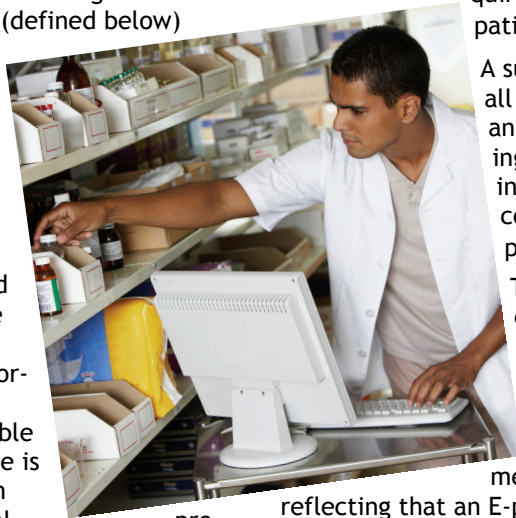
- E-prescribing improves the overall safety and efficiency of the prescribing process
- While some of the incentives have already passed for E-prescribing, there is still three years left of the incentive program.
- A successful e-prescriber is one who meets all eligibility requirements and generates and reports at least one E-prescribe during 25 or more unique patient visits during the reporting year.



Holiday Schedule

- Christmas week, we will do all the rounds on Tuesday 12/21 ONLY. Our office will be closed 12-23 and 12-24.
- New Years week, we will do all the rounds on WEDNESDAY, 12-29 ONLY. Our office will be closed 12-31.

Medicare Act who have prescribing authority within their scope of practice. The incentive is limited in 2010 to eligible professionals whose estimated allowed charges for “e-prescribing measure” procedural codes (defined below) are at least 10% of their total Medicare Part B Physician Fee Schedule allowed charges for the reporting period. Most office-based general internal medicine physicians and sub specialists should easily meet this 10% threshold. The codes have been expanded from 2009 to include professional services furnished in skilled nursing facilities and in the home care setting. This incentive only applies to services provided to patients within the Medicare Part B Fee-For-Service program. There are some instances where a provider might be eligible but not able to participate; one example is where the Mac claims processing system does not support billing at the individual provider level. Another, is if you are participating in the Medicare EMR incentive program; you are not allowed to participate in both programs at the same time.



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A qualified E-prescribe system is one that is capable of the following:

- Generate a complete active medication list incorporating electronic data received from applicable pharmacies and pharmacy benefit managers if available.
- Select medications, print prescriptions, electronically transmit prescriptions, and conduct all alerts (written or acoustic signals to warn prescriber of possible undesirable or unsafe situations).
- Provide information related to lower cost, therapeutically appropriate alternatives (if any).
- Provide information on formulary or tiered formulary medications, patient eligibility, and authorization requirements received electronically from the patients drug plan (if available).

A successful e-prescriber is one who meets all eligibility requirements and generates and reports at least one E-prescribe during 25 or more unique patient visits during the reporting year. Reporting is accomplished through the E-prescribe report measure.

The e-prescribing measure has two basic elements. (1) a reporting denominator (consisting of a set of service codes) that defines the circumstances when the measure is

reportable; and (2) a reporting numerator consisting of a specific “G” codes

reflecting that an E-prescribe was generated during the visit.

The applicable denominator service codes for the electronic prescribing measure are Codes: 90801, 90802, 90804, 90805, 90806, 90807, 90808, 90809, 90862, 92002, 92004, 92012, 92014, 96150, 96151, 96152, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99324, 99325, 99326, 99327, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, and G Codes: G0101, G0108, G0109. The measure has no diagnosis codes or age/gender requirements in order to be included in the denominator.

The applicable numerator code is G8553 reflecting that at least one prescription created during the encounter was generated and transmitted using a qualified E-prescribe system.

Important Changes

Some changes with the CPT codes for 2011 for family practice/internal medicine/Pediatrics:

Vaccine administration to children:

90465, 90466, and 90467 have been deleted and replaced with 90460 and 90461 (administration, with counseling, any method, first and each additional)

Flu Vaccine:

90658, flu vaccine, is no longer payable by Medicare, as of DOS 1-1-11. There is a choice of five new HCPCS codes, based

on what name brand vaccine you provide.

Q2035 – Afluria

Q2036 – Flulaval

Q2037 – Fluvirin

Q2038 – Fluzone

Q2039 – not otherwise specified.

You will need to let your account rep know what brand you are using.

Reimbursement will be different for the different codes. HOWEVER, Medicare will

not be able to process the new codes until February, so any flu shots you give Medicare patients between January 1 and February 6 will not be processed until after February 7.

Cardiology has MANY changes, and once we finish the training on the new codes I’m sure we’ll be passing information your way as needed.

As always, if you have any questions about codes, please contact your account rep.