



Revalidation in PECOS Scheduled for 2013

CMS is expected to announce that all providers revalidate their enrollment data in PECOS prior to March 23, 2013. The only providers that will be exempt are those who have revalidated since March 23, 2011.

Normally, a provider's revalidation is good for five years. However, in light of the new screening requirements aimed at suppliers, CMS feels it is appropriate to ask all providers and suppliers to revalidate now.

CMS is considering adding new features to PECOS that would include allowing for uploads of digital documents to avoid the need for mailing paper certifications and supporting documentation, a bulk upload feature for larger practices as well as a surrogate program to allow staff members to access the system and input data without using providers' logins and passwords.

New Smoking Cessation Codes for 2011

CMS announced that in 2011 Medicare will cover smoking cessation services under Parts A and B. Formerly there were two CPT codes used for smoking cessation services. Codes 99406 and 99407 were made effective in 2008 and were found to be reasonable and necessary for patients with a disease or an adverse health effect that has been found to be linked to tobacco use, or who are taking a therapeutic agent whose metabolism or dosing is affected by tobacco use.

Now there are two new preventative care codes (G0436 and G0437) which can be used for smoking cessation services provided to asymptomatic patients. ICD-9 codes 305.1, non dependent tobacco use disorder, or V15.82, a history of tobacco use, can be used for patients with no tobacco related illness or adverse effect.

The codes are time dependent with G0436 requiring at least 3 minutes and no less than 10 minutes of counseling and G0437 for sessions longer than 10 minutes.

CMS will allow two individual smoking cessation counseling attempts per twelve month period with each attempt not to exceed four sessions for a total of eight covered sessions annually.

Medicare coinsurance and Part B deductibles are waived for these services.

For hospital inpatients who have a principal diagnosis of tobacco use disorder, the provision of these smoking cessation counseling services would not be considered reasonable and necessary and will, therefore, not be covered.

Documentation should include the patients' tobacco use, the patients' conditions or the therapeutic agents adversely affected by tobacco use, and the time spent on the counseling sessions.

If you have questions, please contact your consultant or you can reach Bryan Burke at bburke@hci-ebs.com or 1-800-572-5275.

E-Prescribing Waivers for Medicare Penalty Anticipated

Physicians who see Medicare patients may be able to avoid being penalized if they failed to prescribe sufficient numbers electronically by the June 30th deadline. These proposed hardship exemptions will provide a new opportunity for physicians to avoid the 1% payment reduction in 2012 if they failed to meet the necessary e-prescribing reporting requirements.

As it currently stands the possible new hardship exemptions include:

- ⇒ Physicians who register for the CMS EHR incentive program and adopt and use a certified product by the 2011 deadline
- ⇒ Physicians who cannot prescribe enough orders electronically due to local, state or federal laws
- ⇒ Physicians who experience limited prescribing activity

⇒ Physicians with insufficient opportunities to report the e-prescribing measures due to the types of patient visits they perform

The release of the final e-prescribing rule is anticipated by August or September, however, there is no guarantee that any or all of these proposed hardship exemptions will be included in the final rule. In addition, the proposed deadline of October 1st for submission of the hardship exemptions does not provide much time for physicians to claim their exemptions.

CMS hopes to have a web based application available to physicians prior to the deadline for submission of these hardship exemptions. If it is not ready, then providers will need to submit their exemption petitions by mail.

It is important to be sure that you are not already exempt by virtue of not qualifying

as an eligible professional. The following criteria apply for e-prescribing:

1. A physician, nurse or therapist with prescribing privileges as of June 30, 2011
2. At least 100 instances of eligible patient encounters for e-prescribing between Jan. 1 and June 30.
3. At least 10% of total Medicare charges are associated with eligible patient encounters.

If you have any questions or want additional information, please contact your consultant:

*Barry Brooks at bbrooks@ihmsmo.com
 Bryan Burke at bburke@hci-ebs.com
 David Dobyns at ddobyns@hci-ebs.com
 David Elliott at delliott@hci-ebs.com
 William Hunter at whunter@hci-ebs.com
 Dwight Martin at dmartin@hci-ebs.com
 Ron Otwell at rotwell@hci-ebs.com
 Barry Pillow at bpillow@hci-ebs.com
 Joel Sargeant at jsargeant@hci-ebs.com
 Dan Tuckwiller at dtuckwiller@hci-ebs.com*

