

Meaningful Use hardship exception application deadline extended

CMS has announced that eligible professionals (EPs) will continue to receive expedited, automatic approval of any Meaningful Use hardship exception applications that are submitted through the original July 1, 2016 deadline. Due to the delayed publication of the final modifications rule late last year, CMS made several allowances for the 2015 hardship exception application process which includes this expedited approval process. CMS also provided a shortened form that does not require supporting documentation and may be submitted on behalf of all of the providers in a group. Eligible providers who submit a 2015 hardship exception application will not nullify any potential incentive payments. The Meaningful Use hardship exception will apply to all EPs, including those who did not purchase an EHR system or register with the program. There is still time to get your EHR incentive. The more providers comply with CMS, the less they will be penalized on future payments.

Evaluation & Management Errors: Physician and Mid-level Providers

Evaluation and Management coding and "incident to" billing continue to be at the top of the CMS suspect list. The latest Comprehensive Error Rate Testing (CERT) report from CMS for 2015 has noted that for the second year in a row, Part B providers have a significantly higher error rate than Part A providers when it came to insufficient documentation. Out of a total of 50,544 claims reviewed, the error rate for Part B providers was 2.1% as compared to 0.2% for Part A providers. Furthermore, Part B providers were rated the highest among coding errors with a 0.8% error rate. Not all of the errors in coding reflected overpayments to providers. Some physicians actually under coded and shortchanged themselves. Errors were often due to documentation not supporting the E/M level billed. CMS auditors also found a large number of errors among E/M services performed by mid-level providers. Improper payments were paid for visits performed by mid-level providers but billed using a physician's NPI. Because mid-level providers are able to perform services on their own, the extent of the physician's involvement in the service should determine how the E/M should be billed. With the repeated flags on E/M services, physicians should take timely corrective action and familiarize themselves on the documentation requirements to avoid audit scrutiny and possible paybacks.

1. MGMA, Week of March 2, 2016, *MGMA Washington Connection*
2. The Coding Institute, *Gastroenterology Coding Alert*, February 2016, Vol. 18, No. 2, pg. 12-13

