

2012 E-Prescribing Incentive Requirements

The Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) created an e-prescribing reporting incentive that pays successful electronic prescribers a percent of Medicare billing. For 2009 and 2010, that was 2 percent; for 2011, it was 1 percent; a penalty has started in 2012 for physicians not utilizing electronic prescribing. It is important to note that physicians must report in 2012 to avoid the 2013 penalty!

| | 2012 | 2013 | 2014 | Beyond |
|------------------|------|-------|------|--------|
| Incentive | 1% | .5% | None | None |
| Penalty | -1% | -1.5% | -2% | -2% |

Potential E-Prescribing Benefits

- Increased patient safety resulting from harmful-interaction checks and alerts,
- Fewer medication errors through computerized transmission of legible prescriptions directly to the pharmacy,
- Fewer phone calls between physician and pharmacy for clarification, and
- Improved formulary compliance, which may result in higher patient compliance.

E-Prescribing Defined

E-prescribing is the electronic transmission of prescription or prescription-related information among a prescriber, dispenser, pharmacy benefit manager, or health plan either directly or through an intermediary, including an e-prescribing network. It includes, but is not limited to, two-way transmissions between the point of care and the dispenser. It is important to note that computer generated faxing does not qualify as e-prescribing.

Qualified E-Prescribing System

To qualify for the incentive, a physician must use a qualified e-prescribing system. This can be a stand-alone system, or one integrated with an electronic medical record system or through a qualified registry. A qualified e-prescribing system must be able to:

- Generate a complete active medication list incorporating electronic data from applicable pharmacies and benefit managers;
- Select medications;
- Print prescriptions;
- Electronically transmit prescriptions;
- Conduct safety alerts (written or audible signals that warn prescribers of possible undesirable or unsafe situations, including potentially inappropriate doses or routes of administration of a drug, drug-drug interactions, allergies, or warnings and cautions);
- Provide information on lower-cost, therapeutically appropriate alternatives;
- Provide information on formulary medications; and
- Electronically receive authorization requirements from the patient's drug plan.

Resources

SureScripts provides the network that connects physician to pharmacy and also certifies e-prescribing solutions. SureScripts' website (www.surescripts.com) provides a list of e-prescribing systems and a matrix of each system's functionalities.

2012 Incentive

To be eligible for the 1-percent incentive in 2012, physicians' estimated allowed Medicare Part B charges for the e-prescribing measure codes (listed below in Step 1) must be at least 10 percent of their total Medicare Part B allowed charges. The physician reporting period is for the entire calendar year. Physicians do not need to sign up to participate; submission of the e-prescribing G-code, **G8553** indicates participation. To receive the incentive, physicians must report that an e-prescription was generated for a minimum of 25 unique Medicare patient visits. Physicians working under multiple Taxpayer Identification Numbers (TINs) will need to meet the reporting criteria for each TIN.

Step 1

Bill under one of the following denominator codes (CPT or HCPCS): 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, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, G0101, G0108, G0109.

Electronically generated prescriptions not associated with one of these denominator codes will not count toward the minimum 25 e-prescriptions needed for eligibility.

Step 2

Use claims-based reporting to indicate participation to CMS. If an electronic prescription is generated with a patient visit, report G-code **G8553** on the claim form for the numerator for at least 25 unique visits for Medicare Part B patients during the reporting period. **G8553** indicates that at least one prescription created during the encounter was generated and transmitted electronically using a qualified e-prescribing system.

What type of encounter will count as an event?

A physician must generate at least one electronic prescription using a qualified system during a patient visit from a set of defined services. Multiple prescriptions to the same patient will only constitute one event.

Avoiding Penalties

To avoid a 1.5-percent penalty applied to the physician fee schedule (PFS) in 2013, physicians must 10 e-prescribing claims by June 30, 2012 (does not have to be with a visit tied to one of the denominator codes listed above). To avoid 2014 penalties, physicians can submit 25 e-prescriptions by December 31, 2012. You have until **June 30, 2012** to apply for an exemption for the 2013 e-prescribing penalty.

You are automatically exempt from the 2013 e-prescribing penalty if:

- 1) You submitted at least 25 e-prescriptions from Jan 1, 2011-Dec 31, 2011;
- 2) You submitted fewer than 100 denominator eligible claims to Medicare between Jan 1, 2012 – Jun 30, 2012; or
- 3) Less than 10% of your allowed charges from Jan 1, 2012 – Jun 30, 2012, are comprised of denominator eligible codes.

Requesting an E-Prescribing Exemption

Physicians have the opportunity to attest to one or more of the following exemptions
(*Physicians with more than one exemption should include this in the text of the request):

- Physician is unable to electronically prescribe due to local, state, or federal law or regulation (e.g., he or she prescribes controlled substances).
- Physician infrequently prescribes (e.g., he or she prescribes fewer than 100 prescriptions between Jan. 1, 2012, and June 30, 2012).
- Physician's practice is in a rural area without high-speed internet access (can also report G9642 on a claim form one time); and
- Physician's practice is in an area without sufficient available pharmacies for electronic prescribing (can also report G8643 one time).

To access the exemption request form, visit CMS' "Communication Support Page" at:
https://www.qualitynet.org/portal/server.pt/community/communications_support_system/234

*See Appendix B for more information on exemption requests.

Appendix A: CMS-1500 Claim Electronic Prescribing Example

A sample of an individual NPI reporting successful e-prescribing on a CMS-1500 claim using G-code G8553.

21. Place the appropriate diagnosis (Dx) or diagnoses for the encounter in Item 21.

24D. Procedures, Services, or Supplies – CPT/HCPCS, Modifier(s) as needed

Submit the QDC with a line-item charge of \$0.00. Charge field cannot be blank.

Identifies claim line-item

For group billing, the rendering NPI number of the individual eligible professional who performed the service will be used from each line-item in the eRx calculations.

Solo practitioner - Enter individual NPI here

| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line) | | | | | | | | | | 22. MEDICAID RESUBMISSION CODE | | ORIGINAL REF. NO. | | | | | |
|----------------------------------------------------------------------------------------------|----|---------------------|----|--------|----|----------------------------------------------------------------------|----------|----------------------------------------------------------------------------------------------------------------------------------|---|--------------------------------|--|-------------------|-----|----------------------------|--|----------------------------|--|
| 23. PRIOR AUTHORIZATION NUMBER | | | | | | | | | | O. DAYS OR UNITS | | H. I.D. QUAL. | | J. RENDERING PROVIDER ID.# | | | |
| 24. A. DATE(S) OF SERVICE | | B. PLACE OF SERVICE | | C. EVC | | D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) | | E. DIAGNOSIS POINTER | | F. \$ CHARGES | | G. DAYS OR UNITS | | H. I.D. QUAL. | | J. RENDERING PROVIDER ID.# | |
| From | To | | | | | CPT/HCPCS | MODIFIER | | | | | | | | | | |
| 01 | 10 | 11 | 01 | 10 | 11 | 11 | 99202 | Patient encounter during reporting period | 1 | 45.00 | | | NPI | 0123456789 | | | |
| 01 | 10 | 11 | 01 | 10 | 11 | 11 | G8553 | At least one prescription created during the encounter was generated and transmitted electronically using a qualified eRx system | 1 | 0.01 | | | NPI | 0123456789 | | | |
| | | | | | | | | | | | | | NPI | | | | |
| | | | | | | | | | | | | | NPI | | | | |
| | | | | | | | | | | | | | NPI | | | | |
| | | | | | | | | | | | | | NPI | | | | |

| | | | | | | | | | | | | | |
|-------------------------------------------------------------------------|--|---------|--|-------------------------------------------|--|------------------------|--|----------------------------------|--|-----------------|--|-----------------|--|
| 25. FEDERAL TAX I.D. NUMBER | | SSN EIN | | 26. PATIENT'S ACCOUNT NO. | | 27. ACCEPT ASSIGNMENT? | | 28. TOTAL CHARGE | | 29. AMOUNT PAID | | 30. BALANCE DUE | |
| XX-XXXXXXX | | X | | XXXXX | | X YES NO | | \$ 45.00 | | \$ | | \$ 45.00 | |
| 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS | | | | 32. SERVICE FACILITY LOCATION INFORMATION | | | | 33. BILLING PROVIDER INFO & PH # | | | | | |
| XXXXXXXXXX | | | | | | | | | | | | | |

NUCC Instruction Manual available at: www.nucc.org

APPROVED OMB-0930-0099 FORM CMS-1500 (09/05)

The patient was seen for an office visit (99202). The physician is reporting an instance of successful e-Prescribing:

- G-Code G8553 – indicates a prescription generated via qualified e-prescribing system.
- Note: E-prescribing includes encounter (CPT Category I) codes only. All diagnoses listed in Item 21 from the encounter will be used for PQRI analysis.
- NPI placement: Item 24J must contain the NPI of the individual physician who rendered the service when a group is billing.

For more information on the CMS 1500 claim form, see <http://cms.gov/manuals/downloads/clm104c26.pdf>

Appendix B: Requesting an E-Prescribing Exemption

To access the exemption request form, visit CMS' "Communication Support Page" at: https://www.qualitynet.org/portal/server.pt/community/communications_support_system/234

Submission of an e-prescribing exemption request requires the following:

- Identifying information (TIN, individual NPI, name, mailing address, e-mail address);
- The applicable exemption category; and
- A statement of justification that outlines how compliance with the e-prescribing program resulted in a significant hardship to you.



Communication Support Page

User Information

Legal Business Name (as enrolled in PECOS)*:

TIN (Last 4 digits)*: NPI*: **Report physician NPI #, not Group NPI #.**

Email*: Confirm Email*: **Request must come from physician or provider applying for exemption.**

Contact Information (Requestor)

First Name*: M.I.: Last Name*:

Address 1*: Address 2:

City*: State*:

Phone*: Zip Code*:

Ext: Requestor Relationship*: **Select 'Health Care Provider.'**

Request NPI Level Feedback Report **Feedback reports are optional and provide a detailed summary of data received by CMS.**

Program Year: PQRS Feedback Report eRx Feedback Report eRx Payment Adjustm

Health Care Provider
Billing Manager
Health Care Provider
Office Manager
Other Office Staff

If you believe CMS has made a mistake in calculating e-prescribing penalties or incentives in 2011 or 2012, you can request an informal appeal via the QualityNet Help Desk. CMS representatives will review applicable data to determine whether or not a mistake has been made. Examples of informal appeals include:

- Physician is not included on the list of eligible professionals who are able to participate in the program; or
- Claims were submitted using your group NPI number instead of your individual NPI number.

Contact QualityNet Help Desk at (866) 288-8912 or via qnetssupport@sdps.org Monday through Friday from 7:00 am-7:00 pm CST.