2009 Electronic Prescribing (E-Prescribing)

Incentive Program Made Simple

http://www.cms.hhs.gov/EPrescribing

I WANT TO PARTICIPATE IN THE 2009 E-PRESCRIBING INCENTIVE PROGRAM BY REPORTING THE E-PRESCRIBING MEASURE

You do not have to register to participate in this incentive program.

Eligible professionals who successfully report the e-prescribing measure in 2009 may be eligible to receive an incentive payment equal to 2% of all of their Medicare Part B (Fee-for-Service, or FFS) allowed charges for services furnished during the reporting period.

The 2009 **Reporting Period** is January 1, 2009 through December 31, 2009.

This measure can **only** be reported using the Medicare **claims process**.

Before you report this measure, you should ask yourself the following questions:

QUESTION 1:
Do you have an e-prescribing system/program and are you *routinely* using it?

YES　　　　　**NO**
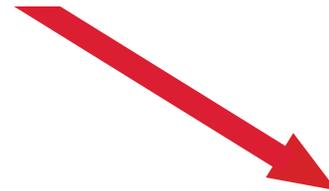
You cannot report this measure unless you obtain and use a qualified system, as defined in Table 1.

QUESTION 2:
Is your system capable of doing the functions of a qualified system as defined in Table 1?

YES　　　　　**NO**
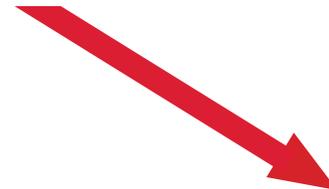
You cannot report this measure unless you obtain and use a qualified e-prescribing system as defined in Table 1.

QUESTION 3:
Do you expect your Medicare Part B (FFS) charges for the codes in the denominator of the measure (as listed in Table 2) to make up at least 10% of your total Medicare Part B (FFS) allowed charges for 2009?

YES　　　　　**NO**
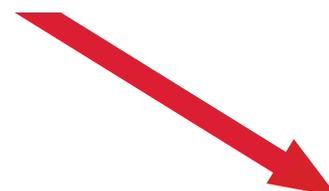
You may be eligible for the incentive payment. You should report the e-prescribing measure.

You may not be eligible for the incentive payment. However, we encourage you to report the measure. In the event that your Medicare Part B (FFS) charges for the codes in the denominator of the measure (as listed in Table 2) do make up at least 10% of your total Medicare Part B (FFS) allowed charges for 2009, you may be eligible for the incentive payment.

Table 1: What is a Qualified E-Prescribing System?

A qualified system is an e-prescribing system or program that is able to perform the following tasks:

- Generates a complete active medication list using electronic data received from applicable pharmacies and pharmacy benefit managers (PBM), if available.

- Allows eligible professionals to select medications, print prescriptions, transmit prescriptions electronically and conducts all alerts. Alerts include automated prompts that offer information on the drug being prescribed and warn the prescriber of possible undesirable or unsafe situations such as potentially inappropriate dose or route of administration of the drug, drug-drug interactions, allergy concerns, or warnings/cautions.

- Provides information on lower cost therapeutically appropriate alternatives, if any. For 2009, a system that can receive tiered formulary information, if available, from the PBM would satisfy this requirement.

- Provides information on formulary or tiered formulary medications, patient eligibility and authorization requirements received electronically from the patient's drug plan (if available).

- In addition to the system functionalities mentioned above, the system or program should meet the Part D specifications for messaging that will be implemented on April 1, 2009. For more information about the new Part D requirements, please see http://www.regulations.gov and search for "Part D prescribing."

Table 2: E-Prescribing Measure Denominator Codes

The following CPT or HCPCS G-codes are included in the denominator of the e-prescribing measure:

90801, 90802, 90804, 90805, 90806, 90807, 90808, 90809, 92002, 92004, 92012, 92014, 96150, 96151, 96152, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, G0101, G0108, G0109

Once you have decided that you want to participate in the E-prescribing incentive program for 2009, you should take the following steps to report the measure.

STEP 1:   Did you bill one of the CPT or HCPCS G-codes listed in Table 2 for the patient you are seeing?

> **NO:** You do not need to report this measure for this patient for this visit.

> **YES:** Proceed to Step 2.

STEP 2:   You should report **one** of following G-codes (or numerator codes) on the claim you submit for this Medicare patient for this visit.

- If <u>ALL</u> of the prescriptions generated for this patient during this visit were sent via a qualified e-prescribing system: **REPORT G8443**

- If <u>NO</u> prescriptions were generated for this patient during this visit: **REPORT G8445**

- If <u>SOME or ALL</u> of the prescriptions generated for this patient during this visit were printed or phoned in as required by state or federal law or regulations, due to patient request, or due to the pharmacy system being unable to receive electronic transmission; OR because they were for narcotics or other controlled substances: **REPORT G8446**

STEP 3:   Repeat steps 1 and 2 for at least 50% of the Medicare FFS (Part B) patients you see during the reporting year.

In order to be a successful E-Prescriber and be eligible to receive an incentive payment, you must report the e-prescribing measure for at least 50% of the Medicare Part B (FFS) patients for whom you billed one of the CPT or HCPCS G-codes that appear in the denominator of the measure (these codes are listed in Table 2).

We encourage you to report one of the G-codes listed in Step 2 above on all of your claims with one of the CPT or HCPCS G-codes listed in Table 2. This will help ensure you meet the 50% successful reporting requirement.

There is **NO NEED to register to participate in this incentive program.** Simply begin submitting the appropriate G-codes on your claims if you satisfy the above requirements.

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