2012 Electronic Prescribing (eRx) Incentive Program:
Participation for the Incentive Payment Made Simple

Background

The Medicare Electronic Prescribing (eRx) Incentive Program, which began January 1, 2009 and is authorized under the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA), provides incentives for eligible professionals who are successful electronic prescribers. A web page dedicated to providing all the latest news on the eRx Incentive Program is available on the Centers for Medicare & Medicaid Services (CMS) website at *http://www.cms.gov/ERxIncentive*.

Purpose

This Fact Sheet provides step-by-step advice for participating in the 2012 eRx Incentive Program.

This document applies to the eRx Incentive Program for incentive payment eligibility only and does not provide guidance for avoiding possible payment adjustment(s) for current or upcoming program years. Additional information on how to avoid future eRx payment adjustments can be found in the *Electronic Prescribing (eRx) Incentive Program - Future Payment Adjustments* document located on the CMS eRx website at *http://www.cms.gov/ERxIncentive.asp,* under the "Educational Resources" section.

eRx Incentive Program – Quick Facts

- **You do NOT need to register** to participate in this eRx incentive program for the incentive payment.
- **January 1, 2012-December 31, 2012** is the reporting period for the 2012 eRx incentive payment.
- eRx reporting options include claims-based, registry-based, and electronic health record (EHR)-based

Deciding to Participate

QUESTION 1: *Am I eligible to participate in the eRx Incentive Program?*
A list of eligible professionals can be found on the eRx Incentive website at *http://www.cms.gov/ERxIncentive*, under the "Eligible Professionals" section.

YES: Proceed to Question 2.
NO: You cannot report this measure for purposes of the eRx incentive payment.

QUESTION 2: *Do I have a certified EHR technology or qualified eRx system/program, and am I routinely using it?*
A list of certified EHR systems can be found at *http://onc-chpl.force.com/ehrcert*.

For a list of qualified eRx system requirements, refer to the *2012 eRx Measure Specification* available through the "E-Prescribing Measure" section of the CMS website at *http://www.cms.gov/ERxIncentive.*

YES: Proceed to Question 3.
NO: You cannot report this measure unless you obtain and use a certified EHR technology or qualified eRx system.

QUESTION 3: *Do I expect my Medicare Part B Physician Fee Schedule (PFS) charges for the codes in the denominator of the measure to make up at least 10 percent of my total Medicare Part B PFS allowed charges for 2012?*
Refer to **Appendix 1** for a list of eligible codes in the eRx denominator.

> **YES:** You are eligible to participate for the incentive payment, please follow the steps in the *How to Start Reporting* section below.
> **NO:** You may not be eligible for the incentive payment.

How to Start Reporting

In addition to claims, submission methods for the eRx Incentive Program include registry, EHR data submission vendor (DSV) and EHR direct submission. To learn more about the alternative reporting mechanisms, refer to the "Alternative Reporting Mechanisms" section on the CMS website at *https://www.cms.gov/ERxIncentive/08_Alternative%20Reporting%20Mechanism.asp*.

Claims-based Submission
STEP 1: Bill one of the CPT or HCPCS G-codes noted in the denominator of the eRx measure for eligible patient visits.
STEP 2: If you electronically prescribed during the eligible patient visit, report the following G-code (or numerator code on the Medicare claim form or via another applicable reporting method:
G8553 - At least one prescription created during the encounter was generated and **transmitted electronically using a qualified eRx system.**
We encourage you to report this G-code on all of your applicable patient visit claims along with one (or more) of the eligible denominator codes (in Step 1 above).

Becoming Incentive Eligible

Below are some guidelines for an individual eligible professional or group practice participating in the eRx Group Practice Reporting Option (eRx GPRO) to follow in order to become incentive eligible:
- Each visit must be accompanied by the eRx G-code indicating at least one prescription was electronically prescribed (electronic prescriptions not associated with a code in the denominator of the eRx measure specification do not count toward the minimum eRx events).
- Electronically generated refills not associated with a face-to-face visit do not qualify as an eRx event.
- Faxes do not qualify as an eRx event.
- Submit a minimum of 25 denominator-eligible eRx events between January 1 and December 31, 2012 (for individual eligible professionals).
- Submit a minimum of 625 denominator-eligible eRx events between January 1 and December 31, 2012 for small eRx GPRO participants (25-99 individual eligible professionals).
- Submit a minimum of 2,500 denominator-eligible eRx events between January 1 and December 31, 2012 for large eRx GPRO participants (100 or more individual eligible professionals).

Detailed information regarding participating in the 2012 eRx Incentive Program for incentive payment can be found in the *2012 eRx Measure Specification* document, available on the eRx website *http://www.cms.gov/ERxIncentive*, under the "E-Prescribing Measure" section.

Avoiding Billing Pitfalls – Tips for Success

Below are some quick tips to help you and your office staff bill appropriately while participating in the eRx Incentive Program.
- If all billable services on the claim are denied for payment by the Carrier or A/B MAC, the eRx G-code will not be included in eRx Incentive Program analysis.
  - o If the denied claim is subsequently corrected and paid through an adjustment, re-opening, **or** the appeals process by the Carrier or A/B MAC, with accurate codes that also correspond to the measure's denominator, then the eRx G-code should also be included on the corrected claim.
  - o Claims may **not** be resubmitted only to add or correct the eRx G-code, and claims with only the eRx G-code on them with a zero total dollar amount may not be resubmitted to the Carrier or A/B MAC.
- The Remittance Advice (RA)/Explanation of Benefits (EOB) for the denial code **N365** is your indication that the eRx G-code was received into the National Claims History.

- o The **N365** denial code is just an indicator that the eRx G-code was received. It does not guarantee the reporting thresholds were met. However, when an eRx G-code is reported satisfactorily (by the individual eligible provider), the **N365** can indicate that the claim will be used in calculating incentive eligibility.
- All claims adjustments, re-openings**, or** appeals processed by the Carrier or A/B MAC must reach the national Medicare claims system data warehouse (National Claims History [NCH] file) by **February 22, 2013** to be included in the 2012 eRx Incentive Program analysis.

For specific instructions on how to bill appropriately, contact your Carrier or A/B MAC.

Additional Information

- For more information on the registry-based or EHR-based reporting mechanisms, go to *http://www.cms.gov/ERxIncentive/08_Alternative%20Reporting%20Mechanism.asp* on the CMS website.
- For more information on the group practice reporting option (GPRO) and requirements for submission of the eRx measure data under the GPRO, go to *http://www.cms.gov/ERxIncentive/07_Group_Practice_Reporting_Option.asp*.
- For more information on the eRx Payment Adjustment, go to *http://www.cms.gov/ERxIncentive/20_Payment_Adjustment_Information.asp*.

Appendix 1: Eligible Encounter Codes for Reporting the eRx Measure

Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) 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, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, G0101, G0108, G0109