



# 2010 Electronic Prescribing Incentive Program (eRx) Made Simple

January 2010

The Medicare Electronic Prescribing Incentive Program (eRx), 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 at <http://www.cms.hhs.gov/ERxIncentive> on the Centers for Medicare & Medicaid Services (CMS) website.

## Participating in the 2010 eRx Incentive Program by Reporting the eRx Measure

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**You do NOT need to register to participate in this incentive program.**

Reporting period is January 1, 2010 through December 31, 2010.

Reporting options for this measure include: claims-based, registry-based, electronic health record (EHR)-based, and the Group Practice Reporting Option (GRPO).

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

**QUESTION 1:** Do I have an eRx system/program and am I **routinely** using it?

**QUESTION 2:** Is my system capable of performing the functions of a qualified system as defined in List 1?

**QUESTION 3:** Do I expect my Medicare Part B Physician Fee Schedule (PFS) charges for the codes in the denominator of the measure (as noted in List 2) to make up at least 10 percent of my total Medicare Part B PFS allowed charges for 2010?

**If the answer to all three questions is YES,** you may be eligible for an incentive payment equal to two percent of your Medicare Part B PFS allowed charges for services furnished during the reporting period and you should report the eRx measure.

**If the answer to the first two questions is YES, but the answer to the third question is NO,** 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 PFS charges for the codes in the denominator of the measure (as noted in List 2) do make up at least 10 percent

of your total Medicare Part B PFS allowed charges for 2010, you may be eligible for the incentive payment.

**If the answer to either of the first two questions is NO**, you cannot report this measure unless you obtain and use a qualified eRx system as defined in List 1.

### **List 1: What is a Qualified eRx System?**

A qualified eRx system is one that is capable of **ALL** of the following:

1. Generates a complete active medication list incorporating electronic data received from applicable pharmacies and pharmacy benefit managers (PBMs), if available.
2. Selects medications, prints prescriptions, electronically transmits prescriptions, and conducts all alerts (defined below).
3. Provides information related to lower cost, therapeutically appropriate alternatives, if any (the availability of an eRx system to receive tiered formulary information would meet this requirement for 2010).
4. Provides information on formulary or tiered formulary medications, patient eligibility, and authorization requirements received electronically from the patient's drug plan, if available.

The system must employ, for the capabilities listed, the eRx standards adopted by the Secretary of the Department of Health and Human Services (HHS) for Medicare Part D by virtue of the 2003 Medicare Modernization Act (MMA).

### **List 2: eRx Measure Denominator Codes (Eligible Cases)**

**Patient visit during the reporting period (Current Procedural Terminology [CPT] or Healthcare Common Procedure Coding System [HCPCS] G-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, 99345, 99347, 99348, 99349, 99350, G0101, G0108, G0109

## **Once You Have Decided That You Want to Participate in the eRx Incentive Program for 2010, You Should Take the Following Steps to Report the Measure:**

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**STEP 1:** Did you bill one of the CPT or HCPCS G-codes noted in List 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.

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**STEP 2:** You should report the following G-code (or numerator code) on the claim form that is submitted for the Medicare patient visit.

**G8553** - At least one prescription created during the encounter was generated and transmitted electronically using a qualified eRx system.

We encourage you to report the G-code listed in Step 2 above on all of your patient visit claims along with one (or more) of the eligible denominator codes noted in List 2 above. An example of reporting the eRx measure on the Form CMS-1500 (Health Insurance Claim Form) with the new G-code for 2010 is available on the CMS eRx Incentive Program web page at [http://www.cms.hhs.gov/ERxIncentive/Downloads/ClaimsBasedReportingPrinciplesforeRx062209\\_508.pdf](http://www.cms.hhs.gov/ERxIncentive/Downloads/ClaimsBasedReportingPrinciplesforeRx062209_508.pdf) on the CMS website.

**STEP 3:** To be a successful eRx prescriber and be eligible to receive an incentive payment, you must generate and report one or more electronic prescriptions associated with a patient visit; a minimum of 25 unique visits per year. Each visit must be accompanied by the eRx G-code attesting that during the patient visit at least one prescription was electronically prescribed. Electronically generated refills do not count and faxes do not qualify as eRx. New prescriptions not associated with a code in the denominator of the measure specification are not accepted as an eligible patient visit and do not count towards the minimum 25 unique eRx events.

**STEP 4:** Additionally, 10 percent of an eligible professional's Medicare Part B PFS charges must be comprised of the codes in the denominator of the measure to be eligible for an incentive.

**There is NO need to register to participate in this incentive program.** Simply begin submitting the G-code on your claims appropriately, report the information required by the measure to a qualified registry, or submit the information required by the measure to CMS via a qualified EHR, if you satisfy the above requirements.

## **Additional Information**

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For more information on the registry-based or EHR-based reporting mechanisms, go to [http://www.cms.hhs.gov/ERxIncentive/08\\_Alternative%20Reporting%20Mechanism.asp](http://www.cms.hhs.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.hhs.gov/ERxIncentive/07\\_Group\\_Practice\\_Reporting\\_Option.asp](http://www.cms.hhs.gov/ERxIncentive/07_Group_Practice_Reporting_Option.asp) on the CMS website.



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