

## E-Prescribing Standards

- On November 7, 2005, CMS published the first set of adopted standards known as the foundation standards (CMS-0011-F). The foundation standards became effective on January 1, 2006. These standards apply to all electronic prescribing done under Part D of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA).
- MMA required CMS to implement pilot projects to test additional standards. These additional standards were pilot tested in 2006.
- On June 23, 2006, CMS published an interim final rule with comment to adopt NCPDP SCRIPT Standard version 8.1 on a voluntary basis to be used for e-prescribing.
- The results of the pilot test were announced in a report to Congress in April 2007 and were the basis for an NPRM proposing additional standards that was published on November 16, 2007 (CMS-0016-P).
- The final e-prescribing rule was published at the Federal Register on April 7, 2008 (CMS-0016-F and CMS-0018-F). In this final rule CMS adopted three additional standards for use in e-prescribing under Part D.
- On January 16, 2009, CMS published a final rule (CMS-0009-F), In this regulation, the Medicare Part D e-Prescribing foundation standards were updated to include:
  - The National Council for Prescription Drug Programs Telecommunication Standard Specification, Version D, Release 0 for eligibility queries between dispensers and Part D sponsors.
  - The Accredited Standards Committee X12N 270/271-Health Care Eligibility Benefit Inquiry and Response, Version 5010 for eligibility and benefits queries and responses between prescribers and Part D sponsors.
  - While CMS-0009-F updated the HIPAA eligibility transaction standards at 45 CFR § 162.1202, conforming amendments to 42 CFR § 423.160(b)(3) reflecting the updated standards were made in CMS-9070-F published May 16, 2012.
- On November 19, 2008, CMS published the 2009 Physician Fee Schedule Payment Final Rule (CMS-1403-FC). In that payment regulation, CMS lifted the exemption to the Computer Generated Fax (CGF) exemption. CMS listed a date of January 1, 2012, for the elimination of the CGF exemption.
- On July 01, 2010, CMS published an interim final rule with comment (CMS-0023-IFC) to adopt NCPDP SCRIPT Standard version 10.6 on a voluntary basis to be used for e-prescribing.
- On November 16, 2012, the CY 2013 Physician Fee Schedule final rule (CMS-1590-FC) adopted the NCPDP SCRIPT Version 10.6 standard (effective October 1, 2013).
  - Retired Version 8.1
  - Lifted the Long Term Care Exemption (effective October 1, 2014)
- On December 10, 2013, the CY 2014 Physician Fee Schedule final rule (CMS-1600-FC) adopted a newer version of the NCPDP Formulary and Benefits 3.0 transaction (effective 2/28/15 February 28, 2015) and it also retires NCPDP Formulary and Benefits version 1.0 on March 1, 2015.
- On April 16, 2018, CMS published a final rule (CMS-4182-F) to adopt a new NCPDP SCRIPT Standard Version 2017071 and retirement of current NCPDP SCRIPT Version 10.6 for use in the Medicare Part D program (effective January 1, 2020).

- On May 23, 2019, CMS published a final rule (CMS-4180-F) requiring that Part D plans adopt one or more real time benefit tools (RTBTs) capable of giving prescribers clinically appropriate patient-specific real-time formulary and benefit information (effective January 1, 2021).
- On August 4, 2020, CMS published a Request for Information (RFI) for Electronic Prescribing of Controlled Substances (EPCS) in Medicare Part D (CMS-3394-NC). The RFI sought input from stakeholders around implementation of Section 2003 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act) which generally requires that prescriptions for controlled substances covered under a Medicare Part D plan be transmitted by a health care practitioner electronically.
- On December 28, 2020, CMS published the 2021 PFS final rule (CMS-1734-F), which requires that prescribers use the NCPDP SCRIPT standard version 2017071 for EPCS transmissions.
- On December 31, 2020, CMS published the Electronic Prior Authorization for Medicare Part D final rule (CMS-4189-F). This rule allows Part D plans to use the NCPDP SCRIPT standard version 2017071 for electronic prior authorization transactions beginning January 1, 2021, and requires use of this standard for these transactions beginning January 1, 2022.
- On January 19, 2021, CMS published the Part C and D final rule (CMS-4190-F2) requiring that plans implement a beneficiary real-time benefit tool (RTBT) by January 1, 2023.
- On November 19, 2021, CMS published the 2022 PFS final rule (CMS-1751-F) which delayed the compliance deadline for EPCS to no earlier than January 1, 2023, and no earlier than January 1, 2025, for LTC prescriptions for controlled substances, specified a 70% threshold for compliance, and established exceptions to the EPCS requirement.