

2012 EHR Measure Specification for the Electronic Prescribing Incentive Program Release Notes

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May 2011

CMS is pleased to announce the release of the 2012 EHR Measure Specification for the Electronic Prescribing Incentive Program (eRx) Release Notes. The list below details a comprehensive list of revisions made since the 2011 EHR Measure Specification for the Electronic Prescribing Incentive Program.

The 2012 EHR Measure Specification for the Electronic Prescribing Incentive Program has been updated to reflect clinical practice guidelines and applicable health informatics that are the most current available as of May 2011. This specification is available for potential use in physician quality initiatives, including but not limited to the Electronic Health Record (EHR) submission under the 2012 Electronic Prescribing Incentive Program. A measure's inclusion in the 2012 EHR Measure Specification for the Electronic Prescribing Incentive Program (eRx) does not guarantee that it will be used in any specific CMS program in 2012 or any subsequent year.

This specification is not intended for use in the EHR Incentive Program, at this time. The EHR Incentive Program's American Recovery and Reinvestment Act's (ARRA's) Health Information Technology for Economic and Clinical Health (HITECH) Act's Electronic Specifications and related documents can be found on the CMS website.

To determine which measures are included in any specific CMS program or demonstration, interested parties should refer to the official documentation for that program or demonstration. Please refer to the Medicare Physician Fee Schedule 2012 Proposed Rule (to be published in the Federal Register in July, 2011) to identify the measures that will be available for data submission through EHRs under the 2012 Electronic Prescribing Incentive Program.

Denominator:

- Removed the symbols and footnote (➤ Signifies that this CPT Category I code is a non-covered service under the PFS (Physician Fee Schedule). These non-covered services may not be counted in the denominator population for reporting rate calculations.) from denominator CPT Category I codes for non-covered services from the PFS.
- Added to Denominator Inclusions, HCPCS codes G0438, G0439.