

Part B Insider (Multispecialty) Coding Alert

E-Prescribing: Carriers Only Accept G8553 for E-Prescribing in 2010, CMS Reminds Practices

Using the 2009 e-prescribing G codes will lead you to face claims rejection, CMS reps say.

Physicians looking forward to receiving their 2010 e-prescribing payments will be glad to know that CMS reps clarified how the payments will be determined.

"For 2010, eligible professionals who successfully report the e-prescribing measure will become eligible to receive an e-prescribing incentive of equal to two percent of their total Medicare Part B fee-for-service allowed charges for services performed during the reporting period," said **Michael Rapp, MD**, director of CMS's quality measurement and health assessment group, during an Oct. 19 Open Door Forum.

Individual eligible professionals (EPs) using claims-based submission need not pre-register to participate in the eRx Incentive Program. However, you must have and use a qualified eRx system and report on your adoption and use of the eRx system. Plus, at least 10 percent of your Medicare Part B covered services must be made up of codes that appear in the denominator of the eRx measure.

You may choose to report on their adoption and use of a qualified eRx system by submitting information on one of the following eRx measures, according to the CMS Web site (www.cms.gov/ERXincentive/01_overview.asp):

1. To CMS on their Medicare part B claims
2. To a qualified registry, or
3. To CMS via a qualified electronic health record (EHR) product.

To be considered a successful electronic prescriber for the 2010 Incentive Program and potentially qualify for the two percent incentive payment, "an individual EP must report the eRx measure for at least 25 unique electronic prescribing events in which the measure is reportable by the EP during 2010," the CMS Web site indicates.

Note The Sole E-Prescribing Code

In 2010, one G code refers to the E-prescribing incentive program (G8553, At least one prescription created during the encounter was generated and transmitted electronically using a qualified eRx system). By appending that to one of your claims, you're telling CMS that you used a qualified system to transmit one or more prescriptions electronically, "and you need to report that measure at least 25 times during the year," said **Daniel Green, MD**, of CMS's Office of Clinical Standards and Quality, during the call. "For PQRI and e-prescribing, every year we do update the measures," Green said.

The use of G8553 is different than what coders were using in 2009, and chances are that CMS will once again update the e-prescribing reporting code for 2011, so keep an eye on the CMS Web site for any updates that will be issued by the end of 2010.

Several practices have been submitting the 2009 e-prescribing codes, and the claims processing systems have rejected those claims, a CMS representative said during the call. Therefore, keep an eye on the use of G8553, which is the correct code for 2010.

2009 Incentive Payment Checks Should Be in the Mail Soon

Payments for the 2009 e-prescribing incentive program are currently being processed, and should be wrapped up by the

end of October, and PQRI payments will be processed between Oct. 25 and Nov. 12 of 2010, said CMS's **Michelle Allender-Smith** during the call. "These incentive payments will be paid as lump-sum to the TIN or the taxpayer ID under which the eligible professional's claims were submitted," she noted.

It's not too late to start participating in the e-prescribing program, Green said. "You can start reporting at any time, it's a separate incentive from PQRI, so folks have an opportunity to earn, for 2010, two percent for PQRI and a separate two percent for the prescribing incentive program. One program is not dependent on the other, so you can do either of these or both of these, but we encourage you to do both to maximize your incentive earning ability," he noted.