Health Information Compliance Alert

E-Prescribing: 3 Tips Help You Transition Easily to E-Prescribing

Don't let your incentive payments fall through the cracks.

If your practice is one of the many that is gearing up for an e-prescribing bonus, you need all the facts before you get started.

Your e-prescribing incentive payment this year could total two percent of your allowed Part B charges if you have already started e-prescribing (since you need to have used e-prescribing on 50 percent of qualifying services).

Plus, you have the potential to earn another two percent in 2010. In 2011 and 2012 you could earn a one percent bonus, followed by a 0.5 percent bonus in 2013. If you aren't e-prescribing by 2012, you'll face penalties from CMS.

Check out these quick tips in our e-prescribing primer to ensure that you're recouping your rightful bonus:

1. Know 4 E-Script Requirements

To participate in CMS's e-prescribing incentive program, you must use a qualified system that can do the following four things, says **Barbara J. Cobuzzi, MBA, CPC, CENTC, CPC-H, CPC-P, CPC-I, CHCC,** president of CRN Healthcare Solutions:

• generate a complete medication list that incorporates data from pharmacies and benefit managers (when available)

• select medications, transmit prescriptions electronically using the applicable standards, and warn the prescriber of possible undesirable or unsafe situations

• provide information on lower-cost, therapeuticallyappropriate alternatives, and

• offer information on formulary or tiered medications, patient eligibility, and authorization requirements received electronically from the patient's drug plan.

2. Report the Appropriate Codes

To report your e-prescribing to Medicare, you'll have to first bill one of the 33 applicable denominator codes for the service (for instance, the E/M office visit codes 99201-99215 apply to this requirement). In addition, you'll have to bill one of the three e-prescribing G codes (G8443-G8446).

Cobuzzi offers this example: Mrs. Smith sees Dr. Jones twice a year. She has high blood pressure and glaucoma. Dr. Jones e-prescribes medication to treat her conditions. Dr. Jones reports the appropriate office visit code (such as 99214) along with G8443 (Used a qualified e-prescribing system for all of the prescriptions).

3. Get a Handle on Training

When it comes to training, your peers may not be able to coach you on whether their e-script implementation went smoothly, since many of them haven't yet taken the plunge.

"It is estimated that only 12 percent of office-based prescribers currently use e-prescribing," Cobuzzi says.

When the time comes to train your staff on how to use the e-prescribing system, your best bet is to gather everyone together.

"We trained our clinicians all at the same time and did not use the service that is offered by the e-prescribing system we use," says **Melanie Scott, CPC, PCS,** coder with Five Valleys Urology in Missoula, Mont. "The training was fairly easy; the office manager and I reviewed the system and were trained and shared what we had learned with everybody in the office."

Most other practices agree that training all clinicians at the same time is a productive use of the trainer's time. "I will be training all users -- physicians and medical assistants -- at the same time," says **Karla M. Westerfield, COPM,** business manager with Southeast Wyoming Ear, ose & Throat Clinic, PC, in Cheyenne, Wyo. "Training by our e-prescribing software vendor is expensive, and the training is not that tough."

Don't forget: An important step in your training process is to contact your local pharmacies and ensure that they are ready to receive your e-prescriptions. "This can be the difference between success and failure," Cobuzzi says.

Keep in mind: Some practices have implemented eprescribing without buying a new system, Cobuzzi says. "You can do it very inexpensively with a standalone system, and this is a great way to ease into using a partial electronic record."

For more on CMS's e-prescribing program, visit www.cms.hhs.gov/eprescribing.