

Health Information Compliance Alert

Electronic Health: Refresh Your E-Prescribing Know How With This Advice

Look at these incentives for adopting eRx.

If your practice hasn't already adopted electronic prescribing (ePrescribing or eRx) system in 2011, then you might be subject to a payment adjustment for Medicare Part B claims in 2012 and the future years. Read on to know more about what these adjustments are and how you can avoid them in the coming years and also benefit from incentives CMS provides for e-prescribing.

If you have not already adopted the e-prescribing system in 2011 (between Jan.1, 2011 and June 30, 2011) and not claimed for hardship exemptions by the prescribed deadline, then your practice will have to suffer a 1 percent adjustment in 2012 for all Medicare Part B claims. Your practice will avoid the payment adjustments of 1 percent and will be eligible for an incentive of 1 percent of all Medicare Part B payments if you have filed claims using the electronic prescription code G8553 (Prescription[s] generated and transmitted via a qualified eRx system or a certified EHR system) at least ten times in the period between Jan.1, 2011 and June 30, 2011.

If you still fail to adopt the electronic prescribing system in 2012, your practice might have to suffer additional payment adjustments of 1.5 percent in 2013 and 2 percent in 2014.

Note: You are also eligible for avoiding payment adjustments for 2013 if you have made 25 claims using the e-prescribing code G8553 in the above-mentioned period in 2012.

Observe These Enrollment Guidelines

The list of eligible professionals (EP) include physicians and other recognized practitioners who come under the purview of the Medicare Act who have prescribing authority within their scope of practice. Any EP can enroll for the eRx prescribing incentive program for their Medicare Part B claims. You do not have to pre-register to participate in the program. You need to observe that 10 percent of your Medicare Part B covered claims must make up for codes in the denominator of the eRx measure.

"Providers can report the eRx G-code with office visits, eye exams, psychotherapy or some other services listed in the CMS e-prescribing measure specifications," says **Michael Weinstein, MD**, gastroenterologist at Capital Digestive Care in Washington, D.C., and former representative of the AMA's CPT® Advisory Panel.

You will need to have a certified eRx system in place to enroll for the eRx prescribing incentive program. You can check with your system vendor to ensure that the system meets all the requirements for e-prescribing. To qualify for the incentive program, you will need to convey your participation to CMS through one of the following methods:

- By submitting G8553 along with the service code on Medicare Part B claims. Note that the G code on the claim form should be charged \$0.00 or if the system does not allow you to place \$0.00, you should assign a very small value to it, for example, \$0.01 (this claim will not be paid out).
- Alternatively, you can submit your claims to a CMS qualified registry that is also participating in the 2012 Physician Quality Reporting System (PQRS).
- However, please note that you should also be participating in the PQRS program to opt for this system of submitting your claims.
- If your practice has a certified electronic health record (EHR) system in place, you can submit your claims directly to CMS using the system. However, you will also have to be participating in the PQRS program to use this system for eRx prescribing.

"Unlike the e-prescribing incentive program and the 2012 eRx penalty program, to avoid an e-prescribing penalty in 2013-2014, you do not have to tie the electronic prescription to a qualifying visit or service if you report on 10 e-scripts during the first six months of 2012 and on 10 e-scripts during the first six months of 2013," says Weinstein. "As long as you e-prescribed for a Medicare patient you treated, you can report G8553 on the Medicare Part B claim on any billable, covered Medicare service or visit."

Claim These Payments Incentives for ePrescribing in 2012

If you started e-prescribing in 2011, you are eligible for the incentive of 1 percent that will be paid out in the fall of 2012. But if you begin e-prescribing in 2012, you will not only be able to avoid the payment adjustments in 2013, you will be able to claim incentive of 1 percent of Part B claims in 2012. However, this incentive will be reduced to 0.5 percent in 2013. You will receive no incentives for e-prescribing in 2014.

Check Out Hardship Exemptions and Payment Adjustments Exclusions

You will be subject to the payment adjustment unless you start e-prescribing or meet any of the following exclusion criteria:

- The EP is not a physician (or MD, DO, podiatrist), nurse practitioner or a physician assistant.
- Your practice has Part B claims less than 10 percent of MPFS allowed charges for encounter codes mentioned in the eRx denominator for service dates between Jan.1, 2012 to June 30, 2012 (for 2013 payment adjustment) and Jan.1, 2013 to June 30, 2013 (for 2014 payment adjustments)
- Your practice doesn't have 100 cases with eRx encounter codes for service dates between Jan.1, 2012 to June 30, 2012 (for 2013 payment adjustment) and Jan.1, 2013 to June 30, 2013 (for 2014 payment adjustments)
- Your practitioner doesn't hold prescribing privileges and reports G8644 (Eligible professional does not have prescribing privileges) on a Part B claim between Jan.1, 2012 to June 30, 2012 (for 2013 payment adjustment) and Jan.1, 2013 to June 30, 2013 (for 2014 payment adjustments).

Apart from this, your practice can claim a "Significant Hardship Exemption" as described in the article CMS Is Now Accepting Hardship Exemption Applications to Avoid 2013 E-Prescribing Penalty on page 34.