Practical Tips

Participating in Medicare's E-Prescribing Incentive Program

The Medicare e-prescribing incentive program began on January 1, 2009, and was developed to encourage physicians to adopt e-prescribing systems. The e-prescribing program establishes a bonus payment for participating providers from 2009 through 2013. It is important to note that physicians who have not adopted an e-prescribing system will be assessed penalties beginning in 2012. A breakout of the bonuses and penalties administered under the program by year can be found in Table 1.

Providers must use a qualified e-prescribing system on a routine basis to qualify for the incentive payment. According to the Centers for Medicare and Medicaid Services, a qualified system must be capable of all of the following:

- Generate a complete active medication list using electronic data received from applicable pharmacies and pharmacy benefit managers, if available.
- Allow eligible professionals to select medications, print prescriptions, transmit prescriptions electronically, and conduct all alerts. Alerts include automated prompts that offer information on the drug being prescribed and warn the prescriber of possible undesirable or unsafe situations, such as potentially inappropriate dose or route of administration of the drug, drug-drug interactions, allergy concerns, or warnings/cautions.
- Provide information on lower-cost, therapeutically appropriate alternatives, if any. For 2009, a system that can receive tiered formulary information, if available, from the pharmacy benefit manager would satisfy this requirement.
- Provide information on formulary or tiered formulary medications, patient eligibility, and authorization requirements received electronically from the patient's drug plan, if available.

Table 1. E-Prescribing Program Incentives and Penalties

Year	Bonus (for participation in program; %)	Penalty (for nonparticipation in program; %)
2009	2	—
2010	2	—
2011	1	—
2012	1	1
2013	0.5	1.5
2014	—	2

Table 2. CPT and HCPCS Codes for E-Prescribing

CPT and/or HCPCS Codes for Eligible Services				
90801	90802	90804	90805	90806
90807	90808	90809	92002	92004
92012	92014	96150	96151	96152
99201	99202	99203	99204	99205
99211	99212	99213	99214	99215
99241	99242	99243	99244	99245
G0101	G0108	G0109		

Abbreviations: CPT, Current Procedural Terminology; HCPCS, Healthcare Common Procedure Coding System.

Table 3. G-Codes for Actions Taken

G-Code	Definition
G8443	If all of the prescriptions generated for this patient during this visit were sent via a qualified e-prescribing system
G8445	If no prescriptions were generated for this patient during this visit
G8446	If some or all of the prescriptions generated for this patient during this visit were printed or phoned in as required by state or federal law or regulations; as a result of patient request; because the pharmacy system was unable to receive electronic transmission; or because they were for narcotics or other controlled substances

- Meet the Part D specifications for messaging implemented on April 1, 2009. More information about the new Part D requirements can be found at <http://www.regulations.gov> under search for "Part D prescribing."

Providers do not have to register to participate in the e-prescribing program, but instead need only report the appropriate measure codes on claims submitted to Medicare. There are three primary elements to reporting measure codes for the e-prescribing program. First, providers must use a qualified e-prescribing system. Then providers must determine whether they provided an eligible service during the patient visit. Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes for eligible services are listed in Table 2. Finally, providers must choose one of the appropriate e-prescribing measure codes—G8443, G8445, or G8446, as listed in

Table 3. The CPT or HCPCS codes should be reported along with one of the G-codes on the same claim form.

Medicare has provided some general guidelines for successful reporting in the e-prescribing incentive program. First, Medicare states that e-prescribing must be reported on at least 50% of eligible patients. Additionally, Medicare states that the eligible CPT/HCPCS codes (Table 2) should represent at least 10% of the Medicare Part B fee for service charges.

For additional resources on Medicare's e-prescribing program, visit the following links: ASCO resources, www.asco.org/eprescribing; CMS resources, <http://www.cms.hhs.gov/ERxIncentive/>; <http://www.cms.hhs.gov/PQRI/Downloads/PQRIEPrescribingFactSheet.pdf>; and <http://www.cms.hhs.gov/partnerships/downloads/11399.pdf>.

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