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Lilly Oncology

# Reimbursement Update

Previous Reimbursement Updates can be found at [www.LillyPatientOne.com](http://www.LillyPatientOne.com)

**Lilly Oncology is pleased to offer this newsletter as part of our commitment to patient access to care. For more information about the topics discussed in this issue, please contact Samantha Yu, Manager Reimbursement Consulting for AccessMED, at 650-759-6210.**

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This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of the written law or regulations or local payer guidelines. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

## Medicare Part D E-Prescribing Incentive To Be Available via Part B Claims Reporting

Physicians who successfully implement and use a qualified e-prescribing software system to prescribe drugs dispensed by pharmacies will be eligible for a Medicare bonus payment under a new program that begins in 2009. Although the incentive payment applies to electronic prescribing of drugs primarily covered by Medicare Part D, the information that an eligible professional must report in order to qualify for the bonus payment (the "e-prescribing measure") must be submitted on **Medicare Part B** claims.

To receive an incentive payment for the 2009 e-prescribing reporting year, an eligible professional must report one of the e-prescribing measures listed below in at least 50% of the cases in which the measure is reportable by the eligible professional during 2009. Because the standard is 50% of qualifying cases, prescribers who do not have an e-prescribing system in place on January 1 may still be eligible for the 2009 bonus if a system is successfully implemented later in the year.

The 2009 e-prescribing measures are defined by three HCPCS codes:

**G8443:** All prescriptions created during the encounter were generated using a qualified e-prescribing system

**G8446:** Provider does have access to a qualified e-prescribing system. Some or all prescriptions generated during the encounter were printed or phoned in as required by state or federal law or regulations, patient request, or pharmacy system being unable to receive electronic transmission; OR because they were for narcotics or other controlled substances

**G8445:** No prescriptions were generated during the encounter. Provider does have access to a qualified e-prescribing system

To receive the incentive payment, the prescriber must report one of these three HCPCS codes in combination with a patient encounter that is described by one of the CPT or HCPCS codes shown in the table on the next page. These codes generally describe office visits and consultations, but also include other evaluation and management services such as psychiatric evaluations, ophthalmologic exams and diabetes outpatient self-management training. The prescriber reports these code combinations to Medicare Part B on the CMS-1500 claim form.

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Answers That Matter.

In 2009 and 2010, a successful e-prescriber will be eligible for an incentive payment equal to 2% of the eligible professional's allowed charges under the Medicare Physician Fee Schedule. The incentive payment will drop to 1.5% in 2011 and 2012, and to 0.5% in 2013. Conversely, those who are not successful e-prescribers will see cuts in their Medicare revenue beginning in 2012, when their reimbursement will be reduced by 1%.

Reimbursement will be reduced by 1.5% in 2013 and by 2% each year after that if the eligible professional does not successfully adopt e-prescribing in the interim.

The Medicare e-prescribing bonus is expected to be a significant inducement for physicians to migrate to electronic prescribing over the next three years. In fact, the number of e-prescribers is growing rapidly already. According to estimates by the e-prescription network management firm SureScripts-RxHub<sup>1</sup>, the number of physicians in the U.S. who e-prescribe in 2008 is expected to be double the number of e-prescribers at the end of 2007.

E-prescribing facilitates the exchange of information between the prescriber, the dispensing pharmacy and prescription drug plans on an interactive, real-time basis. The Medicare Modernization Act (MMA) requires an e-prescribing system to convey certain standard data elements, such as:

1. **Eligibility and benefits information**, including the drugs included in the applicable formulary, tiered formulary structure, and any requirements for prior authorization
2. **Drug information**, including information on drug-drug interactions, warning or cautions, and dosage adjustments (when indicated); and
3. **Formulary placement** – the availability of lower-cost, therapeutically appropriate alternatives (if any) for the drug prescribed.

<sup>11</sup> <http://www.surescripts.com/Surescripts/e-prescribing-facts.aspx#national>

**CPT and HCPCS Codes Eligible for Use in Combination with E-Prescribing Measure Codes G8344, G8345 or G8346**

**Psychotherapy**

90801, 90802, 90804, 90805, 90806, 90807, 90808, 90809

**Ophthalmological Medical Exams**

92002, 92004, 92012, 92014

**Health and Behavior Assessments**

96150, 96151, 96152

**Office Visits**

99201, 99202, 99203, 99204, 99205 (new)  
99211, 99212, 99213, 99214, 99215 (established)

**Office or Other Outpatient Consultations**

99241, 99242, 99243, 99244, 99245

**Cervical or Vaginal Cancer Screening**

G0101

**Diabetes Self-Management Training**

G0108, G0109

There are many benefits of the increased use of e-prescribing for both patients and medical practices, including fewer medical errors, fewer call-backs from the pharmacy to the prescriber, the availability of an automated refill process, increased efficiency, and greater patient satisfaction. In addition, because prescribers will have real-time access to a patient's drug plans, they will have information that has traditionally not been immediately available as they write prescriptions, such as preferred drug status, approved substitutions, and patient cost-share.

More information about the 2009 Medicare e-prescribing incentive can be found on the CMS Web site at

[http://www.cms.hhs.gov/PQRI/03\\_EPrescribingIncentiveProgram.asp](http://www.cms.hhs.gov/PQRI/03_EPrescribingIncentiveProgram.asp). ♦