



**SUMMARY OF MEDICARE E-PRESCRIBING (eRx) GUIDELINES FOR 2011 & BEYOND**  
**STEPS TO AVOID THE PAYMENT PENALTY & EARN THE PAYMENT BONUS**

UNIVERSAL REQUIREMENTS AND PROCESSES:

Use an eRx system or module of an EMR that meets the Medicare requirements. The company can tell you whether their system meets these or SCLLC can provide you with a list of the functional requirements or you can see the certified companies listed at [www.surescripts.com](http://www.surescripts.com). When you e-prescribe for a Medicare patient who is being billed for an E&M office visit, simply submit the Medicare bill for the visit and add the G-code of G-8553 with a charge of \$0.00 or \$0.01. This signals to Medicare that an eRx was done. Do this multiple times, as described below, to demonstrate that you are a consistent user of the technology.

BASIC VOLUME REQUIREMENTS:

Write eRx's and code them using G-8553 for A TOTAL OF 25 MEDICARE E&M VISITS DURING THE YEAR.

TO AVOID THE 2012 MEDICARE PAYMENT REDUCTION OF 1%:

Write eRx's and code them using G-8553 for 10 Medicare E&M visits between 1/1/11 and 6/30/11. This is the time period that Medicare will use to determine that you are a consistent e-prescriber for payments in 2012.

TO EARN THE 2011 MEDICARE eRx BONUS of 1%:

Write eRx's and code them using G-8553 for 25 Medicare E&M visits between 1/1/11 and 12/31/11 (simply code 15 more than the 10 required above). This is the same process and requirement which was in effect for the 2010 bonus.

COMMENTARY: Unfortunately, Medicare has compartmentalized its determination of the bonus versus the penalty; the left hand does to appear to speak to the right.

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LOW VOLUME EXCLUSIONS

For the penalty: You are exempt from the penalty if you have less than 100 Medicare fee-for-service E&M Office visits. Medicare will determine this from your 1/1/11-6/30/11 billings. You are also exempt from the penalty if you have less than 10% of your Medicare office visit volume attributable to E&M billings.

For the bonus: You are unable to earn the bonus if less than 10% of your total Medicare \$ billings are from E&M \$ billings. Medicare uses "allowable charges" for \$ billings. So, if your surgical global billings plus E&M office visit billings total \$150,000 in Medicare allowable charges for the year, and the E&M portion of this is less than \$15,000, then you will be unable to earn the bonus.

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FOR 2012

**TO AVOID 2012 MEDICARE PAYMENT REDUCTION of 1.5%:** Write & code 25 E&M visits this year (2011, at any time).

**TO EARN 2012 MEDICARE BONUS OF 1.0%:** Write & code 25 E&M visits in 2012.

**LOW VOLUME EXCLUSIONS:** 2012 exclusions are the same as those described above.