



Eligible Professionals
Meaningful Use Core Measures
Measure 4 of 14
Stage 1 (2013 Definition)
Last updated: April 2013

e-Prescribing (eRx)	
Objective	Generate and transmit permissible prescriptions electronically (eRx).
Measure	More than 40 percent of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.
Exclusion	<ol style="list-style-type: none">1. Any EP who writes fewer than 100 prescriptions during the EHR reporting period.2. Any EP who does not have a pharmacy within their organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his/her EHR reporting period.

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Definition of Terms

Permissible Prescriptions – The concept of only permissible prescriptions refers to the current restrictions established by the Department of Justice on electronic prescribing for controlled substances in Schedule II-V. (The substances in Schedule II-V can be found at http://www.deadiversion.usdoj.gov/schedules/orangebook/e_cs_sched.pdf). Any prescription not subject to these restrictions would be permissible.

Prescription – The authorization by an EP to a pharmacist to dispense a drug that the pharmacist would not dispense to the patient without such authorization.

Attestation Requirements

NUMERATOR / DENOMINATOR / EXCLUSION

- DENOMINATOR: Number of prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances during the EHR reporting period.
- NUMERATOR: Number of prescriptions in the denominator generated and transmitted electronically.

- EXCLUSIONS:

EPs who write fewer than 100 prescriptions during the EHR reporting period would be excluded from this requirement. EPs must enter the number of prescriptions written during the EHR reporting period in the Exclusion box to attest to exclusion from this requirement.

EPs who do not have a pharmacy within their organization, and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his/her EHR reporting period, would be excluded from this requirement.

The resulting percentage (Numerator ÷ Denominator) must be more than 40 percent in order for an EP to meet this measure.

Additional Information

- The provider is permitted, but not required, to limit the measure of this objective to those patients whose records are maintained using certified EHR technology.
- Authorizations for items such as durable medical equipment, or other items and services that may require EP authorization before the patient could receive them, are not included in the definition of prescriptions. These are excluded from the numerator and the denominator of the measure.
- Instances where patients specifically request a paper prescription may not be excluded from the denominator of this measure. The denominator includes all prescriptions written by the EP during the EHR reporting period.
- Although the Department of Justice recently published an Interim Final Rule that allows the electronic prescribing of controlled substances, these recent guidelines could not be incorporated into the Medicare and Medicaid EHR Incentive Programs. The determination of whether a prescription is a "permissible prescription" for purposes of this measure should be made based on the guidelines for prescribing Schedule II-V controlled substances in effect on or before January 13, 2010.
- EPs cannot receive incentive payments for e-prescribing under both the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) and the Medicare EHR Incentive Program for the same year. However, EPs can receive payments from both the MIPPA E-Prescribing Incentive Program and the Medicaid EHR Incentive Program for the same year.
- Providers can use intermediary networks that convert information from the certified EHR into a computer-based fax in order to meet this measure as long as the EP generates an electronic prescription and transmits it electronically using the standards of certified EHR technology to the intermediary network, and this results in the prescription being filled without the need for the provider to communicate the prescription in an alternative manner.
- Prescriptions transmitted electronically within an organization (the same legal entity) do not need to use the NCPDP standards. However, an EP's EHR must meet all applicable certification criteria and be certified as having the capability of meeting the external transmission requirements of §170.304(b). In addition, the EHR that is used to transmit prescriptions within the organization would need to be Certified EHR Technology. For more information, refer to ONC's FAQ at http://healthit.hhs.gov/portal/server.pt/community/onc_regulations_faqs/3163/faq_22/21286.



- EPs should include in the numerator and denominator both types of electronic transmissions (those within and outside the organization) for the measure of this objective.
- For purposes of counting prescriptions "generated and transmitted electronically," we consider the generation and transmission of prescriptions to occur constructively if the prescriber and dispenser are the same person and/or are accessing the same record in an integrated EHR to creating an order in a system that is electronically transmitted to an internal pharmacy.
- This specification sheet has been updated to reflect the applicable Stage 1 provisions in the [Stage 2 Meaningful Use Final Rule](#), published on September 4, 2012.

Related Meaningful Use FAQs

To see the FAQs, click the New ID # hyperlinks below, or visit the CMS FAQ web page at <https://questions.cms.gov/> and enter the New ID # into the Search Box, clicking the "FAQ #" option to view the answer to the FAQ. (Or you can enter the OLD # into the Search Box and click the "Text" option.)

- If I am receiving payments under the CMS Electronic Prescribing (eRx) Incentive Program, can I also receive Medicare and Medicaid EHR incentive payments?
[New ID #2801](#), [Old ID #10088](#)
- Do controlled substances qualify as "permissible prescriptions" for meeting the electronic prescribing (eRx) meaningful use objective? [New ID #2763](#), [Old ID #10067](#)
- How should the numerator and denominator be calculated? Should electronic prescriptions fulfilled by an internal pharmacy be included in the numerator?
[New ID #2939](#), [Old ID #10284](#)
- Can providers use intermediary networks that convert information from the certified EHR into a computer-based fax for sending to the pharmacy? Should these transactions be included in the numerator for the measure of this objective? [New ID #2857](#), [Old ID #10137](#)
- What do the numerators and denominators mean in measures that are required to demonstrate meaningful use? [New ID #2813](#), [Old ID #10095](#)
- For EPs who see patients in both inpatient and outpatient settings, and where certified EHR technology is available at each location, should these EPs base their denominators for meaningful use objectives on the number of unique patients in only the outpatient setting or on the total number of unique patients from both settings? [New ID #2765](#), [Old ID #10068](#)
- If an EP is unable to meet the measure of a meaningful use objective because it is outside of the scope of his or her practice, will the EP be excluded from meeting the measure of that objective? [New ID #2883](#), [Old ID #10151](#)
- Should patient encounters in an ambulatory surgical center be included in the denominator for calculating that at least 50 percent or more of an EP's patient encounters during the reporting period occurred at practices/locations equipped with certified EHR technology?
[New ID #3065](#), [Old ID #10466](#)
- If an EP sees a patient in a setting that does not have certified EHR technology but enters all of the patient's information into certified EHR technology at another practice location, can the patient be counted in the numerators and denominators of meaningful use measures?
[New ID #3077](#), [Old ID #10475](#)



Certification and Standards Criteria

Below is the corresponding certification and standards criteria for electronic health record technology that supports achieving the meaningful use of this objective.

Certification Criteria	
§170.304(b) Electronic prescribing	Enable a user to electronically generate and transmit prescriptions and prescription-related information in accordance with: (1) The standard specified in §170.205(b)(1) or §170.205(b)(2); and (2) The standard specified in §170.207(d).
§170.302(n) Automated measure calculation	For each meaningful use objective with a percentage-based measure, electronically record the numerator and denominator and generate a report including the numerator, denominator, and resulting percentage associated with each applicable meaningful use measure.
Standards Criteria	
Electronic Prescribing	<ul style="list-style-type: none">• §170.205(b)(1) - NCPDP SCRIPT Version 8.1.• §170.205(b)(2) - NCPDP SCRIPT Version 10.6.
Medications	§170.207(d) - Any source vocabulary that is included in RxNorm, a standardized nomenclature for clinical drugs produced by the United States National Library of Medicine.

Related Certification FAQs

Click on the green numbers to view the answer to the FAQ.

- Does the certification criterion pertaining to electronic prescribing, which references certain content exchange standards (i.e., NCPDP SCRIPT 8.1 and NCPDP SCRIPT 10.6), require that a Complete EHR or EHR Module be capable of electronically exchanging information with only external recipients according to the appropriate standard or does it apply more broadly? [12-10-022-1](#)