applicable 6-month reporting period, on
the eligible professional’s Medicare
Part B claims for covered professional
services furnished by the eligible pro-
fessional during the reporting period
specified in paragraph (f)(1) of this sec-
tion.
(ii) For the 12-month reporting period
under paragraph (f)(1) of this section, a
qualified registry (as defined in para-
graph (b) of this section) in the form
and manner and by the deadline speci-
fied by the qualified registry selected
by the eligible professional. The se-
lected qualified registry submits inform-
ation, as required by CMS, for cov-
ered professional services furnished by
the eligible professional during the re-
porting period specified in paragraph
(f)(1) of this section to CMS on the eli-
gible professional’s behalf.
(iii) For the 12-month reporting pe-
riod under paragraph (f)(1) of this sec-
tion, CMS by extracting clinical data
using a secure data submission method,
as required by CMS, from a qualified
electronic health record product (as de-
defined in paragraph (b) of this section)
by the deadline specified by CMS for
covered professional services furnished
by the eligible professional during the re-
porting period specified in paragraph
(f)(1) of this section. Prior to actual
data submission for a given program
year and by a date specified by CMS,
the eligible professional must submit a
test file containing dummy clinical
quality data extracted from the quali-
fied electronic health record product
selected by the eligible professional
using a secure data submission method,
as required by CMS.
(g) Public reporting of an eligible pro-
fessional’s or group practice’s Electronic
Prescribing Incentive Program data. For
each program year, CMS will post on a
public Web site, in an easily under-
standable format, a list of the names of
eligible professionals (or in the case of
reporting under paragraph (e) of this
section, group practices) who are suc-
cessful electronic prescribers.

Subpart C—Fee Schedules for Par-
enteral and Enteral Nutrition
(PEN) Nutrients, Equipment
and Supplies

SOURCE: 66 FR 45176, Aug. 28, 2001, unless
otherwise noted.
§ 414.100 Purpose.
This subpart implements fee sched-
ules for PEN items and services as au-
thorized by section 1842(s) of the Act.
§ 414.102 General payment rules.
(a) General rule. For items and serv-
ces furnished on or after January 1,
2002, Medicare pays for the items and
services as described in paragraph (b)
of this section on the basis of 80 per-
cent of the lesser of—
(1) The actual charge for the item or
service; or
(2) The fee schedule amount for the
item or service, as determined in ac-
cordance with §414.104.
(b) Payment classification. (1) CMS or
the carrier determines fee schedules for
Parenteral and enteral nutrition (PEN)
nutrients, equipment, and supplies, as
specified in §414.104.
(2) CMS designates the specific items
and services in each category through
program instructions.
(c) Updating the fee schedule amounts.
For each year subsequent to 2002, the
fee schedule amounts of the preceding
year are updated by the percentage in-
crease in the CPI-U for the 12-month
period ending with June of the pre-
ceding year.
§ 414.104 PEN Items and Services.
(a) Payment rules. Payment for PEN
items and services is made in a lump
sum for nutrients and supplies that are
purchased and on a monthly basis for
equipment that is rented.
(b) Fee schedule amount. The fee
schedule amount for payment for an
item or service furnished in 2002 is the
lesser of—
(1) The reasonable charge from 1995;
or
(2) The reasonable charge that would
have been used in determining pay-
ment for 2002.

[75 FR 73620, Nov. 29, 2010, as amended at 76
FR 54968, Sept. 6, 2011; 76 FR 73472, Nov. 28,
2011]