

## CMS-1500 Claim PQRS Example

Example of an individual NPI reporting on a single CMS-1500 claim for 2013 Physician Quality Reporting System (PQRS).

21. Review applicable PQRS measures related to ANY diagnosis (Dx) listed in Item 21. Up to 8 Dx may be entered electronically.						24D. Procedures, Services, or Supplies - CPT/HCPCS, Modifier(s) as needed						QDC codes must be submitted with a line-item charge of \$0.00 or \$0.01. Charge field cannot be blank.																							
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)												22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.																							
1. 250 .00		Diabetes Mellitus		3. _____		23. PRIOR AUTHORIZATION NUMBER		F. \$ CHARGES		G. DAYS OR UNITS		H. EPSDT Family Plan		I. ID. QUAL.		J. RENDERING PROVIDER ID. #																			
2. 4 14 .00		Coronary Artery Disease (CAD)		_____		_____		47.00		0.00		_____		_____		NPI 0123456789																			
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS E. DIAGNOSIS POINTER												25. FEDERAL TAX I.D. NUMBER SSN EIN XX-XXXXXXX 26. PATIENT'S ACCOUNT NO. XXXXX 27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO												28. TOTAL CHARGE \$ 47.00 29. AMOUNT PAID \$ 30. BALANCE DUE \$ 47.00											
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)												32. SERVICE FACILITY LOCATION INFORMATION												33. BILLING PROVIDER INFO & P PH NPI 0123456789											
SIGNED DATE a. b. a. XXXXXXXXXXXX b. XXXXXXXXXXXX												33a. The NPI of the billing provider is entered here. If a solo practitioner, then enter the individual NPI; If a Group is billing, enter the NPI of the Group here. This is a required field.																							
NUCC Instruction Manual available at: <a href="http://www.nucc.org">www.nucc.org</a>																																			
APPROVED OMB-0958-0595 FORM CMS-1500 (08/05)																																			

The patient was seen for an **office visit (99213)**. The provider is reporting several measures related to diabetes, coronary artery disease (CAD), and urinary incontinence:

- Measure #2 (LDL-C) with QDC 3048F + diabetes line-item diagnosis (24E points to DX 250.00 in Item 21);
- Measure #3 (BP in Diabetes) with G-codes G8919 + G8921 + diabetes line-item diagnosis (24E points to Dx 250.00 in Item 21);
- Measure #6 (CAD) with QDC 4086F + CAD line-item diagnosis (24E points to Dx 414.00 in Item 21); and
- Measure #48 (Assessment - Urinary Incontinence) with QDC 1090F. For Physician Quality Reporting, there is no specific diagnosis associated with this measure. Point to the appropriate diagnosis for the encounter.
- Note: All diagnoses listed in Item 21 will be used for PQRS analysis. Measures that require the reporting of two or more diagnoses on claim will be analyzed as submitted in Item 21.
- NPI placement: Item 24J must contain the NPI of the individual provider who rendered the service when a group is billing.
- If billing software limits the line items on a claim, you may add a nominal amount such as a penny to one of the QDC line items on that second claim. PQRS analysis will subsequently join both claims based on the same beneficiary, for the same date-of-service, for the same TIN/NPI and analyze as one claim.

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