



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																					
2. 414 .00 Coronary Artery Disease (CAD)																					
23. PRIOR AUTHORIZATION NUMBER																					
24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER				E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. EPSDT Family Plan		I. ID. QUAL.		J. RENDERING PROVIDER ID. #	
From MM DD YY To MM DD YY		MM DD YY																			
1		03 05 13 03 05 13		11		99213				1,2		47.00						NPI 0123456789			
2		03 05 13 03 05 13		11		3048F				1		0.00						NPI 0123456789			
3		03 05 13 03 05 13		11		G8919				1		0.00									
4		03 05 13 03 05 13		11		G8921				1											
5		13 03 05 13 03 05		11		4086F				2											
6		13 03 05 13 03 05		11		1090F				1								NPI 0123456789			
25. FEDERAL TAX I.D. NUMBER				SSN EIN				26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT? (For govt. claims, see back)				28. TOTAL CHARGE		29. AMOUNT PAID		30. BALANCE DUE	
XX-XXXXXXX				X				XXXXXX				X YES NO				\$ 47.00		\$		\$ 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...									
SIGNED						a.						b. XXXXXXXXXXXX									

NUCC Instruction Manual available at: www.nucc.org

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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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