

CMS-1500 Claim Electronic Prescribing Example

A detailed sample of an individual NPI reporting the Electronic Prescribing (E-prescribing) measure on a CMS-1500 claim is shown below. See http://www.cms.hhs.gov/PQRI/03_EPrescribingIncentiveProgram.asp#TopOfPage for more information.

21. Place the appropriate diagnosis (Dx) or diagnoses for the encounter in Item 21.

24D. Procedures, Services, or Supplies – CPT/HCPCS, Modifier as needed

Submit the QDC with a line-item charge of \$0.00. 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.													
24. A. DATE(S) OF SERVICE										23. PRIOR AUTHORIZATION NUMBER															
24. B. PLACE OF SERVICE										24. C. EMG		24. D. PROCEDURES, SERVICES, OR SUPPLIES (CPT/HCPCS)		24. E. DIAGNOSIS POINTER		24. F. \$ CHARGES		24. G. DAYS OR UNITS		24. H. EPSONI Family Plan		24. I. D. QDC		24. J. RENDERING PROVIDER ID. #	
From MM	From DD	From YY	To MM	To DD	To YY			CPT/HCPCS	MODIFIER																
01	12	09	01	12	09	11		99202		1		45	00					NPI		0123456789					
01	12	09	01	12	09	11		G8443				0	00					NPI		0123456789					
																		NPI							
																		NPI							
																		NPI							
																		NPI							

Identifies claim line-item

21. Place the appropriate diagnosis (Dx) or diagnoses for the encounter in Item 21.

24D. Procedures, Services, or Supplies – CPT/HCPCS, Modifier as needed

Submit the QDC with a line-item charge of \$0.00. Charge field cannot be blank.

For group billing, the rendering NPI number of the individual EP who performed the service will be used from each line-item in the PQRI calculations.

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

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.)

SIGNED _____ DATE _____

32. SERVICE FACILITY LOCATION INFORMATION

a. _____ b. _____

33. BILLING PROVIDER INFO & PH # ()

Solo practitioner - Enter individual NPI here

The patient was seen for an **office visit (99202)**. The provider is reporting the **E-prescribing measure:**

- E-prescribing **QDC G8443** (indicating all prescriptions generated via qualified E-prescribing system)
- **Note:** The E-prescribing measure includes encounter (CPT Category I) codes only. All diagnoses listed in **Item 21** from the encounter will be used for PQRI analysis.
- **NPI placement: Item 24J** must contain the NPI of the individual provider that rendered the service when a group is billing. This includes putting the individual NPI on the QDC line-items as well.
- The Tax ID associated with the NPI(s) on this claim is shown in **Item 25**.

For more information on the CMS 1500 claim form, see <http://cms.hhs.gov/manuals/downloads/clm104c26.pdf>.