

## Appendix D: CMS-1500 Claim Example

Example of an individual NPI reporting on a single CMS-1500 claim. See <http://www.cms.hhs.gov/manuals/downloads/clm104c26.pdf> for more information.

21. Review applicable PQRI 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 as needed

QDC codes must be submitted 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 and 4 to Item 24E by Line)										22. MEDICAID RESUBMISSION CODE		ORIGINAL REF. NO.		23. PRIOR AUTHORIZATION NUMBER									
24. A. DATE(S) OF SERVICE										D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. EFFECT PERIOD		I. D. QUAL.		J. RENDERING PROVIDER ID. #	
From	To	From	To	From	To	From	To	From	To	CPT/HCPCS	MODIFIER	1	2	3	4	5	6	7	8	9	10		
1. 250 00 Diabetes Mellitus																							
2. 414 00 CAD																							
07	11	08	07	11	08	11				99213		1			47	00					NPI	0123456789	
2. 07 11 08 07 11 08 11										3048F	DM-PQRI #2	1	0	00								NPI	0123456789
3. 07 11 08 07 11 08 11										3074F	BP<130 mmHg-PQRI #3	1	0	00								NPI	0123456789
4. 07 11 08 07 11 08 11										3078F	BP<80 mmHg-PQRI #3	1	0	00								NPI	0123456789
5. 07 11 08 07 11 08 11										4011F	CAD-PQRI #6	2	0	00								NPI	0123456789
6. 07 11 08 07 11 08 11										1090F	UI Assessed-PQRI #48	2	0	00								NPI	0123456789

Identifies claim line-item

Solo practitioner - Enter individual NPI here

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: XX-XXXXXXX    
 26. PATIENT'S ACCOUNT NO.: XXXXX  
 27. ACCEPT ASSIGNMENT? (For gov. 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 & PH #  
 a. NPI: XXXXXXXXXXXX

NUCC Instruction Manual available at: [www.nucc.org](http://www.nucc.org) APPROVED OMB-0938-0999 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 **QDCs 3074F + 3078F** + diabetes line-item diagnosis (24E points to **Dx 250.00** in **Item 21**);
- Measure #6 (CAD) with **QDC 4011F** + CAD line-item diagnosis (24E points to **Dx 414.00** in **Item 21**); and
- Measure #48 (Assessment - Urinary Incontinence) with **QDC 1090F**. **For PQRI, 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 PQRI 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 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**.