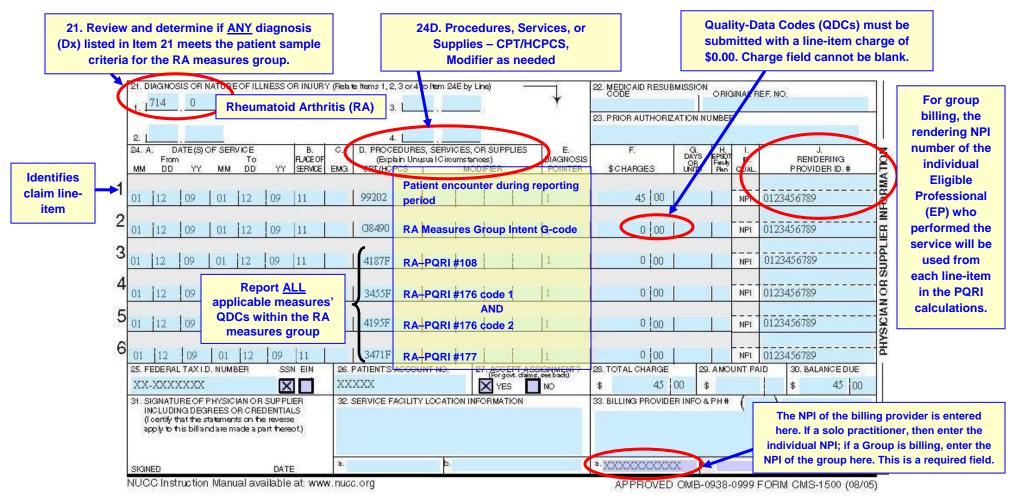
CMS-1500 Claim [Detailed Measures Group] – Sample 1 (continues on next pg)

The following is a claim sample for reporting the Rheumatoid Arthritis (RA) Measures Group on a CMS-1500 claim and it continues on the next page. Two samples are included: one is for reporting of individual measures for the RA measures group; the second sample shows reporting performance of <u>all</u> measures in the group using a composite G-code.

See http://www.cms.hhs.gov/PQRI/15 MeasuresCodes.asp#TopOfPage for more information.

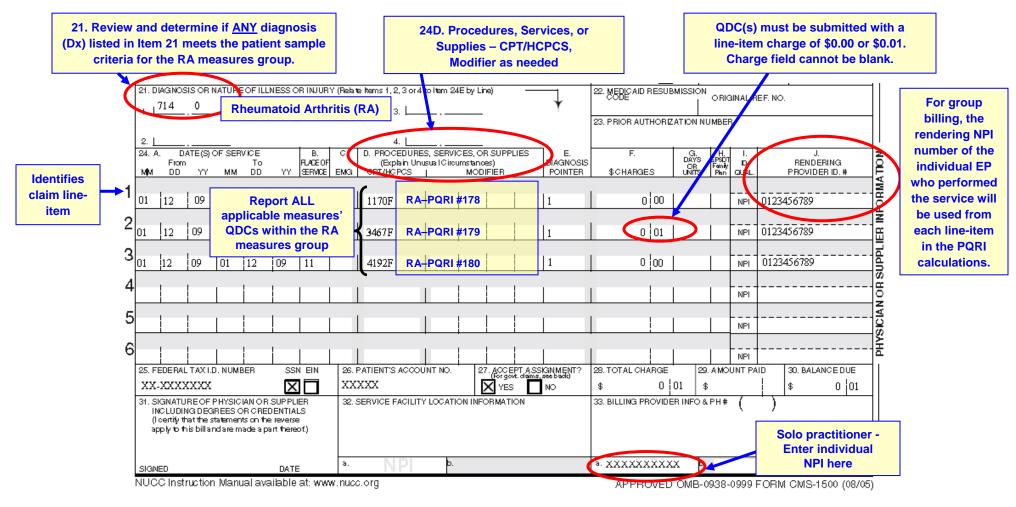


The patient was seen for an office visit (99202). The provider reports all measures (#108, #176, #177, #178, #179, and #180) in the RA Measures Group:

- Intent G-code (G8490) was submitted to initiate the EP's submission of the RA Measures Group.
- Measure #108 (RA-DMARD Therapy) with QDC 4187F + RA line-item diagnosis (24E points to Dx 714.0 in Item 21);
- Measure #176 (RA-Tuberculosis Screening) with QDCs 3455F + 4195F + RA line-item diagnosis (24E points to Dx 714.0 in Item 21);
- Measure #177 (RA-Periodic Assessment of Disease Activity) with QDC 3471F + RA line-item diagnosis (24E points to Dx 714.0 in Item 21);

CMS-1500 Claim [Detailed Measures Group] - Sample 1 (cont.)

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 for a total charge of \$0.01

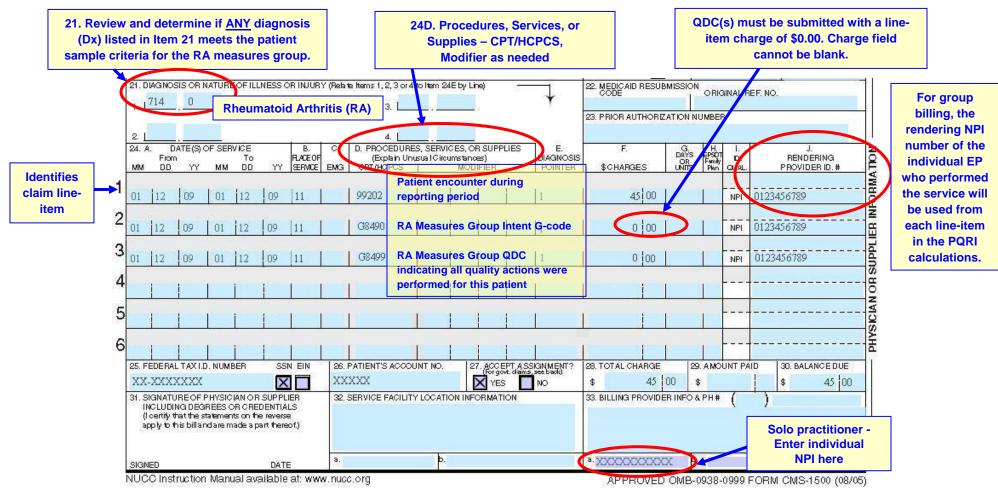


- Measure #178 (RA-Functional Status Assessment) with QDC 1170F + RA line-item diagnosis (24E points to Dx 714.0 in Item 21);
- Measure #179 (RA-Assessment & Classification) with QDC 3476F + RA line-item diagnosis (24E points to Dx 714.0 in Item 21); and
- Measure #180 (RA-Glucocorticoid Management) with QDC 4192F + RA line-item diagnosis (24E points to Dx 714.0 in Item 21).
- Note: All diagnoses listed in Item 21 will be used for PQRI analysis. (Measures that require the reporting of two or more diagnoses on a 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.

CMS-1500 Claim [Sample Measures Group] – Sample 2

A detailed sample of an individual NPI reporting the RA Measures Group on a related CMS-1500 claim is shown below. This sample shows reporting performance of all measures in the group using a composite G-code.

See http://www.cms.hhs.gov/PQRI/15 MeasuresCodes.asp#TopOfPage for more information.



The patient was seen for an office visit (99202). The provider reports all measures (#108, #176, #177, #178, #179, and #180) in the RA Measures Group:

- Intent G-code (G8490) was submitted to initiate the EP's submission of the RA Measures Group.
- Measures Group QDC G8499 (indicating all quality actions related to the RA Measures Group were performed for this patient) + RA line-item diagnosis
 (24E points to Dx 714.0 in Item 21). The composite G-code G8499 may not be used if performance modifiers (1P, 2P, 3P, or G-code equivalent) or the 8P
 reporting modifier apply.
- 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.