

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 all measures in the group using a composite G-code. See http://www.cms.hhs.gov/PQRI/15_MeasuresCodes.asp#TopOfPage for more information.

<p>21. Review and determine if ANY diagnosis (Dx) listed in Item 21 meets the patient sample criteria for the RA measures group.</p>										<p>24D. Procedures, Services, or Supplies – CPT/HCPCS, Modifier as needed</p>										<p>Quality-Data Codes (QDCs) must be submitted with a line-item charge of \$0.00. Charge field cannot be blank.</p>																			
<p>21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)</p> <p>1. 714 0 Rheumatoid Arthritis (RA)</p>										<p>22. MEDICAID RESUBMISSION CODE</p> <p>23. PRIOR AUTHORIZATION NUMBER</p>										<p>25. FEDERAL TAX I.D. NUMBER: XX-XXXXXXX</p> <p>26. PATIENT'S ACCOUNT NO.: XXXXX</p> <p>27. ACCEPT ASSIGNMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>28. TOTAL CHARGE: \$ 45 00</p> <p>29. AMOUNT PAID: \$</p> <p>30. BALANCE DUE: \$ 45 00</p>																			
<p>Identifies claim line-item</p>										<p>For group billing, the rendering NPI number of the individual Eligible Professional (EP) who performed the service will be used from each line-item in the PQRI calculations.</p>																													
<p>24. A. DATE(S) OF SERVICE</p> <p>From To</p> <p>MM DD YY MM DD YY</p>										<p>B. PLACE OF SERVICE</p> <p>C. EMG</p>										<p>D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)</p> <p>1. 99202 Patient encounter during reporting period</p> <p>2. G8490 RA Measures Group Intent G-code</p> <p>3. 4187F RA-PQRI #108</p> <p>4. 3455F RA-PQRI #176 code 1</p> <p>5. 4195F RA-PQRI #176 code 2</p> <p>6. 3471F RA-PQRI #177</p>										<p>E. DIAGNOSIS</p> <p>F. \$ CHARGES</p> <p>G. DAYS OR UNIT</p> <p>H. EP/OT Family Plan</p> <p>I. CUAL</p> <p>J. RENDERING PROVIDER ID. #</p>									
<p>Report ALL applicable measures' QDCs within the RA measures group</p>										<p>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.</p>																													
<p>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)</p> <p>SIGNED _____ DATE _____</p>										<p>32. SERVICE FACILITY LOCATION INFORMATION</p> <p>a. _____ b. _____</p>										<p>33. BILLING PROVIDER INFO & PH #</p> <p>a. XXXXXXXXXXXX</p>																			

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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**);

RA Measures Group Sample 1 continues on the next page.

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

21. Review and determine if ANY diagnosis (Dx) listed in Item 21 meets the patient sample criteria for the RA measures group.

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

QDC(s) 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											
714 0										ORIGINAL REF. NO.											
2. _____										23. PRIOR AUTHORIZATION NUMBER											
24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE		C. _____		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)						E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. ICD-9-CM		I. RENDERING PROVIDER ID. #	
MM	DD	YY	MM	DD	YY	CPT/HCPCS	MODIFIER														
01	12	09				1170F	RA-PQRI #178					1			0	00			NPI	0123456789	
01	12	09				3467F	RA-PQRI #179					1			0	01			NPI	0123456789	
01	12	09	01	12	09	11	4192F	RA-PQRI #180				1			0	00			NPI	0123456789	
4																			NPI		
5																			NPI		
6																			NPI		

25. FEDERAL TAX I.D. NUMBER				SSN EIN		26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT?		28. TOTAL CHARGE		29. AMOUNT PAID		30. BALANCE DUE	
XX-XXXXXXX				<input checked="" type="checkbox"/> <input type="checkbox"/>		XXXXXX				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		\$ 0 01		\$		\$ 0 01	
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 # ()					
SIGNED _____						a. NPI						b. XXXXXXXXXXXX					

NUCC Instruction Manual available at: www.nucc.org

Identifies claim line-item

Report ALL applicable measures' QDCs within the RA measures group

Rheumatoid Arthritis (RA)

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

QDC(s) must be submitted with a line-item charge of \$0.00 or \$0.01. 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.

Solo practitioner - Enter individual NPI here

- 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.

21. Review and determine if ANY diagnosis (Dx) listed in Item 21 meets the patient sample criteria for the RA measures group.

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

QDC(s) must be submitted 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.

Identifies claim line-item

Solo practitioner - Enter individual NPI here

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.											
714.0																							
Rheumatoid Arthritis (RA)																							
24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)			E. DIAGNOSIS	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSET Family Plan	I. D. C. AL.	J. RENDERING PROVIDER ID. #							
MM	DD	YY	MM	DD	YY	SERVICE	EMG	CPT/HCPCS	MODIFIER	POINTER													
01	12	09	01	12	09	11		99202			Patient encounter during reporting period	1	45	00		NPI	0123456789						
01	12	09	01	12	09	11		G8490			RA Measures Group Intent G-code		0	00		NPI	0123456789						
01	12	09	01	12	09	11		G8499		1	RA Measures Group QDC indicating all quality actions were performed for this patient		0	00		NPI	0123456789						
25. FEDERAL TAX I.D. NUMBER										SSN EIN		26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT? (For gov't. claims, see back)		28. TOTAL CHARGE		29. AMOUNT PAID		30. BALANCE DUE			
XX-XXXXXXX										<input checked="" type="checkbox"/> <input type="checkbox"/>		XXXXXX		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		\$ 45 00		\$		\$ 45 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 #			
SIGNED										DATE										a. XXXXXXXXXXXX			

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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.