

## 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.

**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.   |   |                      |               |                  |                      |             |                             |
|---|----|----|----|----|----|----|--|--|-------|--------------------------------|--------|---|---|----------------------|---------------|------------------|----------------------|-------------|-----------------------------|
| 1. 714 .00 <span style="border: 1px solid blue; padding: 2px;">Rheumatoid Arthritis (RA)</span> |    |    |    |    |    |    |  |  |       |                                |        |   |   |                      |               |                  |                      |             |                             |
| 2. 250 .00 <span style="border: 1px solid blue; padding: 2px;">Diabetes Mellitus</span>         |    |    |    |    |    |    |  |  |       |                                |        |   |   |                      |               |                  |                      |             |                             |
| 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. EPSET Family Plan | I. D. QUAL. | J. RENDERING PROVIDER ID. # |
| MM  | DD | YY | MM | DD | YY |    |  |  |       |                                |        |   |   |                      |               |                  |                      |             |                             |
| 01  | 12 | 09 | 01 | 12 | 09 | 11 |  |  | 99202 |                                |        |   | 1 | 45                   | 00            |                  |                      | NPI         | 0123456789                  |
| 01  | 12 | 09 | 01 | 12 | 09 | 11 |  |  | G8443 |                                |        |   | 1 | 0                    | 00            |                  |                      | NPI         | 0123456789                  |
| 01  | 12 | 09 | 01 | 12 | 09 | 11 |  |  |       |                                |        |   |   |                      |               |                  |                      | NPI         |                             |
| 01  | 12 | 09 | 01 | 12 | 09 | 11 |  |  |       |                                |        |   |   |                      |               |                  |                      | NPI         |                             |
| 01  | 12 | 09 | 01 | 12 | 09 | 11 |  |  |       |                                |        |   |   |                      |               |                  |                      | NPI         |                             |
| 01  | 12 | 09 | 01 | 12 | 09 | 11 |  |  |       |                                |        |   |   |                      |               |                  |                      | NPI         |                             |

**Identifies claim line-item**

**Patient encounter during reporting period**

**All prescriptions generated via qualified E-prescribing system**

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

|  |  |   |  |   |  |  |  |                                  |  |                       |  |                             |  |
|--|--|---|--|---|--|--|--|----------------------------------|--|-----------------------|--|-----------------------------|--|
| 25. FEDERAL TAX I.D. NUMBER<br>XX-XXXXXXX  |  | SSN EIN<br><input checked="" type="checkbox"/> <input type="checkbox"/> |  | 26. PATIENT'S ACCOUNT NO.<br>XXXXXX       |  | 27. ACCEPT ASSIGNMENT?<br>(For gov. claims, see back)<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |  | 28. TOTAL CHARGE<br>\$ 45 00     |  | 29. AMOUNT PAID<br>\$ |  | 30. BALANCE DUE<br>\$ 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                  |  |                       |  |                             |  |

**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:** E-prescribing 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 who rendered the service when a group is billing.

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