Below is an example of an individual NPI reporting on a single CMS-1500 claim a quality measure on one patient encounter. Otherwise, follow normal coding rules for filing a claim.

The patient was seen for an office visit (99213). The physician is reporting a measure related to ischemic vascular disease (IVD):

- Measure # 204 (IVD) with QDC G8598 + unstable angina diagnosis (24E points to DX I20.0 in Item 21).
- The QDC code must be submitted with a line-item charge of $0.01.
- If transmission of your Quality Data Code (QDC) was successful to your Medicare Administrative Contractor (MAC) you will receive Remittance Advice Remark Code (RARC) code N620 or CO 246.