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.

Identifies claim line-item

Rheumatoid Arthritis (RA)

Diabetes Mellitus

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.

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.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)
1. 714 . 00
2. 250. . 00
3. .
4. .

22. MEDICAID RESUBMISSION CODE | ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

	24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	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. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	01	12	09	01	12	09	11		99202		1	45 00			NPI	0123456789
2	01	12	09	01	12	09	11		G8443		1	0 00			NPI	0123456789
3															NPI	
4															NPI	
5															NPI	
6															NPI	

PHYSICIAN OR SUPPLIER INFORMATION

25. FEDERAL TAX I.D. NUMBER: XX-XXXXXXX SSN ☒ EIN ☐
26. PATIENT'S ACCOUNT NO.: XXXXX
27. ACCEPT ASSIGNMENT? (For govt. claims, see back) ☒ YES ☐ NO
28. TOTAL CHARGE: $ 45 00
29. AMOUNT PAID: $
30. BALANCE DUE: $ 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.)
SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION
a. NPI b.

33. BILLING PROVIDER INFO & PH #
a. XXXXXXXXXX b.

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** <u>must</u> 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.