



CMS-1500 Claim Electronic Prescribing Example

A detailed sample of an individual NPI reporting the Electronic Prescribing (eRx) 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(s) 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. 7 14 . 00 Rheumatoid Arthritis (RA)																																		
2. 250 . 00 Diabetes Mellitus																																		
24. A. DATE(S) OF SERVICE										D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS		F. \$ CHARGES		G. DAYS OR UNITS		H. EPSONOT Family Plan		I. ID. QUAL		J. RENDERING PROVIDER ID. #												
From MM DD YY To MM DD YY PLACE OF SERVICE EMS										CPT/HCPCS MODIFIER		POINTER																						
1 01 10 12 01 10 12 11										99202		1		45.00						NPI 0123456789		PHYSICIAN OR SUPPLIER INFORMATION												
2 01 10 12 01 10 12 11										G8553		1		0.00				NPI 0123456789																
3																		NPI																
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					X					XXXXXX					X YES 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 b.														

NUCC Instruction Manual available at: www.nucc.org APPROVED OMB-0938-0999 FORM CMS-1500 (08/05)

The patient was seen for an **office visit (99202)**. The provider is reporting the **eRx measure**:

- eRx **QDC G8553** (indicating all prescriptions generated via qualified eRx system).
- **Note:** eRx includes encounter (CPT Category I) codes only. All diagnoses listed in **Item 21** from the encounter will be used for 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.gov/manuals/downloads/clm104c26.pdf>.

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