



CMS-1500 Claim Electronic Prescribing (eRx) Example

A detailed sample of an individual NPI reporting the 2013 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.					
24. A. DATE(S) OF SERVICE										F. CHARGES		J. RENDERING PROVIDER ID. #					
24. B. PLACE OF SERVICE										G. DAYS OR UNITS		H. EPSDT Family Plan		I. ID. QUAL			
24. C. EMG										D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		E. DIAGNOSIS POINTER		23. PRIOR AUTHORIZATION NUMBER			
MM	DD	YY	MM	DD	YY												
01	04	13	01	04	13	11			99202	1	45.00			NPI	0123456789		
01	04	13	01	04	13	11			G8553	1	0.00			NPI	0123456789		
25. FEDERAL TAX I.D. NUMBER				SSN EIN		26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT? (For govt. claims, see back)		28. TOTAL CHARGE		29. AMOUNT PAID		30. BALANCE DUE	
XX-XXXXXXX				X		XXXXXX				X YES NO		\$ 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					
SIGNED						a.						b.					
												a. XXXXXXXXXXXX					

NUCC Instruction Manual available at: www.nucc.org

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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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