Practice Management Center

MIPS quality reporting: Claims-based example

STEP 1:
Select a claims-based quality measure you would like to report on.

Visit https://www.aad.org/member/practice/mips/measures to find a measure reportable through claims.

STEP 2:
Review the selected measure specification to verify that you have met the performance requirements and to determine applicable quality data code(s) (QDC).

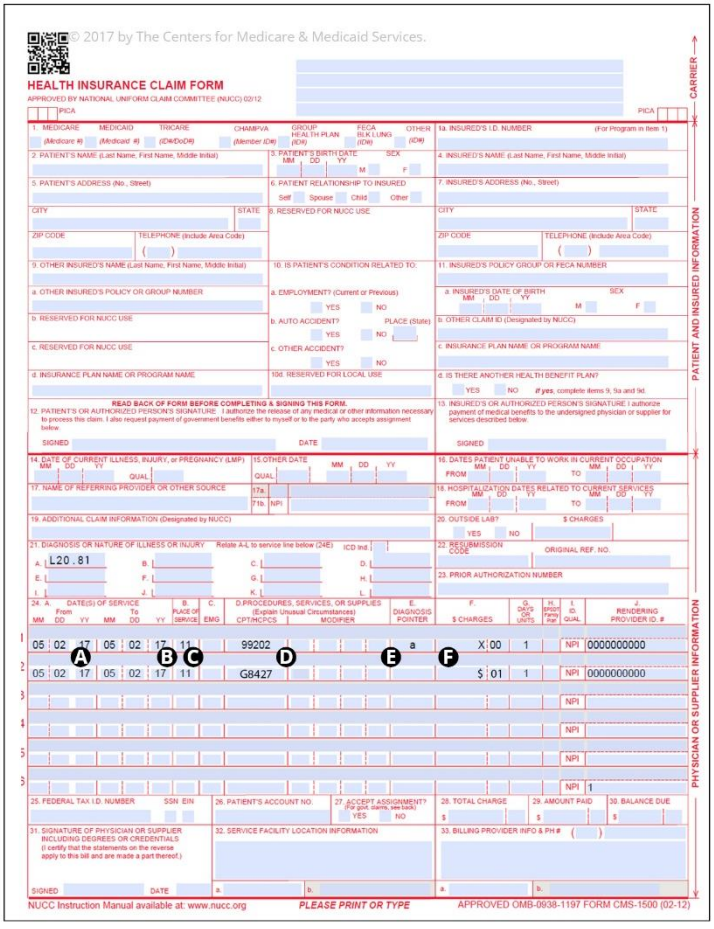
STEP 3:
Complete the form following steps 4, 5, 6, and 7.
This example is not intended to be used for official reporting.

STEP 4:
Complete this part of the claim form with patient demographics and insurance information:
- Name
- Address
- ID Number
- Secondary insurance information
- Etc.

STEP 5:
Enter patient's diagnosis code(s) in section 21.

STEP 6:
A. Enter date of service.
B. *Enter place of service.*
C. Leave blank
D. *Enter appropriate CPT code (with modifier if appropriate) and G-code for selected measure.*
E. *Link corresponding letters from diagnosis only to MIPS quality data codes when applicable to MIPs measure in section 21.*
F. *Codes from box 24D must be accompanied by a line-item charge of $0.01 in box 24F.*

STEP 7:
Complete this part of the claim form as usual.



For more information, see: **aad.org/practicecenter**

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The AAD has based its coding resources and education efforts on CPT guidelines. Times associated with E/M levels are based on the current CPT code descriptors and guidelines.