

## 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.

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**HEALTH INSURANCE CLAIM FORM**  
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

**PATIENT AND INSURED INFORMATION**

**PHYSICAL OR SUPPLIER INFORMATION**

**SECTION 21: DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E) ICD line 1)**

**SECTION 24: DATES OF SERVICE (Relate A-L to service line below (24E) ICD line 1)**

**SECTION 25: FEDERAL TAX ID NUMBER**

**SECTION 26: PATIENT'S ACCOUNT NO.**

**SECTION 27: ACCEPT ASSIGNMENT? (Check one)**

**SECTION 28: TOTAL CHARGE**

**SECTION 29: AMOUNT PAID**

**SECTION 30: BALANCE DUE**

**SECTION 32: SERVICE FACILITY LOCATION INFORMATION**

**SECTION 33: BILLING PROVIDER INFO & PH#**

**SECTION 34: SIGNATURE OF PHYSICIAN OR SUPPLIER (INCLUDES DEGREES OR CREDENTIALS) (Except Usual Occurrences)**

**SECTION 35: MODIFIER**

**SECTION 36: DIAGNOSIS CODE**

**SECTION 37: CHARGE**

**SECTION 38: PAYMENT**

**SECTION 39: BALANCE DUE**

**SECTION 40: APPROVED OMB-0938-1197 FORM CMS-1500 (02-12)**

For more information, see: [aad.org/practicecenter](http://aad.org/practicecenter)

REV 01/26/22

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.

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