# Practice Management Center

2020 MIPS Claims

# 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:

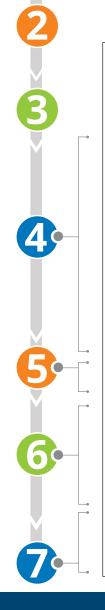
Enter patient's diagnosis code(s) in section 21.

#### 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.



常園© 2017 by The Centers for Med									
ALTH INCUDANCE CLAIM FORM									
ALTH INSURANCE CLAIM FORM ROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12									
PICA								PICA	ш
MEDICARE MEDICAID TRICARE CHAMPV (Medicare #) (Medicaid #) (ID#/DoD#) (Member		FECA OTH BLK LUNG (ID#) (ID		ISURED'S	S I.D. NUMB	ER	(	For Program in Item 1)	
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		M F							
ATIENT'S ADDRESS (No., Street)	6. PATIENT RELATIONSH Self Spouse (			SURED'S	ADDRESS	(No., Street	)		
/ STATE	8. RESERVED FOR NUCC		CITY					STATE	
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CODE TELEPHONE (Include Area Code)			ZIP	ODE			EPHONE (In	clude Area Code)	
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RESERVED FOR NUCC USE	c. OTHER ACCIDENT?  YES NO			C. INSURANCE PLAN NAME OR PROGRAM NAME					
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				YES	NO			ns 9, 9a and 9d.	
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