

# INDIVIDUAL ELIGIBLE PROFESSIONALS - LCSWs

Reporting options to avoid the 2017 PQRS payment adjustment

(CSWA Members can find a complete list of 2015 PQRS Measures that apply to LCSWs under Clinical Practice at 2015 PQRS Requirements)

**2015 PQRS Requirements  
for LCSWs - Use CMS-1500  
Claims or Registries**

**Report all 2015 PQRS  
Measures at frequency  
required for each 2015  
PQRS Measure  
between 1/1/15 to  
2/29/16**

**Report 2015 PQRS  
Measures in at least 2  
domains and one cross-  
cutting measure between  
1/1/15 to 2/29/16**

**Report three 2015 PQRS  
Measures for at least 50%  
of all Medicare patients  
between  
1/1/15 to 2/29/16**

21. Review applicable PQRS measures related to ANY diagnosis (Dx) listed in Item 21. Up to 8 Dx may be entered electronically.

24D. Procedures, Services, or Supplies - CPT/HCPCS, Modifier(s) as needed

QDC codes must be submitted with a line-item charge of \$0.01 for 2014. Charge fields 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. 250 .00 Diabetes Mellitus																					
2. 414 .00 Coronary Artery Disease (CAD)																					
23. PRIOR AUTHORIZATION NUMBER																					
24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. EPSDT Family Plan		I. ID. QUAL		J. RENDERING PROVIDER ID. #	
From MM DD YY To MM DD YY						CPT/HCPCS MODIFIER															
03 05 14 03 05 14 11						99213				1,2		47.00						NPI 0123456789			
03 05 14 03 05 14 11						3048F				1		0.01						NPI 0123456789			
13 03 05 14 11						3074F				1		0.01									
14 03 05 14 11						3078F				1											
03 05 14 03 05 14 11						4011F				2											
03 05 14 03 05 14 11						1090F				1								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				\$ 47.00		\$		\$ 47.00			
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 & P									
SIGNED						a.						b. XXXXXXXXXX									

1  
2  
3  
4  
5  
6

Identifies claim line-item

A nominal \$0.01 line-item charge should be included. The beneficiary is not liable for this nominal amount.

For group billing, the rendering NPI number of the individual eligible professional who performed the service will be used from each line-item in the PQRS calculations.

33a. The NPI of the billing provider is entered here. If a solo practitioner, then enter the individual NPI; if a Group is billing, enter the NPI of the Group here. This is a required field.

PLIER INFORMATION

PH