



## **CMS Instructions to Test Billing System Readiness for PQRI**

The Centers for Medicare and Medicaid Services (CMS) enables physicians to test their billing system and practice their readiness for PQRI quality data code reporting. CMS has designated “G8300” as a test code for PQRI reporting prior to July 1, 2007, the start date for PQRI reporting. G8300 was formerly used in the 2006 PVRP program and will be retired on July 1, 2007; meaning it will be rejected on any claims submitted for dates of service on and after July 1, 2007. In the interim, it can be used to test readiness as follows:

1. Add the G8300 test code as a line item on any claims for services. On the ASC X12N health care claim transaction (version 4010A1), submit the HCPCS code G8300 in the SV101-2 "Product/Service ID" Data Element on the SV1 "Professional Service" Segment of the 2400 "Service Line" Loop. It is also necessary to identify in this segment that a HCPCS code is being supplied by submitting the HC in data element SV101-1 within the SV1 "Professional Service" Segment.

For claims submitted on the CMS 1500 Form, report the test code in field 24D.

2. Randomly enter “\$0.00 or “\$0.01” as the line item charge for the test code. This will confirm the ability of billing software or clearinghouses to accept either.
3. Check your Remittance Advice (RA) for these claims to assure the test code has been passed through and processed by the carrier or MAC. You should see Claim Adjustment Reason Code message 96, “Non-covered charge(s).” Also, you will see Remittance Advice Remark Code message N365, “This procedure code is not payable. It is for reporting/information purposes only.” The RA will serve as your feedback for the test. CMS will not issue any other feedback.
4. The RA will indicate that the test code was denied. The test code will also show up on the beneficiary’s MSN with the statement “This code is for informational/reporting purposes only. You should not be charged for this code. If there is a charge, you do not have to pay the amount.” This same message will be appear on MSNs during the 2007 PQRI reporting period for designated 2007 PQRI codes.

Though physicians are free to test until July 1, CMS will be conducting some back end testing in June, so to the extent possible, CMS asks that physicians submit some claims with the PQRI test codes as soon as possible.