**CMS-1500 tips**

All forms must contain a Tax Identification Number (TIN) or Social Security Number or they will be returned.

Payments will only be sent to the address entered in Box 33.

Be sure to complete all highlighted areas to ensure speedy processing.

Please print clearly inside the boxes using black or dark blue ink. (Black or dark blue ink is required for automated entry.)

When rebilling, print REBILL clearly at the top of the form.

Use HCPCS instead of CPT 99070.

If you are billing for chart note copies, please include the number of copies provided in the "Days and Units" field on the CMS-1500 (formerly HCFA).

If you are billing for report services, conference or record review, please include the same date of service on the CMS-1500 as appears on the corresponding document.

Please complete CMS-1500 Box 32 if different than Box 33.

Identify the rendering provider in Box 31 on CMS-1500.\*

Use valid codes (ICD-9, CPT, HCPCS, CDT, etc).

Use appropriate units.

When faxing a bill on the new CMS-1500, please be aware that the text on the shaded lines in Field 24 may not come through on the fax. The shading overshadows the printing, leaving it unreadable in some cases.

**Modifiers**

Bill for services with the correct modifiers. For example:

Ambulatory Surgical Center, modifier SG should be billed only for ASC services (not x-rays, injections, etc.).

Physician assistants and authorized nurse practitioners should bill modifier 81.

Multiple surgeries should bill modifier 51.

Bilateral surgeries should bill modifier 50.

Use bill modifier 26 for CPT codes according to the Federal Register (26 indicates a professional component).