

24. A.	DATES(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 PROVIDED ID. #
	From	To						CPT/HCPCS	MODIFIER						
MM	DD	YY	MM	DD	YY										
														NPI	
														NPI	
														NPI	
														NPI	
														NPI	
														NPI	

CPT CODE

Modifier

Fig. 1 Link the appropriate modifier to the CPT code on the claim form.