

National Provider Communication Standards for MACs

January 13, 2026

What's Changed? – As of 1/13/2026

- [Acronyms](#): Added PrEP and updated link title rules
- [Bullets & Numbered Lists](#): Added rules on bullets starting with numbers
- [Dashes](#): Added rule on spacing around em dashes
- [Forms](#): Added guidance on using shortened form names
- [Headings & Titles](#): Updated capitalization rules
- [Terminology: Use This, Not That](#): Added timeframe

For the complete list of previous changes, see the “What’s Changed? Archives” at the end of this document.

Accordions

Description

In web design, an accordion is a type of menu that displays a list of headers stacked on top of one another. When the user clicks on the header of an accordion, it will either reveal or hide associated content.

Standard

- Use accordions to group lengthy content and make it easier to scan
- Use accordions when there are:
 - 6+ headings on a page
 - <6 headings but lengthy content beneath each heading
- Collapse supplemental or secondary information that's not essential
- If the content applies to only a certain subset of users, indicate that (see Example 1)
- Order links within accordions like this:
 - For sections with 10+ links, alphabetize the links
 - For sections with <10 links, sort by relevancy if specific links are used most often
- If the content on a page contains both accordions and individual links, convert the individual links to accordions to provide a more consistent user experience, look, and feel. In this case, it's okay to have an accordion with only one item under it.

Examples

Example 1: Same accordion menu collapsed (left) and with the last menu item expanded (right). This menu shows how to organize accordions when content only applies to a subset of users.

How to Submit Claims

- > [Institutional](#)
- > [Professional](#)
- > [What if I'm a Mass Immunizer?](#)
- > [What if I'm a Centralized Biller?](#)

How to Submit a Centralized Bill

Providers enrolled as [centralized billers](#) can submit a professional claim to [Novitas](#), regardless of where you administered the vaccines.

You must operate in at least 3 [MAC jurisdictions](#).

Example 2:

How Do I Bill:

- > [To Administer COVID-19 Vaccines?](#)
- > [For the Additional Payment for Administering the Vaccine in the Patient's Home?](#)
- > [For Medicare Advantage Patients?](#)
- > [For Hospice Patients?](#)
- > [If I'm a Rural Health Clinic or Federally Qualified Health Center?](#)
- > [When Medicare is a Secondary Payer \(Coordination of Benefits\)?](#)
- > [For Medicare Patients with Part A Only & Other Types of Insurance Coverage?](#)
- > [For Patients Who Don't Have Medicare?](#)

Acronyms

Description

Acronyms are a type of abbreviation that shorten phrases by using parts of the first word or phrase to form an abbreviation. For example, *PCG* for Provider Communications Group.

Standard

- Spell out the acronym the first time you use it, followed by the acronym in parentheses. Use the acronym for all future references.
- Within a group or section of webpages, spell out the acronym in the first instance on every page (since users may land directly on a page instead of always beginning at the overview page).
- If the term switches back and forth between plural and singular within the document, only spell out the acronym the first time it's used on the page.
- When an acronym is plural, put the "s" inside the parenthesis.
- Follow the rules for [capitalization](#) for the word or phrase preceding the acronym. Example: skilled nursing facility (SNF) or Quality Payment Program (QPP).
- Omit "the" before common acronyms for organizations like CMS, FDA, and HHS.
- Use the abbreviation U.S. (with periods) when used as an adjective (like the U.S. economy). Write out United States when used as a noun (like the President of the United States).
- Use acronyms in linked titles if the acronym is in the common acronym list or has already been introduced.

Exceptions

- Don't use acronyms for terms you use only once in a product, unless your audience more easily recognizes the term by the acronym. Example: Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI), Inpatient Prospective Payment System (IPPS), or Outpatient Prospective Payment System (OPPS).
- Titles:
 - Use common acronyms in titles
 - If an acronym isn't common, don't put it in the title. Spell out the term in the title, and introduce the acronym in the body content instead.
- In longer publications, such as guides or web-based training (WBT) courses, spell out the acronym more often, for example at the beginning of each chapter or lesson.
- If an acronym is more recognizable than its full spelling, use the acronym instead of spelling it out.
- When referring to Medicare beneficiary identifier as a concept (not a reference to an individual's MBI), use Mbi (the "M" is capitalized because the term "Medicare" is a proper noun, and the "b"+"i" are lowercase). We rarely do this.

Common acronyms for our audience (you don't need to spell these out)

- AIDS
- CASPER
- CDC
- CFR
- CMS
- COVID-19
- CPT
- CY
- DEA
- DME
- DMEPOS
- DNA
- ESRD
- FAQs
- FDA
- FY
- HCPCS
- HHS
- HIV
- ICD-10
- ICN
- iQIES
- IRIS - Interns and Residents Information System
- IRS
- MBI (see exception)
- NPI
- NPPES - National Plan & Provider Enumeration System
- OASIS
- Q&A
- QR Code
- PECOS
- PrEP
- SAMHSA
- SSN

A 68-year-old male with heart failure and diabetes is on multiple medications. He sees his physician for the Evaluation and Management (E/M) of these 2 diseases and the physician adjusts medications if appropriate. While discussing short-term treatment options, the patient wants to discuss long-term treatment options. In this case, the physician reports a standard E/M code.

Active voice

Description

Active voice helps the reader identify the subject of the sentence by keeping the subject and the verb close together. It's shorter and makes content easier to understand than passive voice.

Standard

Use active voice. Avoid passive voice as much as possible.

2 ways to spot passive voice:

1. Look for a form of the verb "to be" (am, is, was, were, be, been, being, are) followed by the past participle of a verb. Past participles usually end in -ed.
2. Try to insert "by zombies" after the verb. If the sentence still makes sense, it's passive voice.

Exceptions

- Passive voice is helpful when you need to soften a message or make the subject less prominent
- If using active voice makes the sentence too complicated or wordy, you may choose to use passive voice
- If you're quoting a source that uses passive voice, quote the source exactly as it's written

Examples

Passive: The case number should be saved in your records. It will be required for future inquiries.

(Test: The case number should be saved "by zombies." It will be required "by zombies.")

Active: Save the case number in your records. You will need it for future inquiries.

Addresses

Use 2 spaces between the state and the ZIP Code.

Examples:

7500 Security Blvd

Baltimore, MD 21244

7500 Security Blvd

Baltimore, Maryland 21244

Ampersands

Standards

- Use ampersands (&) instead of "and" in [Headings & Titles](#)
- Use more than 1 ampersand in a heading or title when either of these are true:
 - There are 2 sections separated by a colon
 - We reference a common acronym like Q&A
- Don't Use a comma before the ampersand in a series of 3 or more

Exceptions

Don't use an ampersand if the official program name uses "and."

Examples

Learn About COVID-19 Coverage and Treatments & How to Keep Your Patients Healthy

Accelerated and Advance Payments Program

Drugs & Biologics: HCPCS Level II Application Summaries & Coding Decisions

Laboratory Quality Assurance & Standardization Programs Q&A Session

Physicians, Teaching Hospitals & Non-Physician Practitioners

Bullets & Numbered Lists

Standards

NOTE: These standards apply to sub-bullets, charts, and tables.

- Use bullets for a list that has 2 or more items. See [Accordions](#) for standards about using an accordion when there's only 1 item.
- Use parallel structure (start each bullet with the same part of speech - either a noun or a verb, but be consistent).
- Don't use punctuation in bulleted lists, unless 1 of the items contains 2 or more complete sentences. In that case, use punctuation on all bullets in the list.
 - If content has more than 1 bulleted list (some that require periods and some that don't), still follow these guidelines. It's okay if content has bulleted lists with different punctuation.
 - Don't include commas between bullets.
 - Don't include "and" or a semicolon before the last bullet.
 - Sub bullets are considered a separate bulleted list that may have different punctuation from the main bulleted list.
- Capitalize the first word of each bullet.
- Don't include "and" before the last bullet.
- Use numbered lists when listing a sequence, steps in a process, or a specific number of items.
- When a bullet starts with a number, use the word:
 - Example: Two face-to-face sessions
 - Exception: When all bullets in a series start with a number, use numerals for all items

Examples

- Unsigned physician orders or unsigned requisitions alone don't support physician intent to order.
- Physicians should sign all orders for diagnostic services to avoid potential denials.
- If the signature is missing on a progress note, which supports intent, the ordering physician must complete an attestation statement and submit it with the response. For an example of a signature attestation statement, visit the CERT Provider website. If the signature is illegible, an attestation statement or signature log is acceptable.
- Attestation statements are unacceptable for unsigned physician orders or requisitions.

The proposed rule also includes:

- Annual update to the wage index
- Update to the outlier policy
- Low-volume eligibility criteria and attestation requirement
- Impact analysis

This fact sheet describes what you, as a provider, need to know about how different coverage affects:

- Seeing patients
- Processing claims
- Filing appeals

Avoid this (if there's only one bullet, incorporate it into the preceding text):

- Identify the hospice and attending physician providing care
 - The patient or representative must acknowledge they chose the attending physician, if applicable
- Show that the patient or representative understands hospice is for palliative care rather than curative care

See [Accordions](#) for standards about using an accordion when there's only 1 item.

Capitalization

Standards

Follow a consistent capitalization scheme. See [Headings & Titles](#) and [Terminology: Use This, Not That](#) for more information.

- Do capitalize proper nouns, including names of individuals, places, and agencies
- Don't capitalize *federal* or *government* (unless used in the beginning of a bullet or a sentence)
- Don't capitalize *state* unless you're naming a specific state
- Don't capitalize tribe or nation if used generically
- When writing about a specific program, such as the Medicare Program, capitalize both the "M" in Medicare and "P" in Program
- When writing about programs in general don't capitalize the "p" in program
- Capitalize the word after a hyphen in a compound modifier in headings and titles or if the legislative rule or guidance capitalizes it
- Capitalize the first word after a colon, only if what follows is a complete sentence
- Follow the rules for capitalization for the word or phrase preceding an acronym. Example: skilled nursing facility (SNF) or Quality Payment Program (QPP)
- Capitalize the first word after an acronym if you capitalize that word based on the Headings & Titles standards
- Don't capitalize product types (for example, fact sheet, educational tool) unless you're to capitalize the words based on the Headings & Titles standards
- Always capitalize contract types
- Always capitalize "Chapter" and "Version"
- Use lowercase for "section"

Exceptions

- If referring to the "Program" as in the Medicare Program, capitalize the "P" in Program since this is an abbreviation for the Medicare Program.
- Product types listed in the [MLN Publications & Multimedia](#) may be in capitals due to formatting of the list. "MLN Matters" is an exception because it is trademarked.
- If you've used Federally Qualified Health Center in the same sentence as another provider type then capitalize the other provider type in that sentence.

Examples

The list shows how the words should display if you use the word in the middle of a sentence. If the word is at the beginning of the sentence or bullet, capitalize the first letter of the word (or of the first word if more than 1 word).

- diabetes self-management training (DSMT)
- Diagnosis-Related Group
- federal
- Federally Qualified Health Center (FQHC)
- government
- hospital-based payment
- Maryland State's attorney general
- mass immunizer (note: capitalize as "Mass Immunizer" if it's an official title)
- Medicare Administrative Contractor
- Medicare.gov
- Medicare Program
- non-hospital
- Recovery Audit Contractor
- religious nonmedical health care institutions
- Refer the patient to their state attorney general's office.
- roster bill
- rural health clinic
- skilled nursing facility (SNF)
- CMS finalized regulatory language for mental health visits in Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) in the [C Y 2022 Physician Fee Schedule \(PFS\) final rule](#).
- See [Medicare Benefit Policy Manual, Chapter 9](#), section 20.1
- Outcome and Assessment Information Set Version E

Colons

Standard

- Use colons to introduce text or bulleted lists
- Always capitalize the first word after a colon
- Use 1 space after a colon

Examples

- You must have this information to run an eligibility search: patient's Medicare beneficiary identifier (Medicare number), patient's full first and last name, and patient's date of birth
- PrEP using antiretroviral therapy to prevent HIV infection: Information about lenacapavir
- NOTE: Use the In the Locality Key document to find the locality and corresponding MAC numbers assigned to your OTP based on the State/Fee Schedule Area/County location of your practice

Commas

Standards

- Use serial (Oxford) commas in a list of 3 or more
- Include a comma before an effective date

Dates:

- Use a comma to separate the day from the month and the date from the year
- When you're only giving a month and a year, you don't need a comma

Examples

- Medicare Administrative Contractors (MACs) process these claims, make payments to more than 1 million Medicare providers per Medicare regulations, and give education on how to submit coded claims
- Removed CPT code 90685 effective August 1, 2022
- Beginning January 1, 2024, MHCs and MFTs can provide and bill Medicare telehealth services
- Learn about updates, effective October 1, 2025

Contractions

Standard

Use the following common contractions because they're easier to read. If you want to use a contraction not listed below, contact your guild member.

| Contraction | Full Form |
|-------------|-----------------------|
| aren't | are not |
| can't | cannot |
| didn't | did not |
| doesn't | does not |
| don't | do not |
| hadn't | had not |
| hasn't | has not |
| haven't | have not |
| isn't | is not |
| it's | it is |
| shouldn't | should not |
| that's | that is |
| there's | there is or there has |
| they'll | they will |
| they're | they are |
| they've | they have |
| wasn't | was not |
| we'll | we will |
| we're | we are |
| we've | we have |
| weren't | were not |
| what's | what is |
| who's | who is |
| won't | will not |
| wouldn't | would not |
| you'll | you will |
| you're | you are |
| you've | you have |

Exceptions

For "they have," "we have," and "you have": Use the contraction when "have" is a helping verb, but not when it's the main verb.

Example:

- Entities, like local health facilities, must get an NPI if they've never submitted Medicare claims.
- Once they have an NPI, providers can use PECOS to verify current Medicare enrollment information.

Costs

| If you need to talk about this: | Do this: |
|--|--|
| "free" vs "no cost" vs "waived" | Consult the policy to confirm whether to use "free," "no cost," or "waived." Use the correct term consistently in all communications on the topic. |
| Original Medicare costs | Refer to this page: https://www.medicare.gov/our-medicare-costs/medicare-costs-at-a-glance |
| Medicare Advantage Plan costs | Use this language: Benefit costs and coverage may vary by plan. For more information on premiums, copays, and Medicare Advantage plans, refer to the Find a Medicare plan page. |

Dashes

Standard

- Use words instead of a dash. See [compound modifiers & hyphens](#) for more information.
- Avoid using a space before or after a dash used to show a range between 2 numbers.
- Don't use a space on either side of an em dash.

Exceptions

- Use an em dash (the longer dash, —) to offset a phrase or reference a manual section. The keystroke to insert an em dash is [alt0151].
- Use an en dash (the shorter dash, –) to convey a range of numbers. The keystroke to insert en dash is [alt0150].

Examples

- Section 20.29, Chapter 1, Part 1—Hyperbaric Oxygen Therapy
- We assign 2–3 people to each team

Definitions

The list below provides a full definition, references, and additional notes around terms we use in our communications that you may need to define in your content. See the [Terminology: Use This, Not That](#) list for more guidance.

| Term | Definition | First reference | Subsequent references | Don't Use |
|--------------------------------|---|---|---|---|
| Telehealth | Telehealth generally involves 2-way, interactive technology that permits communication between the practitioner and patient. | 2-way, interactive technology (or telehealth) If specific to audio-video only: 2-way, interactive, audio-video technology -or- audio-video telehealth If specific to audio only: 2-way, interactive, audio-only technology -or- audio-only telehealth | <ul style="list-style-type: none"> • telehealth • audio-video telehealth (if specific to audio-video only) • audio-only telehealth (if specific to audio only) | Audio and video communication technology, telecommunications (unless in reference to mental health services under the COVID-19 PHE) |
| Virtual communication services | Virtual communications services are services in which a practitioner meets with a patient for at least 5 minutes to determine if the patient needs a visit. | | | |

Figures & Tables

Standards

- Number figures and tables sequentially but separately throughout the product. Add the number to the top of the image.
- If there's only 1 table or 1 figure in the product, don't number the table or figure.
- If you're using a number, add a descriptive title after the number
- The descriptive text belongs above a table and below a figure
- Add descriptive alt text on the image

Example

Table 1. BHI Coding Summary

| BHI Codes | Behavioral Health Care Manager or Clinical Staff Threshold Time | Assumed Billing Practitioner Time |
|--|--|-----------------------------------|
| Add-On CoCM (Any month) (CPT code 99494) | Each additional 30 minutes per calendar month | 13 minutes |
| BHI Initiating Visit (AWW, IPPE, TCM or other qualifying E/M) | N/A | Usual work for the visit code |
| CoCM First Month (CPT code 99492) | 70 minutes per calendar month | 30 minutes |
| CoCM Subsequent Months** (CPT code 99493) | 60 minutes per calendar month | 26 minutes |
| General BHI (CPT code 99484) | At least 20 minutes per calendar month | 15 minutes |
| Initial or subsequent psychiatric collaborative care management (HCPCS code G2214) | 30 minutes of behavioral health care manager time per calendar month | Usual work for the visit code |

| Column 1 | Column 2 | * = In existence prior to 1996 | Effective Date | Deletion Date * = no data | Modifier 0 = not allowed 1 = allowed 9 = not applicable | PTP Edit Rationale |
|----------|----------|--------------------------------|----------------|------------------------------|--|--|
| 99215 | G0101 | | 19980401 | 19980401 | 9 | More extensive procedure * |
| 99215 | G0102 | | 20000605 | * | 0 | Standards of medical / surgical practice * |
| 99215 | G0104 | | 19980401 | 19980401 | 9 | More extensive procedure * |
| 99215 | G0105 | | 19980401 | 19980401 | 9 | More extensive procedure * |
| 99215 | G0106 | | 19980401 | 19980401 | 9 | More extensive procedure * |
| 99215 | G0107 | | 19980401 | 19980401 | 9 | More extensive procedure * |
| 99215 | G0117 | | 20020101 | * | 0 | Standards of medical / surgical practice * |
| 99215 | G0118 | | 20020101 | * | 0 | Standards of medical / surgical practice * |
| 99215 | G0120 | | 19980401 | 19980401 | 9 | More extensive procedure * |
| 99215 | G0245 | | 20020701 | * | 0 | Standards of medical / surgical practice * |

Figure 2: Column 1/Column 2 table with 99215 in Column 1

Font

Standard

- Use black for most text
- Use bold sparingly for headers or to emphasize important points
- Only use underlining for URLs. See [Links & URLs](#) for standards on linking
- Use [RGB 0/0/255](#) color for PDF
- Avoid italics because they're hard to read
- Avoid using all caps for emphasis:
 - All caps implies you're screaming at the reader
 - Readers can easily confuse all caps with acronyms
- Don't use 1 word on a line by itself ("widow") in paragraphs
- Don't use full justification centered text aligned to both left and right margins

Forms

Standards

- Use the official name of the form followed by parentheses with the form number and a hyphen between the word CMS and the number.
- Make the entire name and form number a link.
- Use the full name on the first reference. Then, use a shortened version of the form name in subsequent references.

Examples

- [Medicare Enrollment Application - Institutional Providers \(CMS-855A\)](#)
- [Health Insurance Claim Form \(CMS-1500\)](#)

Headings & Titles

Standards

- Use short, clear, and concise titles.
- Don't use "A" or "The" as the first word in a title.
- Don't include the product format in the title.
- Use common acronyms in titles and headings instead of spelling out. If the term isn't a common acronym, don't put the acronym in the title or heading. First, introduce the acronym in the body content, then use the acronym in later headings.
- Capitalize all elements in a heading or title except:
 - Articles
 - Prepositions of 3 or fewer letters
 - Conjunctions and, but, for, or, nor
- Always capitalize the first and last words of a heading or title.
- Use ampersands (&) instead of "and." See [ampersands](#).
- Use numerals instead of spelling out the number. See [numbers, dates, percentages, & time](#).
- Capitalize the word after a hyphen in a compound modifier. See [capitalization](#).
- Use [keywords](#) to optimize the content.
- Avoid hyperlink headings or titles. Link the related content under the heading or title to more information instead.

Examples

- Nursing Homes & COVID: 5 Things to Know, Additional Resources, Training
- Learn About COVID-19 Coverage and Treatments & How to Keep Your Patients Healthy
- Safety During a Hurricane
- More Information
- Where Can I Get More Information?

Hyphens & Compound Modifiers

Description

A compound modifier is 2 words that describe 1 noun. See [standards for capitalization](#) to see how to handle words after a hyphen.

Standard

Use a hyphen between 2 modifiers that describe the same noun.

Not sure if you need a hyphen? Try to remove 1 of the modifiers and see if the phrase still makes sense. If you need both modifiers, then you also need a hyphen.

Exception

- If the legislative rule or the official guidance contains a compound modifier without a hyphen, use the phrase as it is in the rule:
 - Medically necessary
 - Late enrollment penalty
- Don't hyphenate a compound modifier if 1 of the modifiers is an adverb that ends in -ly.

Examples

- Long-term care facility
- web-based tool
- Diagnosis-Related Group rate
- Medicare-enrolled supplier
- smartly dressed person
- Medicare-certified
- Hospital-based
- Non-physician practitioners (note: avoid using this term unless regulation specifies using it - see [Terminology: Use This, Not That](#))
- National Institutes of Health (NIH)-sponsored events

Letters

Description

We occasionally create letters for MACs to send to providers.

Standard

If you post a PDF version of the letter, make sure it's exactly the same as the hard copy (don't add hyperlinks or make changes of any kind)

Nouns Ending -ion,-ment,-mant,-ance,-ence

Description

Making a verb into a noun by adding the following endings makes sentences longer, weaker, and harder to read. These words are "nominalizations" or "smothered verbs."

- -ance
- -ence
- -mant
- -ment
- -ion

Standard

Avoid turning verbs into nouns.

Examples

Original

Prepare for the Medicare enrollment process by reviewing the MDPP Checklist.

The primary goal of the MDPP expanded model is to help Medicare beneficiaries achieve at least 5% weight loss. This is the outcome associated with reduction in development of type 2 diabetes in people at high risk for the disease.

Revised

Review the MDPP Checklist, and get ready to enroll.

The primary goal of the MDPP expanded model is to help Medicare beneficiaries achieve at least 5% weight loss, which decreases the onset of type 2 diabetes in high risk patients.

Numbers, Dates & Time

Numbers

- Use numerals for numbers instead of spelling them out.
- Spell out ordinal numbers (first, second, third, etc.) unless they're 10th and above.
- Place a zero before a decimal where there's no unit, except in market quotations
- "Use every 2 (interval) or twice a (interval)" to clearly convey time. Don't use biweekly, bimonthly, or biannually.
- Write K, M, and B for thousands, millions, and billions. Don't list long strings of numbers, except for emphasis.
- Omit the decimal point and zeros after a number unless the zero is needed to indicate exact measurement

Fractions

Use percentages instead of fractions.

Percentages

- Use the percent sign (%) when paired with a numeral, with no space between the numeral and %
- For amounts less than 1%, use a zero before the decimal
- Spell out the word "percent" if you're using it without a numeral

Dates

- Always include year.
- Use the 2-digit month, 2-digit date, 4-digit year.
- Use digits in the format CCYY/MM/DD in dynamic lists.
- Spell out in text content (headings, sentences, paragraphs).
- In charts or tables, use digits or text. Use the same format throughout the product.
- Use a dash to show a range (see exception).
- If date contains a year and is within a sentence, use a comma after the year.
- Don't include "rd," "st" or "th" after a number directly following a month. For example, use July 3, not July 3rd.

Time

- Use a lower case abbreviation for am and pm
- Only repeat am or pm within a time range if the first time is am and the second is pm
- Don't use periods in the abbreviation for am and pm
- Put a space after the number and before the abbreviation
- Use a dash instead of "to" to show time range
- Use ET, CT, MT, PT without parenthesis to show the time zone
- Use noon instead of 12 pm or 12:00 pm

Exceptions

- Spell out numbers if they're the first word in a sentence
- Spell out numbers that reference their position in a series, like first or second
- Always use numerals to write about money, pages, percentages, measurement, or time (age, weeks, months, years, hours)
- If the SME recommends a word (like between or through) for a policy reason, use that word instead of a dash
- Spell out "one" when using the phrase "one-time"
- Don't include the year in a message title unless it's not clear what year you're referring to or the year is critical for the reader to understand the message. For example, if providers need to do something in 3 years, include the year.
- Don't include the year in the message body if the context makes it clear that you're referring to this year, last year, or next year. Exception: include the year the first time you reference the date in these situations:
 - Effective dates
 - Implementation dates
 - Other important dates asked by the SME

Examples

- Two face-to-face sessions
- The AMA/ADA NUBC User Agreement displays once per web session, the first time you view a document that may contain CPT or CDT codes
- Nursing Homes & COVID: 5 Things to Know, Additional Resources, Training
- 1.6 million people
- Wednesday, July 16, 2025
- New Medicare Card Mailing Complete, 58% of Claims Submitted with MBIs
- 100% of users agreed with the finding
- The cost of living rose 0.6%.
- 1 am, 1:30 pm, 1–2 pm
- 2020/10/13

- Collect Data January 1 – June 30, 2025
- 1 pm ET
- 11 am – 1 pm
- 75% of respondents (instead of 3 out of 4, 3/4, three quarters)
- a one-time cost
- July 4 (instead of July 4th)

Parentheses

Standard

- Use parentheses sparingly.
- Don't put optional plurals in parentheses. Use the plural instead.
- Use parentheses within parentheses when necessary. Don't use brackets.
- Always use parentheses when they are part of a statute citation or the original code descriptor.

Examples

- Use MACs instead of MAC(s)
- Use Medical conditions instead of medical condition(s)
- Title XVIII of the Social Security Act, §1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.
- 78608 Brain imaging (PET)

Periods

Standard

Use 1 space after a period

Example

One new code is effective for dates of service from June 25, 2020, and beyond. Medicare implemented this code under CR 11736 for the October 2020 HCPCS update.

Person-Centered Language

Person-first language means focusing on the individual as a whole human being first, not their disability, condition, or diagnosis. Using person-first language avoids the assumption that a person's disability or condition is a characteristic of their personal identity, placing these as secondary to who the person is.

| Instead of this: | Try this: |
|---|---|
| Inmate, prisoner | People who are incarcerated |
| Disabled, handicapped | People with a disability |
| Drug users, addicts, alcoholics | People who use drugs, people with a substance use disorder (alcohol use disorder) |
| Diabetic person | Person living with or person who has diabetes |
| Underserved people | People who are underserved |
| Hard to reach populations | People who are medically underserved |
| The uninsured | People who are uninsured |
| Homeless people, the homeless | People experiencing homelessness |
| Mentally ill | People with a mental or behavioral health condition |
| Mentally retarded | Person with an intellectual disability |
| Suffers from or is afflicted with (condition) | People with (a diagnosed or condition) |
| Elderly | Older adults |
| High risk people | People who are at increased (higher) risk for (condition) |
| Rural people | People who live in rural (sparsely populated) areas, rural communities |
| Beneficiary | People with Medicare* |

*People with Medicare

When you refer to people with Medicare, you can also use these terms when appropriate:

- Patient, including people in [hospitals](#)
- Resident for people in [skilled nursing facilities, nursing homes, and long-term care facilities](#)
- Clients for people in [intermediate care facilities for individuals with intellectual disabilities \(ICF/IID\)](#)

Phone Numbers

Standards

- Separate groups of numbers with a hyphen
- Don't use parentheses
- Use "call" instead of "phone" or "telephone" when giving an instruction to call a phone number. Example: "Call 1-800-MEDICARE" instead of "Phone 1-800-MEDICARE" or "Telephone 1-800-MEDICARE."

Example

800-123-4567

Plain Language

We follow [Federal Plain Language Guidelines](#) in our writing because it makes our content easier to find and understand. Plain language is also the law.

Below are the basic guidelines that we follow with links to additional guidance. Note that we don't change official names of code sets, programs, publication titles, and regulations to match our standards.

1. [Organize for your readers.](#)
2. [Use "you" and other pronouns.](#)
3. [Use active voice instead of passive voice.](#)
4. [Write short sentences.](#) Sometimes our content may require technical terms that are appropriate for the audience. Be sure to explain them the first time you use them.
5. [Use common, everyday words.](#)
6. Design for easy reading.

Pronouns: You, We & They

Description

Pronouns like "you" are a plain language principle that help you get rid of unnecessary words so the reader needs to do less "translation."

Standards

- Refer to the reader (CSRs, providers, MACs, partners) as "you" in the text and as "I" in questions
- Refer to CMS as "we" after the first time you use "CMS" in content
- If necessary, define "we" and "you" in the definitions section
- If the communication is for multiple audiences and "you" creates confusion, consider dividing the content by audience so the "you" is clear (tabs on a webpage or headings in content can help)
- Use "they" as a singular pronoun instead of he or she

Exception

- In lists on the web where a person is trying to find the situation that applies to them, use "I" (Example: I qualify for a Special Enrollment Period.)

Examples

- Where can I get more information? **You** can get more information...
- I submitted an appeal. What happens next?
- A provider may call you with questions that they can answer in the portal.

Race & Ethnicity

Standard

Use the preferred terms or phrases when referring to race and ethnicity:

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian and Pacific Islander
- White
- Multiracial

Exceptions

If referring to a form or content created outside of PCG and the content doesn't follow this standard, use the term in the content.

Examples

Black or African Americans aged 50 and older

Body Mass Index (BMI) of at least 25 (23 if patient self-identifies as Asian) on first core session date

Hispanic or Latinos aged 65 and older

Quotes

Standards

- Use only when quoting a direct source or defining a specific word
- Don't use quotes around publication titles for messaging and web content
- Don't use quotes when referring to a cliché or catch phrase, such as "baby boomer" or "state of the art"
- Don't use quotes when referencing a title, such as "DMEPOS Supplies"
- Place punctuation inside quotation marks

Examples

- Section 1861(w)(1) states that the term "arrangements" is limited to...
- To locate these booklets, go to the MLN Publications page at <http://go.cms.gov/mln-publications> and search for items containing the words "how to"

Slashes (/)

Standard

Avoid using a slash in writing unless it's part of commonly understood terminology for the audience.

Avoid "and/or" and "and or" because it's unclear and creates confusion. In most cases, you can use "or" and it means the same as using "and/or." You must choose either "and" or "or."

General guidelines and examples to avoid "and/or" are below:

- Use "and" when you mean both. **Example:** Submit SAT scores and a transcript to get the scholarship.
- Use "or" for one or the other. **Example:** Submit SAT scores or a transcript to get the scholarship.
- If you mean either or both, try to reword the sentence. **Example:** Submit SAT scores, a transcript, or both to get the scholarship.

Exceptions

- E/M
- HCPCS/CPT
- A/B MAC

Solid Compounds

- Use one word when “any,” “every,” “no,” and “some” are combined with “body,” “thing,” and “where”
- Type as separate words “any one” and “every one”
- To avoid mispronunciation, type “no one” as two words
- Type compound personal pronouns as one word (herself)
- Type as one word compass directions consisting of two points (southeast)

Terminology: Use This, Not That

Below are rules for common words and phrases used in materials for Medicare Fee-for-Service providers.

See our list of common [acronyms](#) and [plain language guidance](#) for plain language [alternatives to common, every day words](#). **Note: This list is specific to PCG.**

| Use this (including capitalization and punctuation as shown below) | Don't use this |
|---|---|
| Accelerated and Advance Payment Program | Accelerated & Advance Payment Program |
| affect (use this instead of using "impact" as a verb) | impact (only use impact as a noun) |
| Affordable Care Act | ACA |
| patients with Medicare Part A | all patients with Medicare Part A |
| patients with Medicare Part B | all patients with Medicare Part B |
| before | prior to |
| billing agency, clearinghouse, or software vendor (use this entire phrase) | third-party vendor, billing vendor, billing entity, billing organization |
| canceled | cancelled |
| Check eligibility | HETS |
| CMS.gov | cms.gov (see Links & URLs for more standards) |
| CMS's (avoid using possessive form of CMS as much as possible by using pronoun "we" or "our" instead) | CMS' |
| copayment | Co-payment |
| CR XXXX (example: CR 1234) | CRXXXX, CR#XXXX, CR# XXXX (examples: CR1234, CR#1234, CR# 1234) |
| current | up-to-date |
| CY YYYY (example: CY 2025) | CYYYYY (example: CY2015) |
| Data is | Data are |
| Diagnosis-Related Group | Diagnosis Related Group, Diagnosis related Group, diagnosis-related group, diagnosis-related group |
| digital | paperless |
| doctoral degree | Doctoral degree, Doctoral Degree |
| electronic mailing list | LISTSERV |
| email (use as a verb instead of saying "send an email") | e-mail, E-mail |
| Emergency Department (ED) | Emergency Room (ER) |
| Fee-for-Service | Fee-For-Service, fee-for-service or any other variation |
| flu (when talking about the illness or the season) | influenza (exception: use "influenza vaccine" when talking about the HCPCS code and description and or official name) |
| for example | e.g. |
| free (see standard) | see standard |
| get | receive |
| health care | healthcare |
| HHS's | HHS' |
| ICN | ICN # |

| | |
|--|--|
| long-term care | long term care longterm care Exception: capitalize the "T" if it's part of a name (Long-Term Care Facility Hospital) |
| low dose computed tomography | low-dose computed tomography |
| MACs (telling people how to find their MAC website) - see Link Directory | see Link Directory |
| MACs | MAC(s) |
| MAC secure internet portal | MAC portal, Online portal, secure internet portal, internet portal |
| master's degree | Master's degree, Master's Degree |
| Medicare.gov | medicare.gov |
| medically necessary | medically-necessary |
| Medicare Part A (first instance), use Part A for all other instances | Medicare Part A after the first instance |
| Medicare Part B (first instance), use Part B for all other instances | Medicare Part B after the first instance |
| Medicare drug plan (Part D) (first instance), use drug plan for all other instances | Medicare drug plan (Part D) after the first instance prescription drug plan |
| Medicare patients (first instance), use patients for all other instances | Medicare patients after the first instance Exception: If content relates to other types of patients, use Medicare patients to distinguish between different types of patients. |
| Medicare Program | Medicare program |
| Medicare provider (first instance), use you for all other instances | Medicare provider after the first instance Medicare physician (or other qualified health care professional) Exceptions: If content relates to non-Medicare providers, use Medicare providers to distinguish between different types of providers. If a product is for a specific provider type, refer to that specific provider type the first time, then use you later references |
| medications for opioid use disorder (MOUD) | medication-assisted treatment (MAT) |
| mobile device | iPad, Kindle, smart phone |
| must or will (use in all products depending on context except for TDLs) | shall |
| no cost (see standard) | see standard |
| offline and online | off-line and on-line |
| Original Medicare | Traditional Medicare |
| payment | reimbursement |
| Part B-Immunosuppressive Drug Benefit Part B-ID | PBID |
| people | individuals |
| Physician Fee Schedule (PFS) | Medicare Physician Fee Schedule (MPFS) (Exception: If SMEs request we use Medicare Physician Fee Schedule, use Medicare Physician Fee Schedule (PFS) for the first instance, and use PFS for all subsequent instances.) |
| post-assessment | post-test |
| previous year | prior year |
| provide or supply (when talking about services) | furnish or give (exception: use "furnish" if the regulation specifies using the term "furnish") |

| | |
|---|---|
| provider | non-physician practitioner (exception: use "physician or non-physician practitioner" if the regulation specifies using it. Use "practitioner" for all subsequent references.) professional |
| provider specialty type XX (where XX is the number) | specialty type XX |
| putting patients first put patients first (use in a descriptive way that suggests common speech, not a slogan, trademark, service mark) | any version of this phrase in quote or with capital letters patient first patients first |
| Recovery Audit Contractor | RAC |
| select | click, choose, or hit |
| shall (use in TDLs) | must or will (use "shall" in TDLs to match IOM language) |
| shot (see exceptions in the "don't use this" column) | vaccine (exceptions: use "vaccine" when talking about the official HCPCS code & description, COVID, and flu "preferred vaccines") |
| start | begin |
| The CMS Innovation Center | CMS' Innovation Center |
| telehealth (see definitions) | see definitions |
| third-party (use this term hyphenated as shown when it precedes a noun) | 3rd party, 3rd-party, third party |
| timeframe | time frame |
| URL | url |
| waived (see standard) | see standard |
| web | Internet |
| web-based | web based |
| webpage | Web page, web page, Webpage |
| website | Web site, web site, Website |
| ZIP Code | Zip Code, zip code, ZIP code |

Videos

Standards

- Make sure all information in the video is also available as a text transcript
- Make sure all videos are closed captioned
- Remove "private" videos from our playlist
- If the video URL changes, set up a redirect

Linking

- **Webpages:** Embed videos on a webpage. If the video is too large to embed, link directly to the video.
- **Digital content (PDFs and MLNC):** Link directly to the video.
- **Print Content:**
 - Don't link to the video
 - Direct users to the associated content or campaign page (Example: [gov/cognitive](#))
 - If there's not a campaign page, link to the detail page and [create an alias](#)
 - Attach a copy of the transcript for users who can't view the video

Elements

- **Thumbnail:** Make sure the thumbnail shows the video style. For example, if the video is an interview, show an interview setting. The thumbnail image doesn't have to be from the video, but don't use the same thumbnail photo, like a branded title page, on every video.
- **Title:** Use a descriptive, topic-focused title with [keywords](#) near the video start.
- **Length:** Display the length of the video in parenthesis after the video name in messages and announcements. Example: Importance of Proper Documentation: Provider Minute Video (4:05). Videos should be 5 minutes or less.
- **Introduction:** Keep the introduction :05 or less.
- **End:** End the video with a clear call to action or links to more information.
- **File name:** Make sure the video file has a descriptive name that uses keywords for SEO.
- **Description:**
 - The user will only see the first few lines unless they scroll down. Use keywords that are relevant in the description. You can copy the transcript or content from the matching webpage for the description.
 - Include this statement: CMS accepts comments but can't respond to questions in this forum.
 - At the bottom, include links to a few related videos and hashtags.
- **Tags:** Enter a few tags that describe the video. Use keywords, like "medicare coverage," "medicare plans," "diabetes prevention," "colorectal cancer screening," etc. Tip: The info icon in YouTube tells you that tags won't help people find content. Ignore that.
- **Full-screen icon:**
 - Remove the full-screen option icon at the bottom right.
 - If videos are in a [web-based training](#), use this language: To start the video in the player window on the left, click the Play button. If you can't see the video player on the left, or the video player doesn't work, you can launch the video in a new browser window to view the content on the YouTube website. Click the link to view the video in full screen.

Placement

- If the video is at the top of the page, it should contain all of the content on the page
- If the video is specific to a certain section of the page, place it at the top of that section
- Avoid placing the video at the bottom of the page or on the right side

Navigation

- If the video describes a long multistep process, use multiple small videos (1 for each step) instead of 1 long video.
- In long videos, use chapters or other time markers.
- Display the length of the video in the player window and as part of the video thumbnail.
- Avoid autoplay. Give users control to stop, start, restart, and mute.

Web Content

Description

These following standards help users get to the content they expect with minimal effort. Use best practices to optimize web content.

Standards

- [Alias \(Vanity\) URLs](#)
- [Keywords](#)
- [Links & URLs](#)
- [Meta Descriptions](#)
- [PDFs](#)

Alias ("Vanity") URLs

Description

An alias, or a vanity URL, is a shorter URL that redirects to the real URL. Vanity URLs take up less room, are associated with your brand, memorable, and easy to read.

Think of your vanity URL as if it was printed on a billboard on the beltway. Drivers need to be able to quickly read and remember this URL without writing it down. Vanity URLs also provide a way to track campaigns.

In PCCG, we use vanity URLs for web pages related to campaigns or for URLs that will go in products but aren't linkable (like a direct mail).

Standard

- Use **key words** that resonate with your audience (this will help **optimize your content**) Limit length to 2-3 words
- Use hyphens when necessary, but as infrequently as possible.
- Avoid acronyms unless familiar to the audience
- Case doesn't matter when URLs are typed in a browser, but when displaying the URL, use capital letters for acronyms and capitalize the first letter of each word.

Examples

- Real URL:<https://www.cms.gov/medicare/prev-entive-services/flu-shot>
- Vanity URL:[cms.gov/flu-prov-ider](https://www.cms.gov/flu-prov-ider)

Keywords

Description

Most people start their search for information with a search engine. What you call the subject of your page might not be what your users are calling it. Using keywords in content will help users get the content they expect, quickly.

Standard

1: Identify the keywords people are putting into search engines to get information about a topic:

Find out what keywords users are searching for by using data sources like:

- Reports (like Google Analytics and Google Trends)
- Search results (perform your own searches to see what words other sites use to refer to the same topic)

2: Evaluate the keywords you've gathered:

Once you identify the keywords people are searching for, decide how to use them to make our content about a topic more relevant to the user. There are 2 ways to use keywords:

1. In page content: this is cleared content that the user sees when they're looking at a webpage or a product
2. In metadata: this is content that people may not see, but search engines scan it to help users find our content. Metadata gives us the chance to use words people search for but that we can't put in our content. For example, people might search for the term "preventative" services, but the term we use is "preventive" services. In this case, our content should use "preventive," but we can put "preventative" in the keyword metadata field described below.

3: If your keywords are words you want users to see, put the keywords in these parts of the content:

- Titles
- Headings
- Introductions & summaries
- Chapter & section titles
- Links & URLs
- [Metadata descriptions](#)- These are the descriptions users may see when they get a Search Engine Results Page after they enter a search term in a search engine - like Google. Some search engines don't use metadata descriptions. Since the user might see them, only use terms that we want users to see in our cleared content.

4: If your keywords are words you don't want users to see, put the keywords in the keyword metadata field (called "Best Bets" in Drupal) following these standards:

- 64 character limit
- Use commas to separate words
- If a word is in the page title, don't repeat it in the keywords
- Case doesn't matter
- Plural covers singular, so you don't need both

Links & URLs

Description

Links should tell the users what they can expect when they click the link. Short, descriptive links help search engines and users find what they need quickly.

Standards

- Use the full title of the document when creating the URL (see [Exceptions: Drupal URLs](#))
- Add identification number (if applicable) to beginning followed by a hyphen, then the title text
- Try to limit URLs to 20 to 30 characters (per [Section 508 Best Practices](#)), but no more than 100 characters

Example PDF: MLN1988542 - Medicare Mental Health - <https://www.cms.gov/files/document/mln1986542-medicare-mental-health.pdf>

The screenshot shows the 'Edit Document' interface for 'MLN1986542 - Medicare Mental Health'. At the top, there is a dark header with the title 'Edit Document MLN1986542 - Medicare Mental Health'. Below the header are three tabs: 'View', 'Edit', and 'Analyze'. The main content area includes a breadcrumb trail 'Home » Download Media', a 'Name' field containing 'MLN1986542 - Medicare Mental Health', and a 'Document' field showing a PDF icon and the filename 'Medicare_Mental_Health_MLN1986542.pdf' with a 'Remove' button. Below this is a 'Topics' section with a search bar and a list of topics: 'Affordable Care Act', 'Ambulances', 'Ambulatory surgical centers', 'American Indian/Alaska Native', 'Appeals & grievances', and 'Billing & payments'. To the right of the list are three buttons: 'Add', 'Remove', and 'Add All'.

Example ZIP: 2023 Mental Health HPSA - <https://www.cms.gov/files/zip/2023-mental-health-hpsa.zip>

The screenshot shows the 'Edit Zip' interface for '2023 Mental Health HPSA'. At the top, there is a dark header with the title 'Edit Zip 2023 Mental Health HPSA'. Below the header are three tabs: 'View', 'Edit', and 'Analyze'. The main content area includes a breadcrumb trail 'Home » Download Media', a 'Name' field containing '2023 Mental Health HPSA', and a 'File' field showing a ZIP icon and the filename '2023_FullyMentalHealth_HPSA.zip' with a 'Remove' button. Below this is a 'Topics' section with a search bar and a list of topics: 'Affordable Care Act', 'Ambulances', 'Ambulatory surgical centers', 'American Indian/Alaska Native', 'Appeals & grievances', and 'Billing & payments'. To the right of the list are three buttons: 'Add', 'Remove', and 'Add All'.

See [Alias \("Vanity"\) URLs](#)

- Follow CMS's [Policy for Linking to Outside Websites](#) on [CMS.gov](#)
- Don't link to sites from outside the US (like [uk.gov](#))
- Link text should clearly communicate what information the user will get.
- Make your link as short and descriptive as possible.
- Avoid generic language like "Get more information" and "Click here."
- Use keywords to make it easier to find your content.
- Include organization names (like HHS, CMS, CDC) in the hyperlink.
- Avoid context-setting language such as "on the CMS website," "on [CMS.gov](#)," "click here," "on the web," or "on the Internet" before or after a URL.
- Avoid spelling out the URL as the link text.
- Use "get" if the information is accessible directly when the user clicks on the link. Use "find" if the link takes the user to a place where they need to enter any information or search.

- Avoid hyperlink headings or titles. Link the related content under the heading or title to more information instead.
- Incorporate related resources and other links into body content as much as possible
- If a resource has a short title that clearly indicates the topic:
 - Name it and link the title
- In a list of resources, include the content format after the name of the product or webpage. Don't use parentheses.

Examples:

- [Medicare Part B Immunosuppressive Drug Benefit](#) booklet
- [Medicare & Medicaid Basics](#) fact sheet
- [DMEPOS Fee Schedule: April 2025 Quarterly Update](#) MLN Matters article
- In body content, only include the content format if it's a video or WBT. Don't use parentheses.

Example: View the [Medicare Coverage and Payment of Cognitive Assessment & Care Plan Services](#) video.

Exception: Include the content format when we refer to the resource with a call to action. Example: Read the [Medicare Part B Immunosuppressive Drug Benefit](#) booklet, or see the [Flu Shot](#) webpage.

- If a resource title is long or doesn't clearly indicate the relevant topic:
 - Don't name it
 - Use a short verb phrase to indicate the action or purpose
 - Only link the verb if it's the first word of the resource or the verb is "register" and takes the user to a registration page
 - Example: Learn more about [Medicare eligibility](#).
- Use blue and underlined URLs and embedded (inline) hyperlink. Use RGB 0/0/255 for links in MLN PDF products.
- If a link is in a sentence and has punctuation after it, don't capture the punctuation in the linked text.
- Links shouldn't wrap between lines, if possible.
- Use capital letters for [CMS.gov](#).
- Use lowercase letters for all other websites (like [socialsecurity.gov](#)).
- Always use the most direct URL when directing people to websites.
- For MLN Publications and multimedia products, link directly to the product, not the detail page.
- Don't use "www." "https://www." and "http://www." in the text that displays for the user. Be sure to confirm that if the user types the URL in their browser, it works without the www. and [http://www](#). In the coding, include "www" or "https://www," even though it's not part of what the user sees.
- Omit section symbols (§§). Use [42 CFR 414.210](#), not [42 CFR §§414.210](#).

Make the entire name and form number a link

- Use the most direct link so users don't have to click through multiple pages and or steps.
- Avoid duplicate links on the same page or in the same message as much as possible. Link the first instance only.
- If a link is in the body content on a page or message and there's a "For More Information" section, don't repeat it there.
- If there's companion content on [Medicare.gov](#), link to it.
- Use inline links and embed files instead of putting them in the downloads section (see example below).
- Ensure URLs to the subpages reflect the path in the navigation as much as possible.

See [Videos](#)

Exceptions

- Use URLs as the link text if it's being done as part of a campaign or for branding purposes
- Use capital letters for websites only if it's a part of their branding (like [IRS.gov](#))
- When it's not practical to use inline links because of a large volume of files (like regulations), link to files as downloads
- Include product type in link for COVID-19 Vaccine Provider Toolkit ([COVID-19 Vaccine Provider Toolkit](#))

Examples

- Complete [Form CMS855B](#) to register for the program
- [HHS National Minority Health Month](#)
- [Medicare.gov](#)
- [Medicaid.gov](#)
- [CMS.gov](#)
- Get [flu vaccine information](#)
- Get your [Medicare Administrative Contractor \(MAC\) and locality numbers based on the State, Fee Schedule Area, or County location of your practice](#)
- [Rural Health Clinic](#) booklet
- [National Rural Health Association](#) website
- [Home Health Rural Add-on Payments Based on County of Residence](#) MLN Matters article
- **Instead of this:** "To find local coverage policy and other general instructions, contact your Medicare Contractor using the Provider Call Center Toll-free Numbers Directory which includes phone numbers and website addresses (See Downloads section below)." **Do this:** Find your [MAC's website](#).
- If you're a person with Medicare, learn more about your [Medicare coverage for COVID-19 vaccines](#), and [find a COVID-19 vaccine near you](#)

Meta Descriptions

Description

When you perform a search using Google, it comes back with a list of links; below each link is a small summary of content on the page. Depending on the search terms used and websites' contents, Google might use a web page's meta description for this summary. Good meta descriptions inform and attract users with a short, relevant summary of what the page is about. Having a good meta description increases the chances that Google will use it as a summary when someone performs a search.

Standard

Make the description clear and concise

- Stay between 135 and 160 characters (including spaces).
- Minimize punctuation.
- Don't use adjectives unless they increase understanding of the page content. For example, "billing information" provides additional insight, but "important information" doesn't.
- Avoid unnecessary stop words such as "the," "that," "a," "it," "an," "were," etc.
- Use acronyms generously. If the target audience would likely be familiar with an acronym, there's no need to spell it out. For example, if a user is looking for the Wage Index for Skilled Nursing Facilities, they're probably familiar with SNFs. If it's more appropriate to spell out an acronym, don't add the letters in parenthesis. For example, write "Skilled Nursing Facilities" instead of "Skilled Nursing Facilities (SNFs)."

Highlight what is unique about the page

- Emphasize how this page is different from other pages (including other CMS pages) that might turn up in a search.
- Make sure language is tailored for your target audience.
- Consider using headers from the page for inspiration. For example, the [CMS Ambulance Services Center](#) page includes the headlines "Ambulance Fee Schedule Zip Code Files" and "Public Use Files;" the spotlights section also includes an initiative about data collection. These can all be combined under "access relevant data."
- Don't use specific dates; for example, say "Access the PFS final rule" instead of "Access the CY 2021 PFS final rule."

Use action-oriented language

- Use verbs that will encourage users to click, such as "discover," "grab," "learn."
- Highlight any interactive tools. For example, "Use the Physician Fee Schedule Look-Up Tool to search pricing amounts and payment policies for over 10,000 physician services."

Choose keywords carefully

- Use keywords from Google analytics to draft the description.
- It's important to use keywords, but the description can't just be a list of keywords. For example, instead of listing "fact sheets, booklets, videos, templates, etc" just mention "tools" or "resources." If there are too many keywords, Google's algorithm might think it's spam and will compile the snippet from other sources.
- Don't include trademark symbols. Google counts these as its own word, which dilutes the value.

Examples:

- For Medicare providers: Guidelines and codes for COVID-19 vaccine administration.
- For providers: Check patient eligibility and benefits. Check claims, payments, and fee schedules. Update your Cigna provider directory information.
- Search Medicare publications for provider information and resources on a variety of topics such as coding, preventive services, and provider compliance.
- Resource directory for Medicare FFS providers and suppliers. Learn more about payment systems and other CMS administrative policies like billing and coding.
- Get provider information including case management, health care services and quality improvement.
- Get providers resources and forms including prior authorization, Medicare payer sheets, and provider newsletters.

Compiled from suggestions in Palmetto's [Basic SEO Guide](#), Google's [SEO Starter Guide](#), and the [SEO Cheat Sheet](#)

PDFs

Description

We use PDFs so users can easily share and print files without being able to change the content. To help users find PDFs, you can optimize the content by completing the metadata fields so that search engines find your PDF file. This doesn't always guarantee that your PDF will rank at the top of the search engine results page, but it will optimize the factors that will help it rise higher in the rankings. There are 3 main areas that we optimize in our PDFs:

1. Description tab
2. Body content
3. URL format (See [Links & URLs.](#))

Standard

1. Update metadata fields in the Description Tab

- **Title** - Enter the identification number (ICN or MLN Matters® Article number, if applicable) and full title of document, see screenshot example below
- **Author** - Use "Centers for Medicare & Medicaid Services (CMS)." If it's an MLN product or MLN Matters® Article, add "Medicare Learning Network (MLN)."
- **Subject** - A general topic (not the same as Title). The approved list of product topics:
 - Access to Care
 - Coding
 - Communicating with Patients
 - Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)
 - Evaluation and Management (E/M)
 - Fraud & Abuse
 - Home Health
 - Medicaid
 - Medicare/Medicaid
 - Medicare Shared Savings Program
 - Office Management
 - Payment Policy
 - Preventive Services
 - Provider Compliance
 - Provider-Specific
 - Provider-Supplier Enrollment
 - Quality Initiatives
 - Remittance Advice
 - Rural Health
- **Tagged PDF** - Make sure you tag your document for Section 508 Compliance
- **Fast Web View** - Be sure to enable this

Who vs. That (Referring to Providers)

Standard

- When using the term "providers" to refer to people (like doctors), use "who"
- When using the term "providers" to refer to **a group** of providers that includes doctors, facilities, institutions and suppliers, use "who"
- When using the term "providers" to refer to **facilities** (like a hospital or ESRD facility), use "that"

Examples

- We work with providers **who** serv people with Medicare.
- We process claims for institutional providers **who** serve people with Medicare.
- Skilled nursing facilities **that** participate in this model will have to fill out a report.
- Hospitals, SNFs, and FQHS **that** bill Medicare need to take these steps.

What's Changed?

| Standards Version | Changes |
|-------------------|---|
| 25 Nov 2025 | <ul style="list-style-type: none">• Acronyms: Updated U.S. vs. United States use• Capitalization: Added standards on capitalization of tribe and nation• Colons: Updated use of capitalization after colon• Commas: Added standard on effective date• Logos, Icons & Images: Added new section on photographs• Numbers, Dates & Times: Added standards on intervals and long numbers• Race & Ethnicity: Updated list to match Census's• Terminology: Use This, Not That: Added HHS's and digital |