
Medicare

Carriers Manual

Part 4 – Professional Relations

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 29

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<u>HEADER SECTION NUMBERS</u>	<u>PAGES TO INSERT</u>	<u>PAGES TO DELETE</u>
Table of Contents – Chapter II 2010 – 2010.4	1 (1 p.) None	2-1 (1 p.) 2-11 – 2-41 (33 pp.)

NEW/REVISED MATERIAL--EFFECTIVE DATE: Not Applicable
IMPLEMENTATION DATE: Not Applicable

Chapter II, Health Insurance Claim Form – HCFA-1500, This chapter is being deleted and the related instructions are issued in the Medicare Claims Processing Manual. The table of contents is replaced with a crosswalk from the old Part 4 to the related instruction in the Internet-only manual (IOM). For each included cross-reference, we provide the old manual number and the IOM number (e.g., 100-4 for Medicare Claims Processing Manual), and the IOM chapter and section (§) numbers.

The IOM can be found at <http://www.cms.hhs.gov/manuals>

These instructions should be implemented within your current operating budget.

CHAPTER IV - HEALTH INSURANCE CLAIM FORM – HCFA-1500

NOTE: Chapter IV has been moved to the new CMS Manual System, in the Medicare Claims Processing Manual (Pub 100-4). The new manual can be found at <http://www.cms.hhs.gov/manuals>. A crosswalk from the deleted manual sections to the new manual sections follows.

	Old §	Pub, Chapter, & §
Line Completion - Health Insurance Claim Form		
Purpose of Health Insurance Claim Form -- HCFA-1500	2010	100-4, 26-§10
Items 1-13 - Patient and Insured Information	2010.1	100-4, 26-§10.2-10.3
Items 14-33 - Provider of Service or Supplier Information	2010.2	100-4, 26-§10.4
Place of Service Codes (POS) and Definitions	2010.3	100-4, 26-§10.5
Exhibits	2010.4	

<http://www.cms.gov/forms/>