## **CMS Manual System**

## Pub. 100-20 One-Time Notification

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

Transmittal 14 Date: OCTOBER 31, 2003

**CHANGE REQUEST 2824** 

#### I. SUMMARY OF CHANGES:

This one time notification updates the record format requirements for the CERT provider address file and the sample claims resolution file. There is new information regarding record sizes and field definitions in this one time notification.

NEW/REVISED MATERIAL - EFFECTIVE DATE: April 1, 2004 \*IMPLEMENTATION DATE: April 5, 2004

# II. CHANGES IN MANUAL INSTRUCTIONS (R = REVISED, N = NEW, D = DELETED)

| <b>R</b> /I | N/D | CHAPTER/SECTION/SUBSECTION/TITLE |
|-------------|-----|----------------------------------|
| N/A         | A   |                                  |

### III. FUNDING: \*Medicare contractors only:

These instructions should be implemented within your current operating budget.

#### **IV. ATTACHMENTS:**

|   | <b>Business Requirements</b> |
|---|------------------------------|
|   | Manual Instruction           |
|   | Confidential Requirements    |
| X | One-Time Notification        |

To download the Filename R14OTN1.pdf associated with this instruction, click <a href="here">here</a>.