Medicare Intermediary Manual Part 3 – Claims Process

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

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<u>HEADER SECTION NUMBERS</u> <u>PAGES TO INSERT</u> <u>PAGES TO DELETE</u>

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

<u>Chapter IV, Requirements for Payment,</u> 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 3 to the related instruction in the Internet-only manual (IOM). If the material from MIM, Part 3, is no longer applicable, we indicate that it was not moved to the IOM by entering "deleted" in the crosswalk. For each included cross-reference, we provide the old manual number (e.g., a3) and the IOM number (e.g., 100-4 for Claims Processing), the IOM chapter number, and the IOM section (§) number.

The Internet-only manual can be found at http://www.cms.hhs.gov/manuals

These instructions should be implemented within your current operating budget.

CHAPTER IV - REQUIREMENTS FOR PAYMENT

NOTE: Chapter IV has been moved to the new CMS Manual System, mainly 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.

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Old §	Pub, Chapter, & §

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