
CMS Manual System

Pub. 100-04 Medicare Claims Processing

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

Transmittal 17

Date: OCTOBER 31, 2003

CHANGE REQUEST 2927

I. SUMMARY OF CHANGES: Corrects payments to terminated home health agencies under the Home Health Prospective Payment System (HH PPS). This revision retitles chapter 10, section 110, rennumbers the prior section 110 as subsection 110.1 and adds a new subsection.

NEW/REVISED MATERIAL - EFFECTIVE DATE: April 1, 2004

***IMPLEMENTATION DATE: April 5, 2004**

Disclaimer: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged.

II. SCHEDULE OF CHANGES (R = REVISED, N = NEW, D = DELETED)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
N	10/110/Billing and Payment Procedures Regarding Ownership and Provider Numbers
R	10/110.1/Billing Procedures for an Agency Being Assigned Multiple Provider Numbers or a Change in Provider Number
N	10/110.2/Payment Procedures for Terminated HHAs

III. FUNDING: *Medicare contractors only:

These instructions should be implemented within your current operating budget.

IV. ATTACHMENTS:

X	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Special Notification

To download the Filename R17CP1.pdf associated with this instruction, click [here](#).

To download the Filename R17CP2.pdf associated with this instruction, click [here](#).