
CMS Manual System

Pub. 100-02 Medicare Benefit Policy

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

Transmittal 7

Date: FEBRUARY 20, 2004

CHANGE REQUEST 3119

I. SUMMARY OF CHANGES: Due to the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, we are restoring composite rate exceptions **only** for pediatric facilities under the end stage renal disease Composite Rate System, and revising the definition of a pediatric facility.

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

***IMPLEMENTATION DATE: April 1, 2004**

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

II. CHANGES IN MANUAL INSTRUCTIONS:

(R = REVISED, N = NEW, D = DELETED)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	11/30.3/Requests for Composite Rate Exception

*III. FUNDING:

These instructions shall be implemented within your current operating budget.

IV. ATTACHMENTS:

	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Notification
	Recurring Update Notification

*Medicare contractors only

30.3 - Requests for Composite Rate Exception

(Rev. 7, 02-20-04)

See the Medicare Claims Processing Manual, Chapter 8, "Outpatient ESRD Hospital, Independent Facility, and Physician/Supplier Claims," §40.