CMS Manual System Pub. 100-04 Medicare Claims Processing Transmittal 20 Department of Health & Human Services (DHHS) Centers for Medicare & Medicaid Services (CMS) Date: OCTOBER 31, 2003

CHANGE REQUEST 2968

I. SUMMARY OF CHANGES: Added a paragraph regarding the SNF NO PAY File and its use by FIs and FI SSs.

NEW/REVISED MATERIAL - EFFECTIVE DATE: October 1, 2003 *IMPLEMENTATION DATE: November 5, 2003

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: (N/A if manual not updated.)
(R = REVISED, N = NEW, D = DELETED – (Only One Per Row.)

| R/N/D | CHAPTER/SECTION/SUBSECTION/TITLE |
|-------|----------------------------------|
| R | Chapter 7/Section 10 |
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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 R20CP1.pdf associated with this instruction, click here.

To download the Filename R20CP2.pdf associated with this instruction, click here.

To download the Filename R20CP3.xls associated with this instruction, click here.